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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                       |                                                                                                                                                                                                                                                                                                                                            |  |
| For calendar plan year 2016 or fiscal plan year beginning <u>10/01/2016</u> and ending <u>09/30/2017</u> |                                                                                                       |                                                                                                                                                                                                                                                                                                                                            |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                            | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                                | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                            |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                            | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |  |

|                |                                                                                                                                                                                                                                                                                                                                                 |           |                                                           |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                  |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</u>                                                                                                                                                                                                                                                                               | <b>1b</b> | Three-digit plan number (PN) ▶ <u>027</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                 | <b>1c</b> | Effective date of plan<br><u>09/01/1948</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>WESTROCK COMPANY</u><br><br><u>1000 ABERNATHY ROAD NE</u><br><u>ATLANTA, GA 30328</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>47-3335141</u> |
|                |                                                                                                                                                                                                                                                                                                                                                 | <b>2c</b> | Plan Sponsor's telephone number<br><u>678-291-7982</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                 | <b>2d</b> | Business code (see instructions)<br><u>322100</u>         |
|                |                                                                                                                                                                                                                                                                                                                                                 |           |                                                           |

**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.

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 07/14/2018 | JOHN STAKEL                                                  |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>    |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 45586                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 14091<br><b>6a(2)</b> 13523<br><b>6b</b> 7205<br><b>6c</b> 18046<br><b>6d</b> 38774<br><b>6e</b> 1689<br><b>6f</b> 40463<br><b>6g</b><br><b>6h</b> 250 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1A</b><br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                       | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <b>4</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2016</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2016 or fiscal plan year beginning **10/01/2016** and ending **09/30/2017**

|                                                                                          |                                                                    |            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</b>               | <b>B</b> Three-digit plan number (PN) ►                            | <b>027</b> |
|                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WESTROCK COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>47-3335141</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier

**AXA EQUITABLE LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5570651 | 62944         | 2047                                  | 1                                                                           | 10/01/2016              | 09/30/2017 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 874272**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

868179

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

25125

(4) Transferred from separate account .....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions .....

**7c(6)**

25125

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

893304

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

13725

(2) Administration charge made by carrier.....

**7e(2)**

5307

(3) Transferred to separate account .....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions .....

**7e(5)**

19032

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

874272

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2016</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2016 or fiscal plan year beginning **10/01/2016** and ending **09/30/2017**

|                                                                                          |                                                                    |            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</b>               | <b>B</b> Three-digit plan number (PN) ►                            | <b>027</b> |
|                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WESTROCK COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>47-3335141</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier

**AXA EQUITABLE LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5576051 | 62944         | 1370                                  | 1                                                                           | 10/01/2016              | 09/30/2017 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 215842**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

210577

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

5264

(4) Transferred from separate account .....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions .....

**7c(6)**

5264

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

215841

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

(2) Administration charge made by carrier.....

**7e(2)**

(3) Transferred to separate account .....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions .....

**7e(5)**

0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

215841

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2016</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning **10/01/2016** and ending **09/30/2017**

|                                                                                          |                                                                    |            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</b>               | <b>B</b> Three-digit plan number (PN) ►                            | <b>027</b> |
|                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WESTROCK COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>47-3335141</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier  
**JOHN HANCOCK LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | GAC 191 ASSN 0                        | 119                                                                         | 10/01/2016              | 09/30/2017 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|
|                                      |                               |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 1407224**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 1382341**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 53911  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)** 8060

▶ DR ANNUAL ADJUSTMENTS

(6) Total additions ..... **7c(6)** 61971**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 1444312**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 9585  
(2) Administration charge made by carrier ..... **7e(2)** 27503  
(3) Transferred to separate account ..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**(5) Total deductions ..... **7e(5)** 37088**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 1407224

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2016</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

|                                                                                          |                                                                    |            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</u>               | <b>B</b> Three-digit plan number (PN) ►                            | <u>027</u> |
|                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WESTROCK COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>47-3335141</u> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier  
JOHN HANCOCK LIFE INSURANCE COMPANY

| (b) EIN           | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |                   |
|-------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|-------------------|
|                   |               |                                       |                                                                             | (f) From                | (g) To            |
| <u>01-0233346</u> | <u>65838</u>  | <u>GAC 853 ASSN 0</u>                 | <u>53</u>                                                                   | <u>10/01/2016</u>       | <u>09/30/2017</u> |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|
|                                      |                               |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 766593**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

759345

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

30325

(4) Transferred from separate account .....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

8394

▶ DR ANNUAL ADJUSTMENTS

(6) Total additions .....

**7c(6)**

38719

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

798064

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

9212

(2) Administration charge made by carrier.....

**7e(2)**

22259

(3) Transferred to separate account .....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

(5) Total deductions .....

**7e(5)**

31471

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

766593

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</u>                                                                | <b>B</b> Three-digit plan number (PN) ▶ <u>027</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>WESTROCK COMPANY</u>                                       | <b>D</b> Employer Identification Number (EIN)<br><u>47-3335141</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                                      |
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2016</u>                                                                                                                               |                                                                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>4269408753</u>                                                                                                   |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>4088024238</u>                                                                                                   |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                                               |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants <u>7675</u> (2) Vested Funding Target <u>1269611031</u> (3) Total Funding Target <u>1269611031</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>24004</u> <u>886023561</u> <u>886023561</u>                                                                                |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>14091</u> <u>807934610</u> <u>839388770</u>                                                                                |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>45770</u> <u>2963569202</u> <u>2995023362</u>                                                                              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                                                                                      |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                                     |
| <b>b</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 ..... | <b>4b</b>                                                                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.12 %</u>                                                                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>34834041</u>                                                                                                      |

**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.

|                                                                         |                               |                                        |
|-------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                        |                               | <u>06/14/2018</u>                      |
|                                                                         | Signature of actuary          | Date                                   |
| <u>ANTHONY WAGMAN</u>                                                   | Type or print name of actuary | <u>17-07407</u>                        |
|                                                                         |                               | Most recent enrollment number          |
| <u>MERCER</u>                                                           | Firm name                     | <u>404-442-3100</u>                    |
| <u>3560 LENOX ROAD</u><br><u>SUITE 2400</u><br><u>ATLANTA, GA 30326</u> | Address of the firm           | Telephone number (including area code) |

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 ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2016**  
**v. 160205**

| 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                     | 1764254                |
| 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                     | 1764254                |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>12.04</u> % .....                                                                              | 0                     | 212416                 |
| 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 <u>6.23</u> % ..... |                       | 0                      |
| b(2)                                                        | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                       | 0                      |
| d                                                           | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       |                        |
| 12                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                  |                       |                        |
| 13                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 0                     | 1976670                |

| Part III Funding Percentages |                                                                                                                                                                  |    |         |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 136.42% |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 119.90% |
| 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 | 135.12% |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>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? .....                                                           |                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              |                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> 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                                                             |
|                                                                                                                               |                                                                                                                |                                                                     |
|                                                                                                                               |                                                                                                                |                                                                     |
|                                                                                                                               |                                                                                                                |                                                                     |

|                       |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>Part V</b>         | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                       |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>21</b>             | Discount rate:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Segment rates:                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment:<br/>4.43%</td> <td style="width: 33%;">2nd segment:<br/>5.91%</td> <td style="width: 33%;">3rd segment:<br/>6.65%</td> </tr> </table> | 1st segment:<br>4.43% | 2nd segment:<br>5.91% | 3rd segment:<br>6.65% | <input type="checkbox"/> N/A, full yield curve used |
| 1st segment:<br>4.43% | 2nd segment:<br>5.91%                                                                                                                                                                                                            | 3rd segment:<br>6.65%                                                                                                                                                                                                                              |                       |                       |                       |                                                     |
| <b>b</b>              | Applicable month (enter code) .....                                                                                                                                                                                              | <b>21b</b>                                                                                                                                                                                                                                         | 4                     |                       |                       |                                                     |
| <b>22</b>             | Weighted average retirement age .....                                                                                                                                                                                            | <b>22</b>                                                                                                                                                                                                                                          | 64                    |                       |                       |                                                     |
| <b>23</b>             | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                               |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>Part VI</b>        | <b>Miscellaneous Items</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>24</b>             | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>25</b>             | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>26</b>             | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>27</b>             | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                                                                                       | <b>27</b>                                                                                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>Part VII</b>       | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                   |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>28</b>             | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                  | <b>28</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>29</b>             | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                       | <b>29</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>30</b>             | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                          | <b>30</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>Part VIII</b>      | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>31</b>             | Target normal cost and excess assets (see instructions):                                                                                                                                                                         |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Target normal cost (line 6) .....                                                                                                                                                                                                | <b>31a</b>                                                                                                                                                                                                                                         | 34834041              |                       |                       |                                                     |
| <b>b</b>              | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                | <b>31b</b>                                                                                                                                                                                                                                         | 34834041              |                       |                       |                                                     |
| <b>32</b>             | Amortization installments:                                                                                                                                                                                                       | Outstanding Balance                                                                                                                                                                                                                                | Installment           |                       |                       |                                                     |
| <b>a</b>              | Net shortfall amortization installment .....                                                                                                                                                                                     | 0                                                                                                                                                                                                                                                  | 0                     |                       |                       |                                                     |
| <b>b</b>              | Waiver amortization installment .....                                                                                                                                                                                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>33</b>             | 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 .....                                                       | <b>33</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>34</b>             | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                                                                               | <b>34</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
|                       |                                                                                                                                                                                                                                  | Carryover balance                                                                                                                                                                                                                                  | Prefunding balance    |                       |                       |                                                     |
| <b>35</b>             | Balances elected for use to offset funding requirement .....                                                                                                                                                                     | 0                                                                                                                                                                                                                                                  | 0                     |                       |                       |                                                     |
| <b>36</b>             | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                        | <b>36</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>37</b>             | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                        | <b>37</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>38</b>             | Present value of excess contributions for current year (see instructions)                                                                                                                                                        |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Total (excess, if any, of line 37 over line 36) .....                                                                                                                                                                            | <b>38a</b>                                                                                                                                                                                                                                         | 0                     |                       |                       |                                                     |
| <b>b</b>              | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                     | <b>38b</b>                                                                                                                                                                                                                                         |                       |                       |                       |                                                     |
| <b>39</b>             | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                            | <b>39</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>40</b>             | Unpaid minimum required contributions for all years .....                                                                                                                                                                        | <b>40</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>Part IX</b>        | <b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>                                                                                                                                                |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>41</b>             | If an election was made to use PRA 2010 funding relief for this plan:                                                                                                                                                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Schedule elected .....                                                                                                                                                                                                           | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>b</b>              | Eligible plan year(s) for which the election in line 41a was made .....                                                                                                                                                          | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011                                                                                                                            |                       |                       |                       |                                                     |
| <b>42</b>             | Amount of acceleration adjustment .....                                                                                                                                                                                          | <b>42</b>                                                                                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>43</b>             | Excess installment acceleration amount to be carried over to future plan years .....                                                                                                                                             | <b>43</b>                                                                                                                                                                                                                                          |                       |                       |                       |                                                     |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2016</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **10/01/2016** and ending **09/30/2017**

|                                                                                          |                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</b>               | <b>B</b> Three-digit plan number (PN) ▶ <b>027</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WESTROCK COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>47-3335141</b> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>NORTHERN TRUST</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------|

**36-2723087**

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

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**(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

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**(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

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

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

GOLDMAN SACHS ASSET MANAGEMENT

13-4019460

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MANAGEMENT                                                                             | 3115101                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MERCER

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | ACTUARY                                                                                           | 3090187                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | TRUSTEE                                                                                           | 2426949                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

LOOMIS SAYLES

04-3200030

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 28                               | INVESTMENT<br>MANAGEMENT                                                                                             | 1003195                                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

ALIGHT SOLUTIONS LLC

82-1061233

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 16                               | CONSULTANT                                                                                                           | 819813                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

PENSION RESOURCE GROUP

58-2194059

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 14                               | PLAN<br>ADMINISTRATOR                                                                                                | 664661                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**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)

JENNISON ASSOCIATES LLC

57-2069785

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 28                               | INVESTMENT<br>MANAGEMENT                                                                                             | 646986                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

NISA INVESTMENT ADVISORS LLC

48-1140940

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 28                               | INVESTMENT<br>MANAGEMENT                                                                                             | 645606                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

SILCHESTER INTERNATINAL INVESTORS

36-7045783

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 28                               | INVESTMENT<br>MANAGEMENT                                                                                             | 592955                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

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

STATE STREET GLOBAL ADVISORS

90-0337987

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 16 17                     | CONSULTANT                                                                                                    | 536635                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

GENESIS INVESTMENT MANAGEMENT, LLP

22-3163872

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 28                        | INVESTMEWNT<br>MANAGEMENT                                                                                     | 481171                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

EAGLE CAPITAL MANAGEMENT, LLC

72-1467823

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 28                        | INVESTMENT<br>MANAGEMENT                                                                                      | 327201                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

**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)

SHAPIRO CAPITAL MANAGEMENT LLC

20-4196445

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 28                        | INVESTMENT<br>MANAGEMENT                                                                                      | 258474                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

MFS INSTITUTIONAL ADVISORS

04-3247425

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 28                        | INVESTMENT<br>MANAGEMENT                                                                                      | 227994                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

VULCAN VALUE PARTNERS

39-2051712

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 28                        | INVESTMENT<br>MANAGEMENT                                                                                      | 141481                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

**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)

MONDRIAN INVESTMENT GROUP(US) INC.

56-2475918

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 28                        | INVESTMENT<br>MANAGEMENT                                                                                      | 119659                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

WELLINGTON TRUST COMPANY

27-2594633

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 28                        | INVESTMENT<br>MANAGEMENT                                                                                      | 113656                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

GANNETT WELSH & KOTLER INC.

80-0250512

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 28                        | INVESTMENT<br>MANAGEMENT                                                                                      | 110046                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

**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)

BDO USA LLP

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 105990                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AETNA LIFE INSURANCE COMPANY

06-6033492

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12                     | CLAIMS PROCESSOR                                                                                  | 89052                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RREEF MIDAMERICA

58-2364506

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 65944                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

CAMBIAR INVESTORS, LLC

84-0643524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 62749                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRUDENTIAL

22-2540245

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MANAGEMENT                                                                             | 54842                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WELLINGTON TRUST CO

04-2755549

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MANAGEMENT                                                                             | 53689                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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 INVESTMENT MANAGEMENT

22-2540245

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MANAGEMENT                                                                             | 49987                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

METROPOLITAN LIFE INSURANCE CO

13-5581829

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 22                     | INSURANCE AGENT                                                                                   | 37620                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

IRIDIAN ASSET MANAGEMENT

06-1439577

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MANAGEMENT                                                                             | 24765                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

DODGE & COX

94-1441976

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MANAGEMENT                                                                             | 21980                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MAZURSKY & CONSTANTINE

27-3547321

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | ATTORNEY                                                                                          | 19900                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

COPPER ROCK

27-2016436

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 19347                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

PROCENTIA, INC.

36-4120902

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16 17                         | CONSULTANT                                                                                               | 19180                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

THE LONDON COMPANY

54-1703318

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | INVESTMENT MANAGEMENT                                                                                    | 15563                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

QDRO CONSULTANTS

84-1596610

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16                            | CONSULTANT                                                                                               | 11250                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

|                                                                                                 |                                                                            |            |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</u>                      | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>027</u> |
|                                                                                                 |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>WESTROCK COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>47-3335141</u>         |            |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WESTROCK COMPANY MASTER TRUST

**b** Name of sponsor of entity listed in (a): WESTROCK COMPANY

|                                       |                               |                                                                                                                       |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>47-3335141-499</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4074380660</u> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**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)**

(Complete as many entries as needed to report all participating plans)

**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

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>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).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>2016</b>                                   |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>10/01/2016</b> and ending <b>09/30/2017</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</b>                               | <b>B</b> Three-digit plan number (PN) ►                            | <b>027</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WESTROCK COMPANY</b>                 | <b>D</b> Employer Identification Number (EIN)<br><b>47-3335141</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 57893912              | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 4266187477            | 4074380660      |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 3220442               | 3263931         |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 4327301831            | 4077644591      |

**Liabilities**

|                                                                           |           |         |         |
|---------------------------------------------------------------------------|-----------|---------|---------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |         |         |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |         |         |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |         |         |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 7519434 | 3842793 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 7519434 | 3842793 |

**Net Assets**

|                                                           |           |            |            |
|-----------------------------------------------------------|-----------|------------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 4319782397 | 4073801798 |
|-----------------------------------------------------------|-----------|------------|------------|

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

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            | 127913425 |
| (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     |            | 43488     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 127956913 |

**Expenses**

|                                                                                      |       |           |           |
|--------------------------------------------------------------------------------------|-------|-----------|-----------|
| e Benefit payment and payments to provide benefits:                                  |       |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 355280130 |           |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |           |           |
| (3) Other .....                                                                      | 2e(3) | 293219    |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |           | 355573349 |
| f Corrective distributions (see instructions) .....                                  | 2f    |           |           |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |           |           |
| h Interest expense.....                                                              | 2h    |           |           |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 4506805   |           |
| (2) Contract administrator fees.....                                                 | 2i(2) | 668961    |           |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 10358811  |           |
| (4) Other .....                                                                      | 2i(4) | 2829586   |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |           | 18364163  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |           | 373937512 |

**Net Income and Reconciliation**

|                                                          |       |  |            |
|----------------------------------------------------------|-------|--|------------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -245980599 |
| l Transfers of assets:                                   |       |  |            |
| (1) To this plan.....                                    | 2l(1) |  |            |
| (2) From this plan.....                                  | 2l(2) |  |            |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.).....

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|----------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |          |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |          |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |          |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |          |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     |    |          |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |          |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |          |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
If "Yes," enter the amount of any plan assets that reverted to the employer this year. .... ☐ Yes ☒ No **Amount:**

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4135765. (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

|                                                                                          |                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WESTROCK COMPANY CONSOLIDATED PENSION PLAN</u>               | <b>B</b> Three-digit plan number (PN) ▶<br><u>027</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WESTROCK COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>47-3335141</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                      |          |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                                               | <b>1</b> | <u>0</u>    |
| <b>2</b> 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):<br><br>EIN(s): <u>36-2723087</u> <u>36-1561860</u> |          |             |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                                              |          |             |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                     | <b>3</b> | <u>5103</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                              |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016  
v. 160205

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)<br><b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>14.8</u> % Investment-Grade Debt: <u>48.3</u> % High-Yield Debt: <u>2.5</u> % Real Estate: <u>0.6</u> % Other: <u>33.8</u> %<br><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input checked="" type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more<br><b>c</b> What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                           | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                               | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter     /     /     and the serial number     . |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter     /     /     .                                  |                                                                                                                                                                                   |



**WestRock Company  
Consolidated Pension Plan  
Financial Statements and  
Supplemental Schedule**

As of and for the Years Ended  
September 30, 2017 and 2016

## **WestRock Company Consolidated Pension Plan**

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Financial Statements and Supplemental Schedule  
As of and for the Years Ended September 30, 2017 and 2016

# **WestRock Company Consolidated Pension Plan**

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### **Supplemental Schedule—**

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



## **Independent Auditor's Report**

To the Plan Administrator  
WestRock Company Consolidated Pension Plan  
Norcross, Georgia

We were engaged to audit the accompanying financial statements of the WestRock Company Consolidated Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2017 and 2016, 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's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements. Accordingly, we do not express an opinion on the financial statements.



***Other Matter - Supplemental Schedule***

The supplemental Schedule H, line 4i-Schedule of Assets (Held at End of Year) as of September 30, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

Atlanta, Georgia  
July 9, 2018

## **Financial Statements**

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# WestRock Company Consolidated Pension Plan

## Statements Of Net Assets Available For Benefits

| <b>September 30,</b>                         | <b>2017</b>             | 2016             |
|----------------------------------------------|-------------------------|------------------|
| <b>Assets:</b>                               |                         |                  |
| Plan interest in master trust, at fair value | <b>\$ 4,074,380,660</b> | \$ 4,266,187,477 |
| Group annuity contracts, at contract value   | <b>3,263,931</b>        | 3,220,442        |
| Other receivable (Note 1)                    | -                       | 57,893,912       |
| <b>Total assets</b>                          | <b>4,077,644,591</b>    | 4,327,301,831    |
| <b>Liabilities:</b>                          |                         |                  |
| Accrued expenses                             | <b>3,842,793</b>        | 7,519,434        |
| <b>Net assets available for benefits</b>     | <b>\$ 4,073,801,798</b> | \$ 4,319,782,397 |

*See accompanying notes to financial statements.*

**WestRock Company Consolidated Pension Plan**  
**Statements of Changes In Net Assets Available For Benefits**

---

| <i>Years Ended September 30,</i>                            | <b>2017</b>             | 2016             |
|-------------------------------------------------------------|-------------------------|------------------|
| <b>Additions:</b>                                           |                         |                  |
| Benefits earned on group annuity contracts                  | \$ <b>43,488</b>        | \$ (366,210)     |
| Net investment gain from master trust                       | <b>127,913,425</b>      | 736,481,731      |
| <b>Total additions</b>                                      | <b>127,956,913</b>      | 736,115,521      |
| <b>Deductions:</b>                                          |                         |                  |
| Benefits paid to participants and beneficiaries             | <b>(355,280,130)</b>    | (386,827,067)    |
| Plan settlement <i>(Note 1)</i>                             | -                       | (2,425,613,798)  |
| Other disbursements                                         | <b>(293,219)</b>        | -                |
| Administrative expenses                                     | <b>(18,364,163)</b>     | (30,664,790)     |
| <b>Total deductions</b>                                     | <b>(373,937,512)</b>    | (2,843,105,655)  |
| Net decrease                                                | <b>(245,980,599)</b>    | (2,106,990,134)  |
| Plan transfer <i>(Note 1)</i>                               | -                       | (19,745,742)     |
| <b>Net assets available for benefits, beginning of year</b> | <b>4,319,782,397</b>    | 6,446,518,273    |
| <b>Net assets available for benefits, end of year</b>       | <b>\$ 4,073,801,798</b> | \$ 4,319,782,397 |

*See accompanying notes to financial statements.*

# WestRock Company Consolidated Pension Plan

## Notes To Financial Statements

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### 1. Description of Plan

On July 1, 2015, Rock-Tenn Company and MeadWestvaco Corporation (“MWV”) completed a strategic combination of their respective businesses. WestRock Company (“WestRock” or “the Company”) was formed for the purpose of effecting the Combination. In connection with the Combination, the Rock-Tenn Company Consolidated Pension Plan and the MWV U.S. qualified defined benefit pension plans assigned the role of plan sponsor to WestRock. On July 2, 2015, WestRock merged the MWV U.S. qualified defined benefit pension plans (the “MWV Plans”) into the Rock-Tenn Company Consolidated Pension Plan (the “Rock-Tenn Plans”).

WestRock renamed the merged plan as the WestRock Company Consolidated Pension Plan (the “WestRock Plan” or the “Plan”). On July 2, 2015, Westrock Company assumed the role of plan sponsor and the terms and provisions of the legacy MWV plans were incorporated into the merged plan.

In May 2016, WestRock Company completed a tax-free separation of its specialty chemical business, Ingevity Corporation, as an independent public company. Accordingly, WestRock spun off the assets and liabilities of the Plan associated with 291 then current hourly employees of Ingevity Corporation, who were covered by a collective bargaining agreement to the Ingevity Corporation Retirement Plan for Bargained Hourly Employees (“Ingevity Plan”). On July 22, 2016, a total of \$19,745,742 in plan assets and \$18,096,183 in plan liabilities, were transferred to the Ingevity Plan in connection with the spinoff.

On September 21, 2016, the Plan consummated a plan settlement transaction wherein plan assets amounting to \$2,483,507,710 were used to purchase group annuity contracts from Prudential. This transaction relieved the Plan of responsibility for the pension benefit obligation and consequently transferred the obligation and payment responsibility to Prudential for retirement benefits owed to approximately 35,000 retirees and beneficiaries. The annuity contract covered retirees who commenced receiving benefits on or before January 1, 2007, or received a monthly payment of \$1,000 or less and commenced receiving benefits on or before May 1, 2016. The monthly retirement benefit payment amounts currently received by retirees and their beneficiaries did not change as a result of this transaction. Those plan participants not included in the transaction remain the WestRock Company Consolidated Pension Plan, and responsibility for payment of the retirement benefits remains with WestRock.

In January and April of 2017, the Plan received a payment from Prudential amounting to \$57,893,912 (including interest) due to the change in calculated premium amount. As a result, a receivable was recorded in the Statement of Net Assets Available for Benefits as of September 30, 2016. Total amount of Plan settlement presented in the Statement of Changes in Net Assets Available for Benefits of \$2,425,613,798 is net of premium adjustment.

In September 2016, the Plan sponsor committed to an offer to partially settle obligations of the Plan, through lump sum payments to certain eligible former employees who are not currently receiving a monthly benefit. Eligible former employees whose present value of future pension benefits exceeded a certain minimum threshold could either voluntarily accept or not accept the offer and continue to be entitled to their monthly benefit upon retirement. In December 2016, the Plan distributed total lump payments of \$183,899,737. The distribution was made out of existing plan assets and the plan's funded status was materially unchanged as a result of the transaction.

## **WestRock Company Consolidated Pension Plan**

### **Notes To Financial Statements**

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Effective April 6, 2017, WestRock Company completed the sale of its Home, Health and Beauty business to Silgan Holdings, Inc. As a result of the sale, approximately 920 employees became vested participants under the Plan, and, subject to other eligibility provisions of the plan, will be eligible to receive a distribution from the Plan.

The Plan is generally non-contributory; however, in previous years, employees at certain locations have been allowed to make contributions subject to the Plan's provisions. Certain other Plan provisions vary by location. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Plan sponsor's Retirement Plan Administrative Committee ("Committee"). The Committee has overall responsibility for the operation and administration of the Plan. The Retirement Plan Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

#### ***Pension Benefits and Vesting***

The benefits under plans are based on either compensation or a combination of years of service and negotiated benefit levels, depending upon the plan.

Effective January 1, 2016, the WestRock Retirement Plan froze pension benefit accruals and service, except to those participants under terms of a collective bargaining agreement incorporated into the Plan. However, transition will be provided for certain salaried or non-union hourly employees based on years of service, age and nearness to retirement. Current salaried or non-union hourly participants in the Plan who, as of December 31, 2015, were at least age 50 and whose age and service, when added together, equal at least 75, will continue to accrue their current pension benefit for an additional five years or until employment at WestRock ends, if less than five years. Notwithstanding the preceding sentence, the accrued benefits of certain designated highly compensated employees were frozen effective September 30, 2016. Certain non-union employees received special pay credits for the year ending September 30, 2017.

#### **Rock-Tenn Plans**

##### Former Rock-Tenn Company Pension Plan for Certain Hourly Employees

Benefits are generally based on each participant's years of service multiplied by a benefit service factor under the Plan and are paid at either the participant's early, normal or disability retirement date. A participant becomes fully vested in their benefit after completing five years of service with the Company.

As of December 31, 2008, the benefits under the Plan were frozen for certain non-collectively bargained employees, and no new participants were allowed into the Plan. As a result, these employees have not accrued additional benefits under the Plan after December 31, 2008.

##### Former Rock-Tenn Company Pension Plan for Certain Salaried Employees

Benefits are generally based on each participant's final average earnings and credited service under the Plan and are paid at either the participant's early or normal retirement date. A participant becomes fully vested in their benefit after completing five years of service with the Company.

## **WestRock Company Consolidated Pension Plan**

### **Notes To Financial Statements**

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As of December 31, 2008, the benefits under the Plan were frozen and no new participants were allowed into the Plan. As a result, salaried employees have not accrued additional benefits under the Plan after December 31, 2008.

#### Former Rock-Tenn Company Consolidated Pension Plan

The Plan provides normal retirement benefits for its participants as of the first day of the month following the attainment of age 65. Early retirement benefits are provided to eligible participants as early as age 55 and extended retirement benefits are provided for those electing continued employment past normal retirement. Accrued benefits are fully vested upon completion of five years of service.

#### **MWV Plans**

##### Former MWV Corp. Retirement Plan for Salaried and Non-Bargained Hourly Employees Participants

The Plan provides for retirement benefits beginning at age 65 with reduced benefits available upon earlier retirement. Plan participants with 20 years of credited service may retire with full benefits at age 62. Benefits vest after five years of credited service.

A cash balance formula for certain of these participants was adopted in 2006. The formula provides cash balance credits at the rate of 4% - 8% of eligible earnings, depending upon age and years of service points, with interest credited annually at the 30-year Treasury rate. Benefits under the cash balance formula vest after three years of credited service.

##### Former MWV Corp. Retirement Plan for Bargained Hourly Employees Participants

The Plan provides for retirement benefits beginning at age 65 with reduced benefits available upon earlier retirement. Plan participants at certain locations who have 20 years of credited service may retire with full benefits at age 62. Similar amendments may be adopted for other locations as the cycle of contract negotiations is completed. Benefits vest after five years of credited service.

##### Former MWV Corp. Envelope Division Retirement Plan for Salaried and Non-Bargained Hourly Employees Participants

The Plan provides for retirement benefits beginning at age 65 with reduced benefits available upon earlier retirement. Plan participants with 20 years of credited service may retire with full benefits at age 62. Effective January 31, 2012, all MeadWestvaco Corporation salaried and non-bargained hourly employees who were employed by the MeadWestvaco Corporation Envelope Division, except for disabled participants, ceased accruing service in the Plan pursuant to the sale of the Envelope Division and participants became fully vested in their accrued benefits.

A cash balance formula for these participants was adopted on January 1, 2007. This formula provides cash balance credits at the rate of 4% - 8% of eligible earnings, depending upon age and years of service points, with interest credited annually at the 30-year Treasury rate. Benefits under the cash balance formula vest after three years of credited service.

## **WestRock Company Consolidated Pension Plan**

### **Notes To Financial Statements**

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#### ***Funding Policy***

Contributions to the Plan by the Company are based on what is needed to provide definitely determinable benefits to Plan participants. Actuarial assumptions and computations are required to determine such contributions. Employer contributions receivable represent those contributions remitted to the Plan after its September 30<sup>th</sup> year-end and typically consist of a) the Company's quarterly contribution due each October following its year-end and b) the Company's final contributions generally made May or June following its year-end and prior to the Company's funding deadline to meet applicable funding targets. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirements. The Company did not make any contributions for Plan years 2017 and 2016 due to the Plan exceeding the funding requirements of ERISA, and there were no minimum contribution requirements for the 2017 and 2016 plan years for the entire WestRock Plan.

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

## **2. Summary of Accounting Policies**

The following are the significant accounting policies followed by the Plan:

#### ***Basis of Accounting***

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

#### ***Recently Adopted Accounting Standard***

In May 2015, the FASB issued ASU 2015-07, "Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share." ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient and removes the requirement to make certain disclosures for these investments. The guidance is effective for fiscal years beginning after December 15, 2015 and early adoption is permitted. The guidance should be applied retrospectively. Plan's management adopted the ASU effective fiscal plan year 2017. As a result, the investments measured at NAV as a practical expedient as of September 30, 2016 were not categorized within the fair value hierarchy table in Note 4.

#### ***Accounting Pronouncement to be Adopted***

In February 2017, the FASB issued ASU No. 2017-06, *Employee Benefit Plan Master Trust Reporting*. It is effective for fiscal years beginning after December 15, 2018. The amendments require reporting entities to report a plan's interest in a master trust and the change in the value of that interest as separate line items on the statement of net assets available for benefits and the statement of changes in net assets available for benefits, respectively. Additionally, the master trust's investments and other assets and liabilities, as well as the dollar amount of its interest in these balances, must be disclosed. Lastly, investments measured at fair value must be disaggregated by general type of investment. The Company is currently evaluating the impact of the provisions of ASU 2017-06 and intends to implement the standard as required in fiscal 2019.

## **WestRock Company Consolidated Pension Plan**

### **Notes To Financial Statements**

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#### ***Use of Estimates***

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. 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 at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

#### ***Investment Valuation and Income Recognition***

For the year ended September 30, 2017, all of the Plan's assets, except for the investment in four group annuity contracts managed by the John Hancock Life Insurance Company ("John Hancock") and AXA Equitable Financial Services, LLC ("AXA"), were held in the WestRock Company Master Retirement Trust ("Master Trust"). The Plan assets under the Master Trust were attributable to the WestRock Company Consolidated Pension Plan, except for those assets attributable to the RTS Packaging, LLC Consolidated Pension Plan.

Investments held by the Plan are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Security transactions involving the purchase or sale of investments of the Master Trust are accounted for on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. The group annuity contracts with John Hancock and AXA are valued at contract value, which consists of contract cost adjusted for investment income, benefit payments and expenses.

#### ***Payment of Benefits***

Benefit payments are recorded upon distribution.

#### ***Administrative Expenses***

Administrative expenses include benefit payment service charges, actuarial, trustee, and audit fees as well as commissions and fees paid in connection with securities transactions and the Pension Benefit Guaranty Corporation (the "PBGC") premiums. These administrative expenses are paid from the assets of the Master Trust and allocated to each participating plan. Such expenses are allocated monthly either specifically to the plan they relate to or to each participating plan based on their relative beginning of year net asset balances.

### **3. Interest in WestRock Company Master Retirement Trust**

The Plan assets are held in the Master Trust under the terms of a trust agreement. The Northern Trust Company is the trustee of the Plan for the years ended September 30, 2017 and 2016. Each participating plan has an undivided interest in the Master Trust.

The value of the Plan's interests in the Master Trust is based on the beginning of year value of the Plan's interest in the Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Investment income and administrative expenses relating to the Master Trust are allocated to the Plan based upon the amount of the time the Plan's assets were invested in the Master Trust.

## WestRock Company Consolidated Pension Plan

### Notes To Financial Statements

The statements of net assets for the Master Trust are as follows:

| <b>September 30,</b>        | <b>2017</b>      | <b>2016</b>      |
|-----------------------------|------------------|------------------|
| Investments, at fair value: |                  |                  |
| Equity securities           | \$ 527,006,028   | \$ 647,892,282   |
| Fixed income securities     | 2,984,791,626    | 2,840,372,058    |
| Short-term investments      | 140,590,722      | 282,580,425      |
| Other investments           | 452,204,477      | 527,421,121      |
| Net assets                  | \$ 4,104,592,853 | \$ 4,298,265,886 |

At September 30, 2017 and 2016, the Plan's interest in the net assets of the Master Trust were approximately 99.26 percent and 99.25 percent, respectively. Meanwhile, at September 30, 2017 and 2016, the RTS Packaging, LLC Consolidated Pension Plan's interest in the net assets of the Master Trust were approximately 0.74 percent and 0.75 percent, respectively.

The statements of changes in net assets for the Master Trust are as follows:

| <b>September 30,</b>                          | <b>2017</b>      | <b>2016</b>      |
|-----------------------------------------------|------------------|------------------|
| Investment income:                            |                  |                  |
| Interest                                      | \$ 90,220,618    | \$ 164,711,321   |
| Dividends                                     | 3,571,762        | 6,277,840        |
| Net appreciation in fair value of investments | 35,058,153       | 568,910,676      |
| Administrative expenses                       | (22,632,927)     | (32,159,964)     |
| Contributions                                 | 916,000          | 4,276,125        |
| Benefits paid                                 | (358,403,126)    | (388,519,428)    |
| Plan settlement (1)                           | -                | (2,483,507,710)  |
| Decrease in net assets                        | (251,269,520)    | (2,160,011,140)  |
| Transferred to plans                          | -                | (19,745,742)     |
| Net assets at beginning of year:              |                  |                  |
| Net assets in Master Trust                    | 4,298,265,886    | 6,478,022,768    |
| Other receivable from plan settlement         | 57,596,487       | -                |
| Net assets at end of year                     | \$ 4,104,592,853 | \$ 4,298,265,886 |

(1) Net of \$57,893,912 premium adjustment received by the Plan from Prudential (see Note 1)

#### 4. Fair Value Measurements

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

# WestRock Company Consolidated Pension Plan

## Notes To Financial Statements

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

**Level 2** Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the valuation methodologies used at September 30, 2017 and 2016.

The following tables summarize the Master Trust's assets carried at fair value as of September 30, 2017 and 2016:

| Assets at fair value as of September 30, 2017            |                |                  |                         |
|----------------------------------------------------------|----------------|------------------|-------------------------|
|                                                          | Level 1        | Level 2          | Total                   |
| (a) Equity securities                                    | \$ 140,910,921 | \$ 56,570        | \$ 140,967,491          |
| (b) Fixed income securities                              | 143,400,409    | 2,279,761,450    | 2,423,161,859           |
| (c) Short-term investments                               | 140,590,722    | -                | 140,590,722             |
| Benefit plan assets measured in the fair value hierarchy | \$ 424,902,052 | \$ 2,279,818,020 | \$ 2,704,720,072        |
| Assets measured at NAV                                   |                |                  | 1,399,872,781           |
| <b>Total assets at fair value</b>                        |                |                  | <b>\$ 4,104,592,853</b> |

| Assets at fair value as of September 30, 2016            |                |                  |                         |
|----------------------------------------------------------|----------------|------------------|-------------------------|
|                                                          | Level 1        | Level 2          | Total                   |
| (a) Equity securities                                    | \$ 231,878,431 | \$ 133,228       | \$ 232,011,659          |
| (b) Fixed income securities                              | 20,678,806     | 2,177,986,085    | 2,198,664,891           |
| (c) Short-term investments                               | 282,580,425    | -                | 282,580,425             |
| Benefit plan assets measured in the fair value hierarchy | \$ 535,137,662 | \$ 2,178,119,313 | \$ 2,713,256,975        |
| Assets measured at NAV                                   |                |                  | 1,585,008,911           |
| <b>Total assets at fair value</b>                        |                |                  | <b>\$ 4,298,265,886</b> |

# WestRock Company Consolidated Pension Plan

## Notes To Financial Statements

(a) Equity securities are comprised of the following investment types: (i) common stock, (ii) preferred stock and (iii) equity exchange traded funds. Level 1 investments in common and preferred stocks and exchange traded funds are valued using quoted market prices multiplied by the number of shares owned.

(b) Fixed income securities are comprised of the following investment types: (i) U.S. and non-U.S. government securities; (ii) U.S. and non-U.S. corporate bonds; (iii) mortgage-backed securities; and (iv) other fixed income.

U.S. government securities include treasury and agency debt. These investments are valued using broker quotes in an active market. The level 1 non-U.S. government securities investment is an exchange traded fund valued using quoted market prices. The level 1 U.S. corporate bonds category is primarily comprised of U.S. dollar denominated investment grade securities and valued using quoted market prices. Level 2 investments are valued utilizing a market approach that includes various valuation techniques and sources such as value generation models, broker quotes in active and nonactive markets, benchmark yields and securities, reported trades, issuer spreads, and/or other applicable reference data. Other fixed income is comprised of municipal and asset-backed securities. Investments are valued utilizing a market approach that includes various valuation techniques and sources, such as broker quotes in active and non-active markets, benchmark yields and securities, reported trades, issuer spreads and/or other applicable reference data.

(c) Short-term investments are valued at \$1.00/unit, which approximates fair value. Amounts are generally invested in interest-bearing accounts.

The following table summarizes assets measured at fair value based on NAV per share as a practical expedient as of September 30, 2017 and 2016:

| <b><i>September 30, 2017</i></b>                                                                                | <b>Fair Value</b>       | <b>Redemption Frequency</b> | <b>Redemption Notice Period</b> | <b>Unfunded Commitments</b> |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|---------------------------------|-----------------------------|
| (a) <b>Hedge funds</b>                                                                                          | \$ -                    | Quarterly                   | Up to 91 days                   | \$ -                        |
| (b) <b>Commingled funds, private equity and private real estate investments, and equity related investments</b> | 386,038,537             | Monthly                     | Up to 60 days                   | 98,788,268                  |
| (c) <b>Fixed income and fixed income related instruments</b>                                                    | 561,629,767             | Monthly                     | Up to 10 days                   | -                           |
| (d) <b>Other</b>                                                                                                | 452,204,477             | Daily                       | Up to 5 days                    | -                           |
|                                                                                                                 | <b>\$ 1,399,872,781</b> |                             |                                 | <b>\$ 98,788,268</b>        |

## WestRock Company Consolidated Pension Plan

### Notes To Financial Statements

| <i>September 30, 2016</i>                                                                                | Fair Value       | Redemption<br>Frequency | Redemption<br>Notice Period | Unfunded<br>Commitments |
|----------------------------------------------------------------------------------------------------------|------------------|-------------------------|-----------------------------|-------------------------|
| (a) Hedge funds                                                                                          | \$ 44,927,607    | Quarterly               | Up to 91 days               | \$ -                    |
| (b) Commingled funds, private equity and private real estate investments, and equity related investments | 370,953,010      | Monthly                 | Up to 60 days               | 114,658,061             |
| (c) Fixed income and fixed income related instruments                                                    | 641,707,167      | Monthly                 | Up to 10 days               | -                       |
| (d) Other                                                                                                | 527,421,127      | Daily                   | Up to 5 days                | -                       |
|                                                                                                          | \$ 1,585,008,911 |                         |                             | \$ 114,658,061          |

(a) Hedge fund investments are primarily made through shares of limited partnerships or similar structures. Hedge funds are typically valued monthly by third-party administrators that have been appointed by the funds' general partners. Hedge funds have been valued using NAV as a practical expedient.

(b) Commingled fund investments are valued at the net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled funds includes market pricing of the underlying assets as well as broker quotes and other valuation techniques. Commingled funds have been valued using NAV as a practical expedient.

We maintain holdings in certain private equity partnerships and private real estate investments for which a liquid secondary market does not exist. The private equity partnerships are commingled investments. Valuation techniques, such as discounted cash flow and market based comparable analyses, are used to determine fair value of the private equity investments. Unobservable inputs used for the discounted cash flow technique include projected future cash flows and the discount rate applied to present value those cash flows. Unobservable inputs used for the market based comparisons technique include EBITDA multiples in other comparable third-party transactions, price to earnings ratios, liquidity, current operating results, as well as input from general partners and other pertinent information. Private equity investments have been valued using NAV as a practical expedient.

Private real estate investments are commingled investments. Valuation techniques, such as discounted cash flow and market based comparable analyses, are used to determine fair value of the private equity investments. Unobservable inputs used for the discounted cash flow technique include projected future cash flows and the discount rate applied to present value those cash flows. Unobservable inputs used for the market based comparison technique include a combination of third party appraisals, replacement cost, and comparable market prices. Private real estate investments have been valued using NAV as a practical expedient.

Equity related investments are hedged equity investments in a commingled fund that consist primarily of equity indexed investments which are hedged by options and also hold collateral in the form of short term treasury securities. Equity related investments have been valued using NAV as a practical expedient.

# WestRock Company Consolidated Pension Plan

## Notes To Financial Statements

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(c) Fixed income and fixed income related instruments consist of commingled debt funds, which are valued at their net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled funds includes market pricing of the underlying assets as well as broker quotes and other valuation techniques. Commingled debt funds have been valued using NAV as a practical expedient.

(d) Consists of a global multi-asset investment commingled fund with underlying investments that are diversified across multiple asset classes and include global equity, fixed income securities, commodities and derivative contracts. The commingled fund is valued at its net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled fund includes market pricing of the underlying assets as well as broker quotes and other valuation techniques. The global multi-asset investment commingled fund has been valued using NAV as a practical expedient.

### **Transfers between Levels**

The availability of observable market data is monitored to assess the appropriate classification of investments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. During the fiscal year ended September 30, 2017, the Plan had no transfers between level 2 and level 3.

## **5. Information Certified By Trustee**

The Retirement Plan Administrative Committee has elected the method of annual reporting compliance for certain investment information as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust Company, the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

| <b>September 30,</b>                             | <b>2017</b>             | <b>2016</b>             |
|--------------------------------------------------|-------------------------|-------------------------|
| Statements of Net Assets Available for Benefits: |                         |                         |
| Investments:                                     |                         |                         |
| Equity securities                                | \$ 140,967,491          | \$ 232,572,544          |
| Fixed income securities                          | 2,423,161,860           | 2,198,036,556           |
| Short-term investments                           | 140,293,914             | 281,191,284             |
| Partnerships and other investments               | 40,561,225              | -                       |
| <b>Total</b>                                     | <b>\$ 2,744,984,490</b> | <b>\$ 2,711,800,384</b> |

| <b>September 30,</b>                                        | <b>2017</b>      | <b>2016</b>    |
|-------------------------------------------------------------|------------------|----------------|
| Statements of Changes in Net Assets Available for Benefits: |                  |                |
| Net appreciation(depreciation) of certified investments     | \$ (116,888,626) | \$ 476,779,841 |
| Dividends and interest from certified investments           | \$ 92,393,541    | \$ 165,784,837 |

## **WestRock Company Consolidated Pension Plan**

### **Notes To Financial Statements**

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The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedule.

#### **6. Plan Termination**

Should the Plan terminate at some future time, its net assets generally may not be available to provide full benefits to all participants. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. For further description regarding the priority of participants' claims to the assets of the Plan upon Plan termination and benefits guaranteed by the PBGC, reference is made to the information included in the Summary Plan Description provided to all participants.

#### **7. Accumulated Plan Benefits Obligation**

The accumulated plan benefits obligation represents estimated future periodic payments, including lump-sum distributions, to be made in accordance with the Plan's provisions with respect to service which employees have rendered to the valuation date. It includes benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' years of service multiplied by a benefit service factor. The accumulated plan benefits for active employees are based on their negotiated or otherwise agreed-upon benefit level in effect at the valuation date. Meanwhile, some benefits are based on the participant's final average earnings and credited service under the Plan. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The effect of plan amendments on accumulated plan benefits is recognized in the year in which such amendments become effective.

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

## WestRock Company Consolidated Pension Plan

### Notes To Financial Statements

The significant actuarial assumptions used in the valuations as of October 1, 2016 and October 1, 2015 were as follows for the WestRock Company Consolidated Pension Plan:

|                        | October 1, 2016                                                                                                                                                                                                                                                                                                                                                                                                                             | October 1, 2015                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Interest Rate</b>   | 4.04%                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4.702%                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Mortality Table</b> | RP-2014 separate employee and retiree mortality table for hourly males and hourly females with blue collar distinction, backed off with MP-2014 improvements to 2012 and generational improvement scale MSS-2007.<br>RP-2014 separate employee and retiree mortality table for salaried males and salaried females with white collar distinction, backed off with MP-2014 improvements to 2012 and generational improvement scale MSS-2007. | RP-2014 separate employee and retiree mortality table for hourly males and hourly females with blue collar distinction, backed off with MP-2014 improvements to 2012 and generational improvement scale MSS-2007.<br>RP-2014 separate employee and retiree mortality table for salaried males and salaried females with white collar distinction, backed off with MP-2014 improvements to 2012 and generational improvement scale MSS-2007. |
| <b>Lump-sums</b>       | Conversion rate: 4.04%                                                                                                                                                                                                                                                                                                                                                                                                                      | Conversion rate: 4.702%                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Retirement Age</b>  | Active participants - Ages 55 to 70, at specific percentage rates from 1% to 100% Terminated vested participants - Age 62 for salaried, hourly, and RKT plans; 59 for MWRP, ERP, and MWRB plans                                                                                                                                                                                                                                             | Active participants - Ages 55 to 70, at specific percentage rates from 1% to 100% Terminated vested participants - Age 62 for salaried, hourly, and RKT plans; 59 for MWRP, ERP, and MWRB plans                                                                                                                                                                                                                                             |

Disability incidence, retirement age rates, withdrawal rates, vested deferred benefit commencement age, percent married, spousal age difference, or form of payment assumptions were updated based on an experience study undertaken in 2015.

The benefit commencement age for current and future vested deferred participants was modified to simplify the assumption. The Plan used a single retirement age of 59, which is based on the assumed average retirement age based on age-specific rates used previously by the actuary for this population. Meanwhile, the disabled participant mortality assumption was updated from RP-2000 disabled no collar base table to the Revenue Ruling 96-7 tables for post-1994 disabilities.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2016 and 2015 for the WestRock Consolidated Pension Plan. Had the valuations been performed as of September 30, there would be no material differences.

## WestRock Company Consolidated Pension Plan

### Notes To Financial Statements

The actuarial present value of accumulated plan benefits as of October 1, 2016 and October 1, 2015 is as follows:

|                                                                        | October 1, 2016  | October 1, 2015  |
|------------------------------------------------------------------------|------------------|------------------|
| Vested benefits:                                                       |                  |                  |
| Active participants                                                    | \$ 1,156,754,182 | \$ 1,187,248,371 |
| Inactive participants with deferred benefits                           | 1,233,084,460    | 1,028,646,716    |
| Inactive participants receiving benefits                               | 1,535,658,845    | 3,636,984,470    |
| Nonvested benefits                                                     | 54,594,158       | 57,108,227       |
| Total actuarial present value of accumulated plan benefits obligations | \$ 3,980,091,645 | \$ 5,909,987,784 |

The changes in the actuarial present value of accumulated plan benefits obligation are as follows:

|                                                                                     |                  |
|-------------------------------------------------------------------------------------|------------------|
| Actuarial present value of accumulated plan benefits obligations at October 1, 2015 | \$ 5,909,987,784 |
| Adjustment to beginning of year due to retiree buyout and integrity spin-off        | (2,282,081,212)  |
| Assumption changes (primarily discount rate change)                                 | 301,493,668      |
| Change in plan provisions                                                           | 1,678,361        |
| Interest due as a result of the decrease in discount period                         | 166,685,070      |
| Benefits paid                                                                       | (386,827,067)    |
| Benefits accumulated and losses                                                     | 269,155,041      |
| Actuarial present value of accumulated plan benefits, at October 1, 2016            | \$ 3,980,091,645 |

As discussed in Note 1, the plan consummated a plan settlement transaction in September 2016 wherein plan assets amounting to \$2,425,613,798, net of premium adjustment, were used to purchase group annuity contracts from Prudential. This transaction relieved the Plan of responsibility for the pension benefit obligation and consequently transferred the obligation and payment responsibility to Prudential for retirement benefits owed to approximately 35,000 retirees and beneficiaries. The annuity contract covered retirees who commenced receiving benefits on or before January 1, 2007, or received a monthly payment of \$1,000 or less and commenced receiving benefits on or before May 1, 2016. The monthly retirement benefit payment amounts currently received by retirees and their beneficiaries did not change as a result of this transaction. Those plan participants not included in the transaction remain the WestRock Company Consolidated Pension Plan, and responsibility for payment of the retirement benefits remains with WestRock. This plan settlement occurred subsequent to the valuation date presented above.

## 8. Risks and Uncertainties

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

## **WestRock Company Consolidated Pension Plan**

### **Notes To Financial Statements**

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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.

#### **9. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service dated August 24, 2017, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "Code").

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **10. Parties-in-Interest and Related Party Transactions**

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to the trustee and various service providers. A short-term investment fund is managed by The Northern Trust Company, the trustee. These transactions are party-in-interest transactions under ERISA.

#### **11. Subsequent Events**

Effective December 31, 2017, collectively bargained employees who formerly participated in the PACE Industry Union-Management Pension Plan became participants in the Plan. Coverage was extended to employees represented by the USW at the following locations: Atlanta East, Glendale Container, Highland, Liberty, Panama City Mill, Rochester Sheet Plant, Eaton Mill, Lancaster Box Plant, Newark Box Plant, and Syracuse Box Plant.

The Plan Administrator has evaluated subsequent events through July 9, 2018, the date the financial statements were available to be issued. The Plan Administrator is not aware of any subsequent events, other than those noted above, which would require recognition or disclosure in the financial statements.

## **Supplemental Schedule**

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**WestRock Company Consolidated Pension Plan**  
**Schedule H, line 4i—Schedule of Assets (Held at End of Year)**

**(EIN/PN: #47-3335141/027)**

| (a)<br>Party-<br>in-<br>interest | (b)<br>Identity of issue, borrower, lessor,<br>or similar party | (c)<br>Description of investment including maturity<br>date, rate of interest, collateral, par, or<br>maturity value | (d)<br>Cost         | (e)<br>Current value |
|----------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
|                                  | AXA Equitable Life Assurance Society                            | AC 1370 Equitable Guaranteed Investment Contract                                                                     | \$ 215,842          | \$ 215,842           |
|                                  | AXA Equitable Life Assurance Society                            | AC 2047 Equitable Guaranteed Investment Contract                                                                     | 874,272             | 874,272              |
|                                  | John Hancock Life Insurance Company                             | GAC 191 Immediate Participation Guarantee Fund                                                                       | 1,407,224           | 1,407,224            |
|                                  | John Hancock Life Insurance Company                             | GAC 853 Immediate Participation Guarantee Fund                                                                       | 766,593             | 766,593              |
| <b>Total</b>                     |                                                                 |                                                                                                                      | <b>\$ 3,263,931</b> | <b>\$ 3,263,931</b>  |

\* Denotes party-in-interest

## Schedule SB, line 26 — Schedule of Active Participant Data

**Distribution of Active Participants as of October 1, 2016***All Active Participants*

| Attained age | Years of credited service |                 |                 |                 |                 |                  |                  |                  |                  |                 | Total              |
|--------------|---------------------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|------------------|-----------------|--------------------|
|              | Under 1                   | 1-4             | 5-9             | 10-14           | 15-19           | 20-24            | 25-29            | 30-34            | 35-39            | 40 & up         |                    |
| Under 25     | 29<br>\$40,330            | 277<br>\$40,330 | 7               |                 |                 |                  |                  |                  |                  |                 | 313                |
| 25-29        | 44<br>\$50,094            | 539<br>\$50,094 | 132<br>\$69,641 | 5               |                 |                  |                  |                  |                  |                 | 720                |
| 30-34        | 28<br>\$63,400            | 404<br>\$63,400 | 244<br>\$84,627 | 156<br>\$84,961 | 7               |                  |                  |                  |                  |                 | 839                |
| 35-39        | 19<br>\$67,576            | 370<br>\$67,576 | 260<br>\$84,952 | 304<br>\$63,494 | 198<br>\$83,169 | 7                |                  |                  |                  |                 | 1,158              |
| 40-44        | 21<br>\$82,203            | 293<br>\$82,203 | 309<br>\$77,342 | 345<br>\$59,577 | 357<br>\$73,602 | 178<br>\$104,806 | 2                |                  |                  |                 | 1,505              |
| 45-49        | 17<br>\$46,542            | 300<br>\$46,542 | 339<br>\$71,973 | 433<br>\$67,216 | 559<br>\$65,033 | 387<br>\$91,064  | 250<br>\$95,924  | 6                |                  |                 | 2,291              |
| 50-54        | 18<br>\$46,901            | 294<br>\$46,901 | 311<br>\$65,862 | 406<br>\$69,849 | 469<br>\$68,356 | 405<br>\$102,153 | 439<br>\$112,280 | 201<br>\$120,305 | 21<br>\$79,096   |                 | 2,564              |
| 55-59        | 9<br>\$47,917             | 243<br>\$47,917 | 252<br>\$94,794 | 321<br>\$61,449 | 441<br>\$73,238 | 335<br>\$111,361 | 370<br>\$122,995 | 327<br>\$111,155 | 266<br>\$101,011 | 37<br>\$82,033  | 2,601              |
| 60-64        | 4<br>\$51,022             | 133<br>\$51,022 | 151<br>\$93,882 | 197<br>\$70,013 | 197<br>\$78,622 | 158<br>\$93,342  | 240<br>\$97,788  | 198<br>\$87,492  | 201<br>\$112,693 | 226<br>\$92,534 | 1,705              |
| 65-69        | 3                         | 19              | 37<br>\$154,358 | 42<br>\$85,580  | 47<br>\$84,021  | 35<br>\$95,573   | 40<br>\$62,141   | 37<br>\$82,349   | 26<br>\$126,468  | 52<br>\$65,173  | 338                |
| 70 & up      |                           | 5               | 2               | 8               | 2               | 4                | 8                | 11               | 4                | 13              | 57                 |
| Total        | 192                       | 2,877           | 2,044           | 2,217           | 2,276           | 1,509            | 1,349            | 781              | 518              | 328             | 14,091<br>\$89,509 |

In each cell, the top number shown is the count of active participants for each age/service combination, and the bottom number is average pay limited to \$265,000. Average pay is not shown for cells with fewer than 20 participants. Note average pay is calculated using only pay for participants who have currently accruing pay-related benefit components.

## Schedule SB, line 26 — Schedule of Active Participant Data

**Distribution of Active Participants as of October 1, 2016***Cash Balance Benefits Only*

| Attained age | Years of credited service  |                            |                            |                            |                            |                             |                             |                             |                             |                            | Total                         |
|--------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|-------------------------------|
|              | Under 1                    | 1-4                        | 5-9                        | 10-14                      | 15-19                      | 20-24                       | 25-29                       | 30-34                       | 35-39                       | 40 & up                    |                               |
| Under 25     | 14<br>\$45,328<br>\$4,405  | 35<br>\$45,328<br>\$4,405  |                            |                            |                            |                             |                             |                             |                             |                            | 49                            |
| 25-29        | 19<br>\$58,675<br>\$8,176  | 102<br>\$58,675<br>\$8,176 | 25<br>\$52,551<br>\$14,216 |                            |                            |                             |                             |                             |                             |                            | 146                           |
| 30-34        | 12<br>\$70,271<br>\$11,747 | 82<br>\$70,271<br>\$11,747 | 58<br>\$68,751<br>\$21,323 | 18                         |                            |                             |                             |                             |                             |                            | 170                           |
| 35-39        | 8<br>\$72,884<br>\$13,258  | 81<br>\$72,884<br>\$13,258 | 57<br>\$76,690<br>\$26,733 | 30<br>\$77,976<br>\$29,151 | 27<br>\$77,401<br>\$38,385 |                             |                             |                             |                             |                            | 203                           |
| 40-44        | 8<br>\$76,945<br>\$15,728  | 71<br>\$76,945<br>\$15,728 | 63<br>\$88,800<br>\$37,178 | 53<br>\$75,762<br>\$36,717 | 73<br>\$90,290<br>\$45,154 | 13                          |                             |                             |                             |                            | 281                           |
| 45-49        | 9<br>\$68,210<br>\$14,353  | 94<br>\$68,210<br>\$14,353 | 82<br>\$87,505<br>\$39,078 | 56<br>\$75,167<br>\$33,598 | 92<br>\$87,851<br>\$44,896 | 64<br>\$111,492<br>\$63,078 | 31<br>\$106,885<br>\$50,129 | 1                           |                             |                            | 429                           |
| 50-54        | 10<br>\$73,085<br>\$17,239 | 90<br>\$73,085<br>\$17,239 | 71<br>\$77,115<br>\$37,748 | 57<br>\$72,196<br>\$20,567 | 87<br>\$90,195<br>\$29,064 | 44<br>\$101,949<br>\$20,642 | 69<br>\$119,823<br>\$17,989 | 30<br>\$130,716<br>\$19,225 | 9                           |                            | 467                           |
| 55-59        | 6<br>\$58,785<br>\$15,093  | 81<br>\$58,785<br>\$15,093 | 69<br>\$83,554<br>\$39,808 | 50<br>\$77,592<br>\$20,445 | 58<br>\$73,942<br>\$28,539 | 41<br>\$115,445<br>\$20,992 | 53<br>\$132,556<br>\$16,854 | 63<br>\$131,845<br>\$16,873 | 59<br>\$99,146<br>\$26,365  | 6                          | 486                           |
| 60-64        | 1<br>\$60,322<br>\$16,867  | 61<br>\$60,322<br>\$16,867 | 41<br>\$72,587<br>\$36,161 | 23<br>\$71,229<br>\$27,709 | 31<br>\$73,447<br>\$23,598 | 19                          | 27<br>\$106,724<br>\$15,674 | 26<br>\$91,500<br>\$32,546  | 44<br>\$111,352<br>\$13,570 | 41<br>\$91,526<br>\$20,243 | 314                           |
| 65-69        | 2<br>\$11,000<br>\$11,000  | 11<br>\$11,000<br>\$11,000 | 11<br>\$11,000<br>\$11,000 | 6<br>\$11,000<br>\$11,000  | 10<br>\$11,000<br>\$11,000 | 8<br>\$11,000<br>\$11,000   | 3<br>\$11,000<br>\$11,000   | 2<br>\$11,000<br>\$11,000   | 2<br>\$11,000<br>\$11,000   | 5<br>\$11,000<br>\$11,000  | 60                            |
| 70 & up      |                            | 4<br>\$11,000<br>\$11,000  | 1<br>\$11,000<br>\$11,000  | 1<br>\$11,000<br>\$11,000  | 1<br>\$11,000<br>\$11,000  | 1<br>\$11,000<br>\$11,000   | 1<br>\$11,000<br>\$11,000   |                             |                             | 1<br>\$11,000<br>\$11,000  | 10                            |
| Total        | 89                         | 712                        | 478                        | 294                        | 379                        | 190                         | 184                         | 122                         | 114                         | 53                         | 2,615<br>\$82,698<br>\$24,999 |

In each cell, the top number is the count of active participants with cash balance accounts for each age/service combination, the middle number is average pay limited to \$265,000, and the bottom number is the average cash balance account. Average pay and balance information is not shown for cells with fewer than 20 participants.

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

**Actuarial Assumptions for October 1, 2016 Funding Valuation****Discount rate sponsor elections**

- Segment rates or full yield curve Segment
- Look-back months 4

|                 | <u><b>Stabilized rates</b></u> | <u><b>Nonstabilized rates</b></u> |
|-----------------|--------------------------------|-----------------------------------|
| • First 5 years | 4.43                           | 1.50                              |
| • Next 15 years | 5.91                           | 3.88                              |
| • Over 20 years | 6.65                           | 4.89                              |

**Mortality sponsor elections**

- Healthy participants Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
- Disabled participants Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.

**Cash balance plans**

- Interest accumulation rate 3.20% for cash balance plan for fiscal year ending September 30, 2017, increasing by 0.20% per year until ultimate rate of 4.00% is reached.  
6.45% for Retirement Plus for October 1, 2016 valuation; was 6.60% previously.
- Whipsaw calculations No
- Annuity conversion
- Mortality table 2016 IRC Section 471(e) unisex mortality
- Interest rate basis Funding rates

**417(e) lump sums**

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.

**Non-417(e) lump sums**

- Mortality table 1994 mortality table per Revenue Ruling 2001-62
- Interest rate 3.00% per year

**Other economic assumptions**

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

- Salary increases See tables of sample rates for MWRP and ERP; not applicable for Salaried and MWRB  
RKT participants: not applicable for benefit multiplier component, 2.50% per year for Career Average Benefits component and 2.50% per year for Salaried/Non-Union Hourly Employees component.
- Projected valuation pay For grandfathered MWRP participants: projected calendar year base and bonus pay for 2017 as provided by WestRock; not applicable for other plans.
- Flat-dollar benefit increases Not applicable.
- Social Security wage base 3.00% per year; not applicable for benefit multiplier components or Salaried plan.
- Inflation 2.25% per year; not applicable for benefit multiplier components; only applies to Trinity Plan retirees for Salaried.
- Expected investment return 5.78%, net of expenses, for the October 1, 2016 plan year. Previously 5.08% used for the October 1, 2015 valuation.
- Expenses Actual prior year's administrative expenses, adjusted to reflect current year PBGC premiums and overall expense reductions following annuity buyout and lump sum cashout transactions, added to current year normal cost (\$9,110,575 for October 1, 2016 plan year).

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**Demographic assumptions**

- Withdrawal See tables of sample rates for each legacy plan.  
For Salaried plan, modified version of Society of Actuaries 2003 turnover study. No select rates are used.
- Disability incidence 50% of the 1985 Study of disabled experience for Class 1 for Hourly, Salaried and RKT plans. See tables of sample rates for MWRP, ERP and MWRB plans.

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

- Retirement age

| Attained age | Percentage |
|--------------|------------|
| 55-59        | 1.0%       |
| 60           | 2.0%       |
| 61           | 3.0%       |
| 62-63        | 15.0%      |
| 64           | 10.0%      |
| 65-69        | 30.0%      |
| 70+          | 100.0%     |

Table above used for Salaried, Hourly and RKT plans. See tables of sample rates for MWRP, ERP and MWRB plans.

- Benefit commencement age for

- Future vested deferred

62 for Salaried, Hourly and RKT plans; 59 for MWRP, ERP and MWRB plans.

- Current vested deferred

62 for Salaried, Hourly and RKT plans; 59 for MWRP, ERP and MWRB plans, or current age, if later.

- Spouse assumptions

**Male participants**

**Female participants**

- Percentage married

85%

85%

- Spouse age difference

3 years younger

1 year older

**Form of payment – Hourly, Salaried, RKT**

**Lump sum**

**Single life**

**50% J&S**

**100% J&S**

- Active retirements

- ◊ St. Laurent Latta pre-4/1/03 benefits

100%

0%

0%

0%

- ◊ All others

0%

40%

30%

30%

- Future vested deferred

- ◊ St. Laurent Latta pre-4/1/03 benefits

100%

0%

0%

0%

- ◊ All others

0%

40%

30%

30%

- Future disabilities

- ◊ St. Laurent Latta pre-4/1/03 benefits

100%

0%

0%

0%

- ◊ All others

0%

40%

30%

30%

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

|                                   |    |     |      |      |
|-----------------------------------|----|-----|------|------|
| • Future deaths                   |    |     |      |      |
| ◊ St. Laurent Latta & Mill Hourly | 0% | 0%  | 0%   | 100% |
| ◊ All Others                      | 0% | 0%  | 100% | 0%   |
| • Current vested deferred         | 0% | 40% | 30%  | 30%  |

|                                        |                        |                           |                           |                            |
|----------------------------------------|------------------------|---------------------------|---------------------------|----------------------------|
| <b>Form of payment – MWRP Salaried</b> | <b><u>Lump sum</u></b> | <b><u>Single life</u></b> | <b><u>50% J&amp;S</u></b> | <b><u>100% J&amp;S</u></b> |
| • Eligible for lump sum option         | 80%                    | 20%                       | 0%                        | 0%                         |
| • Not eligible for lump sum option     | N/A                    | 100%                      | 0%                        | 0%                         |
| • Cash balance participants<br>1)      | 100%                   | 0%                        | 0%                        | 0%                         |

|                                                    |                        |                           |                           |                            |
|----------------------------------------------------|------------------------|---------------------------|---------------------------|----------------------------|
| <b>Form of payment – MWRP Non-Bargained Hourly</b> | <b><u>Lump sum</u></b> | <b><u>Single life</u></b> | <b><u>50% J&amp;S</u></b> | <b><u>100% J&amp;S</u></b> |
| • Eligible for lump sum option                     | 70%                    | 30%                       | 0%                        | 0%                         |
| • Not eligible for lump sum option                 | N/A                    | 100%                      | 0%                        | 0%                         |
| • Cash balance participants                        | 100%                   | 0%                        | 0%                        | 0%                         |

|                              |                        |                           |                           |                            |
|------------------------------|------------------------|---------------------------|---------------------------|----------------------------|
| <b>Form of payment – ERP</b> | <b><u>Lump sum</u></b> | <b><u>Single life</u></b> | <b><u>50% J&amp;S</u></b> | <b><u>100% J&amp;S</u></b> |
| • Cash balance benefits      | 100%                   | 0%                        | 0%                        | 0%                         |
| • All other participants     | N/A                    | 100%                      | 0%                        | 0%                         |

|                                    |                        |                           |                           |                            |
|------------------------------------|------------------------|---------------------------|---------------------------|----------------------------|
| <b>Form of payment – MWRB</b>      | <b><u>Lump sum</u></b> | <b><u>Single life</u></b> | <b><u>50% J&amp;S</u></b> | <b><u>100% J&amp;S</u></b> |
| • Eligible for lump sum option     | 70%                    | 30%                       | 0%                        | 0%                         |
| • Not eligible for lump sum option | N/A                    | 100%                      | 0%                        | 0%                         |

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|                                                   |                |
|---------------------------------------------------|----------------|
| <b>Unpredictable contingent event assumptions</b> | Not Applicable |
|---------------------------------------------------|----------------|

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|                            |                |
|----------------------------|----------------|
| <b>At-risk assumptions</b> | Not Applicable |
|----------------------------|----------------|

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

**Table of Sample Rates****Withdrawal Rates - Salaried**

| Attained Age | Percentage Males/Females |
|--------------|--------------------------|
| 20           | 34.3%                    |
| 25           | 25.5%                    |
| 30           | 17.8%                    |
| 35           | 15.0%                    |
| 40           | 13.8%                    |
| 45           | 12.5%                    |
| 50           | 11.3%                    |
| 55           | 10.0%                    |
| 60           | 8.8%                     |

**Withdrawal Rates – Hourly, RKT; Salary Increases for Hourly**

| Attained age | Withdrawal         |                   |                    |                    | Collectively Bargained Component Ultimate | Salaried/ Non-Union Hourly Component Ultimate | Hourly Salary increases |
|--------------|--------------------|-------------------|--------------------|--------------------|-------------------------------------------|-----------------------------------------------|-------------------------|
|              | 0 Years of Service | 1 Year of Service | 2 Years of Service | 3 Years of Service |                                           |                                               |                         |
| 20           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | N/A                                       | N/A                                           | 9.0%                    |
| 25           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 10.9%                                     | 12.9%                                         | 9.0%                    |
| 30           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 9.6%                                      | 6.6%                                          | 7.0%                    |
| 35           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 8.0%                                      | 5.7%                                          | 5.0%                    |
| 40           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 7.2%                                      | 5.4%                                          | 4.0%                    |
| 45           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 7.0%                                      | 4.8%                                          | 3.5%                    |
| 50           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 6.7%                                      | 4.2%                                          | 3.0%                    |
| 55           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 6.0%                                      | 3.7%                                          | 3.0%                    |
| 60           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 5.2%                                      | 3.3%                                          | 3.0%                    |
| 65           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 4.5%                                      | 2.8%                                          | N/A                     |
| 70           | 60.0%              | 60.0%             | 16.0%              | 16.0%              | 3.7%                                      | 2.3%                                          | N/A                     |

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Withdrawal Rates – ERP and Salaried/Legacy Westvaco Hourly (MWRP)**

| Withdrawal Percentage |          |                        |
|-----------------------|----------|------------------------|
| Attained Service      | Salaried | Legacy Westvaco Hourly |
| 0                     | 23.0%    | 25.0%                  |
| 3                     | 15.0     | 13.0                   |
| 6                     | 9.0      | 7.0                    |
| 9                     | 6.5      | 4.0                    |
| 12                    | 5.0      | 2.5                    |
| 15                    | 5.0      | 2.5                    |
| 18+                   | 3.0      | 2.5                    |

**Withdrawal Rates – Legacy Mead (MWRB) and Legacy Mead Non-Bargained Hourly (MWRP)**

| Withdrawal Percentage |       |       |       |       |      |      |
|-----------------------|-------|-------|-------|-------|------|------|
| Years of Service      |       |       |       |       |      |      |
| Attained Age          | 0     | 1     | 2     | 3     | 4    | 5+   |
| 20                    | 20.0% | 13.0% | 11.0% | 10.0% | 6.0% | 5.0% |
| 25                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 5.0  |
| 30                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 4.4  |
| 35                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 3.7  |
| 40                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 3.2  |
| 45                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 2.7  |
| 50                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 2.2  |
| 55                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 0.0  |
| 60                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 0.0  |
| 65                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 0.0  |
| 70                    | 20.0  | 13.0  | 11.0  | 10.0  | 6.0  | 0.0  |

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Withdrawal Rates – Legacy Westvaco - MWRB**

| <b>Withdrawal Percentage</b> |                        |
|------------------------------|------------------------|
| <b>Attained Service</b>      | <b>Legacy Westvaco</b> |
| 0                            | 25.0%                  |
| 3                            | 13.0                   |
| 6                            | 7.0                    |
| 9                            | 4.0                    |
| 12                           | 2.5                    |
| 15                           | 2.5                    |
| 18+                          | 2.5                    |

**Salary Increases – MWRP and ERP**

| <b>Age</b> | <b>Salaried</b> | <b>Hourly</b> |
|------------|-----------------|---------------|
| 20         | 7.40%           | 6.40%         |
| 25         | 6.40%           | 5.40%         |
| 30         | 5.40%           | 4.40%         |
| 35         | 4.40%           | 3.40%         |
| 40         | 3.70%           | 2.70%         |
| 45         | 3.20%           | 2.20%         |
| 50         | 2.70%           | 2.00%         |
| 55         | 2.20%           | 2.00%         |
| 60         | 2.00%           | 2.00%         |

The salary increases listed above include a 2.00% inflation component.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Disability Incidence – MWRP and ERP**

| Attained Age | Disability Percentage |        |        |        |
|--------------|-----------------------|--------|--------|--------|
|              | Salaried              |        | Hourly |        |
|              | Male                  | Female | Male   | Female |
| 20           | 0.03%                 | 0.03%  | 0.04%  | 0.04%  |
| 25           | 0.03                  | 0.03   | 0.04   | 0.05   |
| 30           | 0.03                  | 0.04   | 0.04   | 0.06   |
| 35           | 0.04                  | 0.07   | 0.05   | 0.10   |
| 40           | 0.08                  | 0.13   | 0.11   | 0.18   |
| 45           | 0.16                  | 0.24   | 0.22   | 0.34   |
| 50           | 0.33                  | 0.40   | 0.46   | 0.56   |
| 55           | 0.69                  | 0.64   | 0.96   | 0.89   |
| 60           | 1.15                  | 0.90   | 1.61   | 1.27   |
| 65           | 0.00                  | 0.00   | 0.00   | 0.00   |

**Disability Incidence - MWRB**

| Attained Age | Disability Percentage |        |
|--------------|-----------------------|--------|
|              | Male                  | Female |
| 20           | 0.04%                 | 0.04%  |
| 25           | 0.04                  | 0.05   |
| 30           | 0.04                  | 0.06   |
| 35           | 0.05                  | 0.10   |
| 40           | 0.11                  | 0.18   |
| 45           | 0.22                  | 0.34   |
| 50           | 0.46                  | 0.56   |
| 55           | 0.96                  | 0.89   |
| 60           | 1.61                  | 1.27   |
| 65           | 0.00                  | 0.00   |

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Retirement Age Rates – ERP and MWRP Salaried**

| Age | Percentage |                  |
|-----|------------|------------------|
|     | Active     | Active Non-      |
|     | Salaried   | Bargained Hourly |
|     | Westvaco   |                  |
| 55  | 4.00%      | 6.00%            |
| 56  | 4.00       | 6.00             |
| 57  | 4.00       | 6.00             |
| 58  | 4.00       | 6.00             |
| 59  | 4.00       | 6.00             |
| 60  | 4.00       | 6.00             |
| 61  | 10.00      | 15.00            |
| 62  | 20.00      | 35.00            |
| 63  | 15.00      | 25.00            |
| 64  | 15.00      | 25.00            |
| 65  | 35.00      | 40.00            |
| 66  | 20.00      | 30.00            |
| 67  | 20.00      | 30.00            |
| 68  | 20.00      | 30.00            |
| 69  | 20.00      | 30.00            |
| 70+ | 100.00     | 100.00           |

**Retirement Age Rates – all MWRB and MWRP Hourly**

| Age | Percentage |          |
|-----|------------|----------|
|     | Hourly     |          |
|     | Mead       | Westvaco |
| 55  | 4.00%      | 6.00%    |
| 56  | 4.00       | 6.00     |
| 57  | 4.00       | 6.00     |
| 58  | 4.00       | 6.00     |
| 59  | 4.00       | 6.00     |
| 60  | 4.00       | 6.00     |
| 61  | 10.00      | 15.00    |
| 62  | 25.00      | 35.00    |
| 63  | 15.00      | 25.00    |
| 64  | 15.00      | 25.00    |
| 65  | 30.00      | 40.00    |
| 66  | 20.00      | 30.00    |
| 67  | 20.00      | 30.00    |
| 68  | 20.00      | 30.00    |
| 69  | 20.00      | 30.00    |
| 70+ | 100.00     | 100.00   |

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Rationale for Economic Assumptions - Funding**

- Inflation - The assumption is based on the inflation assumption published by Mercer Investment Consulting in the October 2016 Capital Markets Outlook.
- Social Security Taxable Wage Base Increases - The assumption is 75 basis points above the inflation assumption published by Mercer Investment Consulting in the October 2016 Capital Markets Outlook.
- The expected rate of return on plan assets is based on the median simulated investment return (net of expenses) using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook as of October 1, 2016.
- Expenses – This assumption is based on prior year administrative expenses adjusted to reflect differences in PBGC premiums between the current year and prior year.
- Lump Sum Conversion Interest Rates – These rates are based on the lump sum interest rates as defined in the plan and most recently available as of the valuation date.
- Salary Increases – This assumption is based on historical salary increases and the employer's expectation of future salary increases. For the MWRP, ERP and MWRB plans, we have relied on assumptions established by the prior actuary, which are reasonable based on prior year experience gain/loss.
- Cash Balance and Retirement Plus Interest Accumulation Rates – For the cash balance plan, short-term rates are based on short-term Treasury yields, while longer-term they are based on the expected yield for 30-year Treasury securities based on the October 2016 Capital Markets Outlook published by Mercer Investment Consulting. For Retirement Plus, updated assumption as of October 1, 2016 is based on median expected return for the Vanguard LifeStrategy Growth Fund, which is used as a benchmark for crediting interest on Retirement Plus balances each December 31, based on the fund's actual investment allocation as of December 31, 2016.

**Rationale for Demographic Assumptions - Funding**

- Disability Mortality - Post-commencement mortality assumed to follow Revenue Ruling 96-7 tables for participants who became disabled after 1994 since this is the most recently published study with useful and applicable underlying data.

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

- **Withdrawal** - The ultimate withdrawal rates are based on the Mercer Modified Society of Actuaries 2003 10-year select and ultimate turnover table for 10+ years of service, with modifications to smooth rates. The select and ultimate rates are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014. For MWRP, ERP and MWRB participants, we have relied on assumptions established by the prior actuary, which are reasonable based on prior year experience gain/loss.
- **Disability Incidence** - The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates multiplied by 50% based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014. For MWRP, ERP and MWRB participants, we have relied on assumptions established by the prior actuary, which are reasonable based on prior year experience gain/loss.
- **Retirement Rates** - The retirement rates are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied. For MWRP, ERP and MWRB participants, we have relied on assumptions established by the prior actuary, which are reasonable based on prior year experience gain/loss.
- **Deferred Vested Benefit Commencement Age** - The benefit commencement age is based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014. The assumed commencement age for the MWRP, ERP and MWRB participants is an average retirement age based on prior age-based rates established by the prior actuary, which are reasonable based on prior year experience gain/loss.
- **Percent Married** - The assumptions regarding percent married at benefit commencement are based on the actuary's experience with similar plans and discussions with employer representatives.
- **Spousal Age Difference** - The assumptions regarding spousal age difference at benefit commencement are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014. This study was only performed on the Hourly, Salaried and RKT plans, but we have no reason to believe the assumptions are not representative of the MWRP, ERP and MRWB participant populations as well.

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

- **Form of Payment** – The optional payment elections are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014, which showed that 100% of participants elect an annuity. 40% of annuitants are assumed to elect a single life annuity, 30% elect a 50% joint and survivor and 30% elect a 100% joint and survivor based on experience and noting that all forms of payment are based on the same definition of actuarial equivalence. For MWRP, ERP and MWRB participants, we have relied on assumptions established by the prior actuary, which are reasonable based on prior year experience gain/loss.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Actuarial Methods for Funding*****Asset Methods***

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The market value is the asset amount provided by the plan sponsor less the accrued expenses for the plan year plus discounted contributions.

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

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

***Participant Methods***

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

- **Participants included:** The plan sponsor, or its contracted benefit administrators, provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for non-vested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan has insurance contracts. The assets and liabilities of the Equitable, Aetna and John Hancock contracts are included in the valuation of the plan.

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

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

A detailed description of the calculation follows:

The plan's valuation date is the beginning of the plan year.

- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. The benefit is allocated to funding target liability based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their benefit service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2016****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

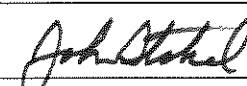
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. .... ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) \_\_\_\_\_

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                                                                                                                         |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>1a</b> Name of plan<br>WestRock Company Consolidated Pension Plan                                                                                                                                                                                                                                                                    | <b>1b</b> Three-digit plan number (PN) ▶ 027                 |
|                                                                                                                                                                                                                                                                                                                                         | <b>1c</b> Effective date of plan<br>09/01/1948               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>WestRock Company<br><br>1000 Abernathy Road NE<br><br>Atlanta GA 30328 | <b>2b</b> Employer Identification Number (EIN)<br>47-3335141 |
|                                                                                                                                                                                                                                                                                                                                         | <b>2c</b> Plan Sponsor's telephone number<br>678-291-7982    |
|                                                                                                                                                                                                                                                                                                                                         | <b>2d</b> Business code (see instructions)<br>322100         |

**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<br>HERE                                                                                    |  | 7-13-2018 | John Stakel                                                  |
|                                                                                                 | Signature of plan administrator                                                     | Date      | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE                                                                                    |                                                                                     |           |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                                                  | Date      | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE                                                                                    |                                                                                     |           |                                                              |
|                                                                                                 | Signature of DFE                                                                    | Date      | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                                                     |           | Preparer's telephone number                                  |
|                                                                                                 |                                                                                     |           |                                                              |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

► **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.

|                                                                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>WESTROCK COMPANY CONSOLIDATED PENSION PLAN                                                                                     | <b>B</b> Three-digit plan number (PN) ►                     | 027 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>WESTROCK COMPANY                                                            | <b>D</b> Employer Identification Number (EIN)<br>47-3335141 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |     |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2016</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value.....                                                                                                                                                                                      | <b>2a</b>                  | 4,269,408,753             |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 4,088,024,238             |                          |
| <b>3</b> 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 .....                                                                                                                                     | 7,675                      | 1,269,611,031             | 1,269,611,031            |
| b For terminated vested participants .....                                                                                                                                                               | 24,004                     | 886,023,561               | 886,023,561              |
| c For active participants .....                                                                                                                                                                          | 14,091                     | 807,934,610               | 839,388,770              |
| d Total .....                                                                                                                                                                                            | 45,770                     | 2,963,569,202             | 2,995,023,362            |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>                                                                                   |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| 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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 6.12%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 34,834,041                |                          |

**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.

|                                                                            |                          |                                               |
|----------------------------------------------------------------------------|--------------------------|-----------------------------------------------|
| <b>SIGN HERE</b>                                                           | <br>Signature of actuary | <br>Date<br>1707407                           |
| ANTHONY WAGMAN<br><br>Type or print name of actuary                        |                          | Most recent enrollment number<br>404-442-3100 |
| MERCER<br><br>Firm name                                                    |                          | Telephone number (including area code)        |
| 3560 LENOX ROAD, SUITE 2400<br><br>ATLANTA GA 30326<br>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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                              | 0                     | 1,764,254              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 1,764,254              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.04</u> % .....                                                                                | 0                     | 212,416                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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 <u>6.23</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 1,976,670              |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 136.42% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 119.90% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 135.12% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
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|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

4.43 %

2nd segment:

5.91 %

3rd segment:

6.65 %

☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

**22** Weighted average retirement age .....**22**

64

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? 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 6) .....**31a**

34,834,041

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

34,834,041

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment.....

0

0

**b** Waiver amortization installment .....**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33**

0

**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

0

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 Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected .....☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made .....☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment .....**42****43** Excess installment acceleration amount to be carried over to future plan years .....**43**

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

Former Plan Names: Rock-Tenn Company Consolidated Pension Plan (RKT)  
 Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC)  
 Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC)

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 65.

| (A)<br>Retirement<br>age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of employees expected<br>to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|---------------------------------------------------------------|------------------|
| 55                       | 1.00%                        | 100.00    | 1.00                                                          | 55.00            |
| 56                       | 1.00%                        | 99.00     | 0.99                                                          | 55.44            |
| 57                       | 1.00%                        | 98.01     | 0.98                                                          | 55.87            |
| 58                       | 1.00%                        | 97.03     | 0.97                                                          | 56.28            |
| 59                       | 1.00%                        | 96.06     | 0.96                                                          | 56.68            |
| 60                       | 2.00%                        | 95.10     | 1.90                                                          | 114.12           |
| 61                       | 3.00%                        | 93.20     | 2.80                                                          | 170.55           |
| 62                       | 15.00%                       | 90.40     | 13.56                                                         | 840.73           |
| 63                       | 15.00%                       | 76.84     | 11.53                                                         | 726.15           |
| 64                       | 10.00%                       | 65.31     | 6.53                                                          | 418.01           |
| 65                       | 30.00%                       | 58.78     | 17.63                                                         | 1,146.27         |
| 66                       | 30.00%                       | 41.15     | 12.34                                                         | 814.74           |
| 67                       | 30.00%                       | 28.80     | 8.64                                                          | 578.96           |
| 68                       | 30.00%                       | 20.16     | 6.05                                                          | 411.32           |
| 69                       | 30.00%                       | 14.11     | 4.23                                                          | 292.16           |
| 70                       | 100.00%                      | 9.88      | 9.88                                                          | 691.58           |
| Total                    |                              |           | 100.00                                                        | 6,483.84         |
| Average                  |                              |           |                                                               | 64.84            |

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

Former Plan Name: Mead/Westvaco Corporation Envelope Division Retirement Plan for Salaried and Non-Bargained Hourly Employees

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

| (A)<br>Retirement age | (B)<br>Retirement Percent | (C)<br>Lx | (D)<br>Number of employees<br>expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|-----------------------|---------------------------|-----------|---------------------------------------------------------------|------------------|
| 55                    | 4.00%                     | 100.00    | 4.00                                                          | 220.00           |
| 56                    | 4.00%                     | 96.00     | 3.84                                                          | 215.04           |
| 57                    | 4.00%                     | 92.16     | 3.69                                                          | 210.13           |
| 58                    | 4.00%                     | 88.47     | 3.54                                                          | 205.26           |
| 59                    | 4.00%                     | 84.93     | 3.40                                                          | 200.45           |
| 60                    | 4.00%                     | 81.54     | 3.26                                                          | 195.69           |
| 61                    | 10.00%                    | 78.28     | 7.83                                                          | 477.48           |
| 62                    | 20.00%                    | 70.45     | 14.09                                                         | 873.56           |
| 63                    | 15.00%                    | 56.36     | 8.45                                                          | 532.59           |
| 64                    | 15.00%                    | 47.91     | 7.19                                                          | 459.89           |
| 65                    | 35.00%                    | 40.72     | 14.25                                                         | 926.36           |
| 66                    | 20.00%                    | 26.47     | 5.29                                                          | 349.37           |
| 67                    | 20.00%                    | 21.18     | 4.23                                                          | 283.73           |
| 68                    | 20.00%                    | 16.94     | 3.39                                                          | 230.37           |
| 69                    | 20.00%                    | 13.55     | 2.71                                                          | 187.01           |
| 70                    | 100.00%                   | 10.84     | 10.84                                                         | 758.87           |
| Total                 |                           |           | 100.00                                                        | 6,325.78         |
| Average               |                           |           |                                                               | 63.26            |

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

Former Plan Name: Mead/Westvaco Corporation Retirement Plan for Bargained Hourly Employees

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62. Based on the distribution of the active population as of October 1, 2016, the average retirement age is based on a blend of the assumed Mead and Westvaco retirement rates (35% Mead and 65% Westvaco).

**Weighted Mead Retirement Age**

| (A)<br>Retirement<br>Age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of employees expected to<br>retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|---------------------------------------------------------------|------------------|
| 55                       | 4.00%                        | 100.00    | 4.00                                                          | 220.00           |
| 56                       | 4.00%                        | 96.00     | 3.84                                                          | 215.04           |
| 57                       | 4.00%                        | 92.16     | 3.69                                                          | 210.12           |
| 58                       | 4.00%                        | 88.47     | 3.54                                                          | 205.26           |
| 59                       | 4.00%                        | 84.93     | 3.40                                                          | 200.45           |
| 60                       | 4.00%                        | 81.54     | 3.26                                                          | 195.69           |
| 61                       | 10.00%                       | 78.28     | 7.83                                                          | 477.48           |
| 62                       | 25.00%                       | 70.45     | 17.61                                                         | 1,091.95         |
| 63                       | 15.00%                       | 52.84     | 7.93                                                          | 499.30           |
| 64                       | 15.00%                       | 44.91     | 6.74                                                          | 431.14           |
| 65                       | 30.00%                       | 38.17     | 11.45                                                         | 744.40           |
| 66                       | 20.00%                       | 26.72     | 5.34                                                          | 352.73           |
| 67                       | 20.00%                       | 21.38     | 4.28                                                          | 286.46           |
| 68                       | 20.00%                       | 17.10     | 3.42                                                          | 232.59           |
| 69                       | 20.00%                       | 13.68     | 2.74                                                          | 188.81           |
| 70                       | 100.00%                      | 10.95     | 10.95                                                         | 766.17           |
| Total                    |                              |           | 100.00                                                        | 6,317.58         |
| Average                  |                              |           |                                                               | 63.18            |

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

Former Plan Name: Mead/Westvaco Corporation Retirement Plan for Bargained Hourly Employees

**Weighted Westvaco Retirement Age**

| (A)<br>Retirement<br>Age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of employees expected to<br>retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|---------------------------------------------------------------|------------------|
| 55                       | 6.00%                        | 100.00    | 6.00                                                          | 330.00           |
| 56                       | 6.00%                        | 94.00     | 5.64                                                          | 315.84           |
| 57                       | 6.00%                        | 88.36     | 5.30                                                          | 302.19           |
| 58                       | 6.00%                        | 83.06     | 4.98                                                          | 289.04           |
| 59                       | 6.00%                        | 78.07     | 4.68                                                          | 276.39           |
| 60                       | 6.00%                        | 73.39     | 4.40                                                          | 264.21           |
| 61                       | 15.00%                       | 68.99     | 10.35                                                         | 631.23           |
| 62                       | 35.00%                       | 58.64     | 20.52                                                         | 1,272.46         |
| 63                       | 25.00%                       | 38.12     | 9.53                                                          | 600.32           |
| 64                       | 25.00%                       | 28.59     | 7.15                                                          | 457.38           |
| 65                       | 40.00%                       | 21.44     | 8.58                                                          | 557.44           |
| 66                       | 30.00%                       | 12.86     | 3.86                                                          | 254.71           |
| 67                       | 30.00%                       | 9.00      | 2.70                                                          | 181.00           |
| 68                       | 30.00%                       | 6.30      | 1.89                                                          | 128.59           |
| 69                       | 30.00%                       | 4.41      | 1.32                                                          | 91.37            |
| 70                       | 100.00%                      | 3.09      | 3.09                                                          | 216.20           |
| Total                    |                              |           | 100.00                                                        | 6,168.32         |
| Average                  |                              |           |                                                               | 61.68            |

Total Weighted Retirement Age = (.35 x 63.18) + (.65 x 61.68) = 62.21

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

Former Plan Name: Mead/Westvaco Corporation Retirement Plan for Salaried and Non-Bargained Hourly Employees

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63. Based on the distribution of the entire population as of October 1, 2016, the average retirement age is based on a blend of the assumed Salaried, Mead Hourly and Westvaco Hourly retirement rates (63% Salaried, 15% Mead and 22% Westvaco Hourly).

**Weighted Salaried Retirement Age**

| (A)<br>Retirement<br>age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of employees expected to<br>retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|---------------------------------------------------------------|------------------|
| 55                       | 4.00%                        | 100.00    | 4.00                                                          | 220.00           |
| 56                       | 4.00%                        | 96.00     | 3.84                                                          | 215.04           |
| 57                       | 4.00%                        | 92.16     | 3.69                                                          | 210.12           |
| 58                       | 4.00%                        | 88.47     | 3.54                                                          | 205.26           |
| 59                       | 4.00%                        | 84.93     | 3.40                                                          | 200.45           |
| 60                       | 4.00%                        | 81.54     | 3.26                                                          | 195.69           |
| 61                       | 10.00%                       | 78.28     | 7.83                                                          | 477.48           |
| 62                       | 20.00%                       | 70.45     | 14.09                                                         | 873.56           |
| 63                       | 15.00%                       | 56.36     | 8.45                                                          | 532.59           |
| 64                       | 15.00%                       | 47.90     | 7.19                                                          | 459.89           |
| 65                       | 35.00%                       | 40.72     | 14.25                                                         | 926.36           |
| 66                       | 20.00%                       | 26.47     | 5.29                                                          | 349.37           |
| 67                       | 20.00%                       | 21.17     | 4.23                                                          | 283.73           |
| 68                       | 20.00%                       | 16.94     | 3.39                                                          | 230.37           |
| 69                       | 20.00%                       | 13.55     | 2.71                                                          | 187.01           |
| 70                       | 100.00%                      | 10.84     | 10.84                                                         | 758.87           |
| Total                    |                              |           | 100.00                                                        | 6,325.78         |
| Average                  |                              |           |                                                               | 63.26            |

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

Former Plan Name: Mead/Westvaco Corporation Retirement Plan for Salaried and  
Non-Bargained Hourly Employees

**Weighted Mead Hourly Retirement Age**

| (A)<br>Retirement<br>age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of employees expected<br>to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|---------------------------------------------------------------|------------------|
| 55                       | 4.00%                        | 100.00    | 4.00                                                          | 220.00           |
| 56                       | 4.00%                        | 96.00     | 3.84                                                          | 215.04           |
| 57                       | 4.00%                        | 92.16     | 3.69                                                          | 210.12           |
| 58                       | 4.00%                        | 88.47     | 3.54                                                          | 205.26           |
| 59                       | 4.00%                        | 84.93     | 3.40                                                          | 200.45           |
| 60                       | 4.00%                        | 81.54     | 3.26                                                          | 195.69           |
| 61                       | 10.00%                       | 78.28     | 7.83                                                          | 477.48           |
| 62                       | 25.00%                       | 70.45     | 17.61                                                         | 1,091.95         |
| 63                       | 15.00%                       | 52.84     | 7.93                                                          | 499.30           |
| 64                       | 15.00%                       | 44.91     | 6.74                                                          | 431.14           |
| 65                       | 30.00%                       | 38.17     | 11.45                                                         | 744.40           |
| 66                       | 20.00%                       | 26.72     | 5.34                                                          | 352.73           |
| 67                       | 20.00%                       | 21.38     | 4.28                                                          | 286.46           |
| 68                       | 20.00%                       | 17.10     | 3.42                                                          | 232.59           |
| 69                       | 20.00%                       | 13.68     | 2.74                                                          | 188.81           |
| 70                       | 100.00%                      | 10.95     | 10.95                                                         | 766.17           |
| Total                    |                              |           | 100.00                                                        | 6,317.58         |
| Average                  |                              |           |                                                               | 63.18            |

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

Former Plan Name: Mead/Westvaco Corporation Retirement Plan for Salaried and Non-Bargained Hourly Employees

**Weighted Westvaco Hourly Retirement Age**

| (A)<br>Retirement<br>age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of employees expected to<br>retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|---------------------------------------------------------------|------------------|
| 55                       | 6.00%                        | 100.00    | 6.00                                                          | 330.00           |
| 56                       | 6.00%                        | 94.00     | 5.64                                                          | 315.84           |
| 57                       | 6.00%                        | 88.36     | 5.30                                                          | 302.19           |
| 58                       | 6.00%                        | 83.06     | 4.98                                                          | 289.04           |
| 59                       | 6.00%                        | 78.07     | 4.68                                                          | 276.39           |
| 60                       | 6.00%                        | 73.39     | 4.40                                                          | 264.21           |
| 61                       | 15.00%                       | 68.99     | 10.35                                                         | 631.23           |
| 62                       | 35.00%                       | 58.64     | 20.52                                                         | 1,272.46         |
| 63                       | 25.00%                       | 38.12     | 9.53                                                          | 600.32           |
| 64                       | 25.00%                       | 28.59     | 7.15                                                          | 457.38           |
| 65                       | 40.00%                       | 21.44     | 8.58                                                          | 557.44           |
| 66                       | 30.00%                       | 12.86     | 3.86                                                          | 254.71           |
| 67                       | 30.00%                       | 9.00      | 2.70                                                          | 181.00           |
| 68                       | 30.00%                       | 6.30      | 1.89                                                          | 128.59           |
| 69                       | 30.00%                       | 4.41      | 1.32                                                          | 91.34            |
| 70                       | 100.00%                      | 3.09      | 3.09                                                          | 216.20           |
| Total                    |                              |           | 100.00                                                        | 6,168.32         |
| Average                  |                              |           |                                                               | 61.68            |

Total Weighted Retirement Age = (.63 x 63.26) + (.15 x 63.18) + (.22 x 61.68) = 62.90

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

The makeup of the plan's active population as of October 1, 2016 is summarized below, resulting in a weighted average retirement age of 64.00 for the plan.

| (A)<br>Former Plan | (B)<br>Percent of Total<br>Active<br>Population | (C)<br>Weighted<br>Retirement Age<br>for Former Plan | (D)<br>(B) x (C) |
|--------------------|-------------------------------------------------|------------------------------------------------------|------------------|
| SSCC Hourly        | 37%                                             | 64.84                                                | 23.99            |
| RKT                | 18%                                             | 64.84                                                | 11.67            |
| SSCC Hourly        | 8%                                              | 64.84                                                | 5.19             |
| MWRP               | 19%                                             | 62.87                                                | 11.95            |
| ERP                | 0%                                              | 63.26                                                | 0.00             |
| MWRB               | 18%                                             | 62.21                                                | 11.20            |
| Total              |                                                 |                                                      | 64.00            |

*Schedule SB, Line 15 - Reconciliation of differences between valuation results and amounts used to calculate AFTAP*

The determination of the adjusted funding target attainment percentage incorporated a target liability increase to adjust plan liabilities for plan amendments increasing benefit multipliers for certain business units prior to the end of the plan year ending September 30, 2017, but adopted after the October 1, 2016 valuation date. It was also adjusted to reflect the plan's large retiree annuity purchase with Prudential in September 2015.

The following chart shows a comparison of the final 2016 AFTAP and the FTAP shown on the 2016 Schedule SB.

|                            |                                                                                       | Final certified<br>AFTAP |               | Schedule SB<br>Line 14 FTAP | Difference    |    |               |
|----------------------------|---------------------------------------------------------------------------------------|--------------------------|---------------|-----------------------------|---------------|----|---------------|
| 1. Adjusted plan assets    |                                                                                       |                          |               |                             |               |    |               |
| a.                         | Actuarial value of plan assets                                                        | \$                       | 4,088,024,238 | \$                          | 4,088,024,238 | \$ | 0             |
| b.                         | Credit balances                                                                       |                          | 1,976,670     |                             | 1,976,670     |    | 0             |
| c.                         | Credit balances required to be subtracted                                             |                          | 0             |                             | 1,976,670     |    | (1,967,670)   |
| d.                         | Annuity purchases for non-HCEs in prior two plan years                                |                          | 2,495,570,823 |                             | N/A           |    | 2,495,570,823 |
| e.                         | Earmarked contributions during plan year                                              |                          | 0             |                             | N/A           |    | 0             |
| f.                         | Adjusted plan assets:<br>(a.) – (c.) + (d.) + (e.)                                    | \$                       | 6,583,595,061 | \$                          | 4,086,047,568 | \$ | 2,497,547,493 |
| 2. Adjusted funding target |                                                                                       |                          |               |                             |               |    |               |
| a.                         | Funding target                                                                        | \$                       | 2,995,023,362 | \$                          | 2,995,023,362 | \$ | 0             |
| b.                         | Funding target increases not already reflected in (a.) due to amendments, UCEBs, etc. |                          | 280,173       |                             | N/A           |    | 280,173       |
| c.                         | Annuity purchases for non-HCEs in prior two plan years                                |                          | 2,495,570,823 |                             | N/A           |    | 2,495,570,823 |
| d.                         | Adjusted funding target:<br>(a.) + (b.) + (c.)                                        | \$                       | 5,490,874,358 | \$                          | 2,995,023,362 | \$ | 2,495,850,996 |
| 3.                         | 2016 AFTAP/FTAP: (1.f.) ÷ (2.d.)                                                      |                          | 119.90%       |                             | 136.42%       |    | (16.52)%      |

*Schedule SB, Part V – Summary of Plan Provisions***Summary of Major Plan Provisions for Hourly Plan**

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | The effective date is April 1, 1970. The plan year begins October 1 and ends the following September 30. Effective December 31, 1998, the Stone Container Corporation Basic Hourly Pension Plan and the Stone Container Corporation Brown Papers Basic Hourly Pension Plan merged into the Jefferson Smurfit Corporation Pension Plan for Hourly Employees to form the Smurfit-Stone Container Corporation Pension Plan for Hourly Employees. Effective December 31, 2000, the St. Laurent Pension Plan for Union Employees was merged into this plan. Effective December 31, 2001, the St. Laurent non-union hourly employees were spun off from the Smurfit-Stone Container Corporation Pension Plan for Salaried Employees and merged into this plan. |
| Most recent amendment                            | The plan was last restated effective January 1, 2012 and amended effective March 31, 2015 and July 2, 2015 to incorporate plan mergers and amended effective December 31, 2015 to incorporate benefit freezes for certain participants. The funding valuation reflects known negotiated changes through September 30, 2016. All negotiated changes known through February 28, 2016 are reflected in the accounting valuation.                                                                                                                                                                                                                                                                                                                            |
| Status of the plan                               | <p>The plan has ongoing benefit accruals and most new union employees are eligible to participate in the plan once they satisfy the participation requirements. Non-union employees hired after January 1, 2008 are not eligible to participate.</p> <p>The accrued benefits of non-union hourly employees were frozen as of December 31, 2015 except in the case of employees employed at the Hanover Park location prior to December 31, 2015.</p>                                                                                                                                                                                                                                                                                                     |
| Significant events that occurred during the year | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Sponsoring employer                              | WestRock Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Administration                                   | The plan is administered by the administrative committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Type of plan                                     | The plan is defined benefit, self-insured trustee plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Employer contributions                           | The employer contributes such amount, and at such times as required under accepted actuarial principles in order to meet all applicable funding requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

*Schedule SB, Part V – Summary of Plan Provisions*

|                           |                                                            |
|---------------------------|------------------------------------------------------------|
| Participant contributions | Employee contributions are neither required nor permitted. |
|---------------------------|------------------------------------------------------------|

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial equivalence | For annuities, 1983 Group Annuity Mortality table (weighted 50% male and 50% female) and 8% interest. For lump sums and the Social Security level income option, the applicable mortality table under Section 417(e)(3) of the Internal Revenue Code and the applicable interest rate under the same section as of the fourth full month preceding calendar quarter in which the determination is made. Different assumptions may apply to participants who commenced benefits prior to 2008. |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Plan Provisions for the Smurfit-Stone Container Corporation Hourly Model Pension Plan**

|                         |                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employers | A collectively bargained employee is eligible to participate on the first day of the month following the completion of one year of Service. Non-union employees are eligible only if they were hired prior to January 1, 2008. Union employees at the following locations are not eligible for the plan if they are hired after the Effective Dates shown: |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Plant                  | Business Unit | Effective Date |
|------------------------|---------------|----------------|
| Boston Container GCIU  | B4334         | 03/01/2009     |
| Boston Container SEIU  | B4334         | 05/01/2010     |
| El Paso – Accurate     | B4375         | 07/01/2009     |
| Grand Prairie, TX      | B4379         | 02/01/2012     |
| Lexington Container    | B4315         | 01/01/2009     |
| Mansfield, MA          | B4378         | 03/14/2010     |
| Murfreesboro Container | B0373         | 03/01/2009     |
| Nashville Reclamation  | B4411         | 09/01/2009     |
| Neenah, WI             | B4385         | 01/01/2009     |
| Oakland                | B4424         | 06/25/2007     |
| Richmond West          | B0016         | 02/19/2007     |

*Schedule SB, Part V – Summary of Plan Provisions*

The following locations have implemented the SSCC Hourly Model Plan for employees hired on or after the Implementation Dates shown:

| <b>Plant</b>                   | <b>Business Unit</b>                                                 | <b>Implementation Date</b> |
|--------------------------------|----------------------------------------------------------------------|----------------------------|
| Anchorage                      | B4406                                                                | 07/01/2003                 |
| Atlanta Sheet, GA              | B0136                                                                | 01/01/2007                 |
| Augusta Reclamation            | B4418                                                                | 07/01/2003                 |
| Bakersfield (Pioneer)          | B4420                                                                | 07/01/2003                 |
| Baltimore South Packaging      | B4339                                                                | 01/01/2003                 |
| Bedford Park                   | B4336                                                                | 09/01/2003                 |
| Beloit                         | B4359                                                                | 09/01/2002                 |
| Birmingham, AL                 | B0248                                                                | 12/16/2009                 |
| Blue Springs                   | B4263                                                                | 04/01/2005                 |
| Boston Container IBT           | B4334                                                                | 04/01/2005                 |
| Boston Container SEIU          | B4334                                                                | 04/15/2005                 |
| Bradenton                      | B4354                                                                | 01/01/2010                 |
| Bridgeview Container           | B0356                                                                | 01/01/2008                 |
| Bridgeview <sup>1</sup> (Mead) | B4389                                                                | 02/01/2004                 |
| Cantonment Graphics            | B0056                                                                | 01/01/2003                 |
| Carol Stream Carton GCIU 415   | B0367                                                                | 02/15/2007                 |
| Carol Stream Carton IAM 8      | B0367                                                                | 01/01/2006                 |
| Carthage Mill                  | B0198                                                                | 01/01/2004                 |
| Castle Rock                    | B5301<br>B5302<br>B5303<br>B5304<br>B5305<br>B5306                   | 11/01/2005                 |
| Chattanooga                    | B4430                                                                | 01/01/2004                 |
| Chicago (Southside) Recycling  | B4435                                                                | 07/01/2003                 |
| Cincinnati Sheet               | B5300                                                                | 07/01/2003                 |
| Cincinnati Container           | B4345<br>B4346<br>B4347<br>B4348<br>B4349<br>B4350<br>B4351<br>B4352 | 01/01/2004                 |

<sup>1</sup> Receive credit for service under prior Mead plan for both vesting and eligibility purposes.

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Plant</b>                   | <b>Business Unit</b>                                                 | <b>Implementation Date</b> |
|--------------------------------|----------------------------------------------------------------------|----------------------------|
| Cincinnati Kemper              | B4345<br>B4346<br>B4347<br>B4348<br>B4349<br>B4350<br>B4351<br>B4352 | 07/01/2003                 |
| City of Industry               | B0318                                                                | 07/01/2003                 |
| Collierville, TN               | B4381                                                                | 01/01/2004                 |
| Columbus, IN                   | B4314                                                                | 01/21/2007                 |
| Columbus Recycling             | B4413                                                                | 07/01/2003                 |
| Corfab (aka Vacaville)         | B0001                                                                | 07/01/2003                 |
| Corona Container               | B4261                                                                | 09/01/2004                 |
| Covington (Mead)               | B4390                                                                | 10/01/2002                 |
| Dallas Container               | B0150                                                                | 07/04/2003                 |
| Dalton                         | B0277                                                                | 01/01/2004                 |
| Danville                       | B0317                                                                | 04/01/2004                 |
| Denver, CO                     | B4311                                                                | 04/30/2005                 |
| Des Moines Container           | B0066                                                                | 01/01/2004                 |
| Des Moines Sheet               | B4388                                                                | 07/01/2003                 |
| D-Graphics (Austill Packaging) | B0231                                                                | 07/01/2003                 |
| East Longmeadow                | B0131                                                                | 06/01/2000                 |
| Eastman                        | B0128                                                                | 01/01/2003                 |
| El Paso – Accurate             | B4375                                                                | 08/06/2004                 |
| Expert Services – Tampa        | B4409                                                                | 07/01/2003                 |
| Evansville Reclamation         | B4417                                                                | 10/01/2009                 |
| Fargo, ND                      | B4377                                                                | 01/01/2003                 |
| Fernandina Container           | B4353                                                                | 07/16/2008                 |
| Fernandina Mill                | B4502                                                                | 06/01/2003                 |
| Florence Mill                  | B4503                                                                | 07/11/2002                 |
| Fort Lauderdale Reclamation    | B4419                                                                | 07/01/2003                 |
| Fort Smith, AR (Mead)          | B0520                                                                | 10/01/2002                 |
| Fort Smith Container           | B4356                                                                | 07/01/2002                 |
| Fort Worth Container           | B4322                                                                | 01/01/2004                 |
| Fowler                         | B0363                                                                | 01/01/2003                 |
| Frankfort Container            | B0017                                                                | 07/01/2003                 |
| Fresno Container               | B0333                                                                | 03/01/2005                 |
| Fresno Recycling               | B4410                                                                | 07/01/2003                 |
| Galesburg Container            | B4363                                                                | 09/06/2005                 |
| Grand Prairie, TX              | B4379                                                                | 02/01/2005                 |

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Plant</b>                        | <b>Business Unit</b> | <b>Implementation Date</b> |
|-------------------------------------|----------------------|----------------------------|
| Greensboro                          | B0026                | 07/01/2003                 |
| Greensboro Carton                   | B0332                | 01/01/2006                 |
| Hanover Park                        | B4380                | 07/01/2001                 |
| Hodge Mill                          | B4504                | 10/25/2006                 |
| Hopewell Mill                       | B4505                | 08/01/2007                 |
| Houston, TX                         | B0156                | 07/01/2003                 |
| Houston Container                   | B4342                | 12/07/2005                 |
| Humboldt Container                  | B4365                | 08/04/2005                 |
| Innovative Packaging                | B4338                | 06/01/2000                 |
| Irvine Carton                       | B0282                | 09/01/2004                 |
| Jacksonville Container – Machinists | B0241                | 01/01/2006                 |
| Jacksonville Mill                   | B4507                | 07/01/2006                 |
| Jacksonville Reclamation            | B4422                | 07/01/2003                 |
| Jefferson, OH                       | B0057                | 05/14/2005                 |
| Jersey Shore                        | B0074                | 09/01/2002                 |
| Joliet, IL                          | B0265                | 01/01/2006                 |
| Jonesboro Container                 | B0002                | 01/01/2004                 |
| Kansas City Reclamation             | B4421                | 10/01/2007                 |
| KC Carton – Machinists              | B0046                | 01/01/2003                 |
| Knoxville Container                 | B4386                | 01/01/2004                 |
| L.A. Mill – 57 <sup>th</sup> street | B0084                | 03/21/2006                 |
| Latta                               | B4372<br>B4373       | 04/01/2003                 |
| Lewisburg (Mead)                    | B4391                | 10/01/2002                 |
| Lexington, NC                       | B0381                | 07/01/2003                 |
| Los Angeles Bag                     | B0295                | 01/01/2003                 |
| Los Angeles Mill                    | B0084                | 03/21/2006                 |
| Louisville Bag                      | B0092                | 10/10/2005                 |
| Louisville Container                | B0022                | 01/01/2004                 |
| Louisville Reclamation              | B4407                | 01/01/2004                 |
| Malt Avenue – L.A. Container        | B0126                | 03/01/2005                 |
| Mansfield, MA                       | B4378                | 02/01/2006                 |
| Mansfield Display Graphics          | B0036                | 06/01/2000                 |
| Mansfield Packaging (Corrofab)      | B0322                | 06/01/2000                 |
| Marietta                            | B0148                | 01/01/2003                 |
| Marquardt                           | B0217                | 06/16/2004                 |
| Memphis Container                   | B0344                | 01/01/2005                 |
| West Point Mill Hourly              | B4510                | 07/26/2012                 |
| Milpitas Container (Oakland)        | B4335                | 09/01/2004                 |
| Milwaukee (Germantown)              | B4360                | 10/01/2005                 |
| Milwaukee Container                 | B4362                | 07/01/2003                 |

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Plant</b>                   | <b>Business Unit</b> | <b>Implementation Date</b> |
|--------------------------------|----------------------|----------------------------|
| Minneapolis, MN                | B4367                | 03/01/2003                 |
| Mishawaka                      | B4382                | 10/31/2002                 |
| Missoula, MT                   | B0392                | 12/14/2007                 |
| Murfreesboro Container         | B0373                | 01/01/2007                 |
| Muskogee Container             | B4387                | 01/01/2004                 |
| Naperville                     | B0402                | 07/01/2003                 |
| Neenah, WI                     | B4385                | 09/01/2005                 |
| New Hartford                   | B0209                | 01/01/2002                 |
| North Tonawanda                | B4371                | 01/01/2003                 |
| North Wales Carton             | B0285                | 07/01/2003                 |
| Norwood Consumer Packaging     | B0313                | 03/07/2006                 |
| Oakland                        | B4424                | 01/01/2007                 |
| Oklahoma City                  | B0173                | 01/01/2003                 |
| Orlando                        | B4301                | 07/01/2003                 |
| Pacific Carton                 | B0161                | 01/06/2007                 |
| Packaging Unlimited (San Juan) | B4218                | 04/01/2003                 |
| Perry Wood Procurement         | B0079                | 07/01/2003                 |
| Philadelphia Container         | B4340                | 01/01/2004                 |
| Philadelphia Mill              | B0205                | 01/01/2004                 |
| Philadelphia Reclamation       | B4437                | 01/01/2004                 |
| Philadelphia West              | B4341                | 01/01/2010                 |
| Piscataway – ARCO <sup>1</sup> | B0532                | 06/01/2003                 |
| Portage Consumer Packaging     | B0230                | 01/01/2003                 |
| Portland Container             | B4366                | 09/01/2004                 |
| Portland, CT                   | B0120                | 03/08/2005                 |
| Portland East                  | B4408                | 07/01/2003                 |
| Quincy                         | B0117                | 05/01/2003                 |
| Raleigh, NC                    | B0280                | 07/01/2003                 |
| Ravenna Container              | B4396                | 01/01/2004                 |
| Renton Container               | B0085                | 03/01/2005                 |
| Richmond N Complex             | B4355                | At opening                 |
| Richmond West                  | B0016                | 03/25/2004                 |
| Richmond, VA – North           | B0331                | 01/15/2008                 |
| Rogers Container               | B4370                | 08/01/2005                 |
| Sacramento East                | B4415                | 03/05/2010                 |
| Sacramento West Recycling      | B4414                | 08/09/2008                 |
| Salinas, CA                    | B4343                | 06/16/2004                 |
| Salt Lake City (Equipment)     | B0311                | 01/01/2003                 |
| San Jose IPS                   | B4416                | 03/05/2010                 |

<sup>1</sup> All participants are covered by model plan provisions, even those hired prior to June 1, 2003.

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Plant</b>                            | <b>Business Unit</b> | <b>Implementation Date</b> |
|-----------------------------------------|----------------------|----------------------------|
| Santa Clara Carton                      | B0055                | 09/01/2004                 |
| Santa Clara Mill                        | B0035                | 03/01/2005                 |
| Santa Fe Springs                        | B0369                | 06/16/2004                 |
| Seattle Recycling                       | B4412                | 06/01/2004                 |
| Shelby Container                        | B0290                | 07/01/2003                 |
| Sioux City Container                    | B4318                | 12/11/2003                 |
| Sioux City, IA (South)                  | B4317                | 01/01/2007                 |
| Sioux Falls, SD                         | B4316                | 01/01/2006                 |
| Smurfit Flexible Packaging – North      | B0158                | 07/01/2003                 |
| Smurfit Flexible Packaging – South      | B0183                | 07/01/2003                 |
| Smurfit Laminations (Elk Grove Village) | B0094                | 06/12/2004                 |
| Solon Container                         | B0018                | 01/01/2004                 |
| Springfield, MO                         | B4325                | 03/01/2003                 |
| Springfield, MA                         | B4326                | 01/01/2002                 |
| St. Charles – GCIU                      | B0106                | 01/01/2006                 |
| St. Charles – Hourly Paid Non-Union     | B0106                | 07/01/2003                 |
| St. Charles Recycling                   | B4426                | 07/01/2003                 |
| St. Cloud                               | B4374                | 10/01/2003                 |
| St. Joseph, MO                          | B0053                | 07/22/2004                 |
| St. Louis, MO                           | B0098                | 03/08/2005                 |
| St. Louis Container (Chesterfield)      | B4266                | 11/21/2007                 |
| Tacoma Mill                             | B4513                | 05/06/2014                 |
| Temple                                  | B0266                | 05/01/2003                 |
| Tropicana (Bradenton)                   | B4354                | 01/01/2010                 |
| Tupelo (non-union)                      | B4332                | 07/01/2003                 |
| Tupelo, MS-Sheet                        | B4332                | 01/01/2003                 |
| Tyler Container                         | B4337                | 05/01/2005                 |
| Uncasville                              | B4509                | 07/01/2003                 |
| Valley Forge                            | B0064                | 01/01/2004                 |
| Wabash Mill                             | B0350                | 01/01/2004                 |
| Washington Courthouse (Mead)            | B0524                | 01/01/2006                 |
| Wellsburg                               | B0355                | 05/15/2004                 |
| Westfield                               | B0112                | 01/01/2003                 |
| Wilson Container                        | B0040                | 08/01/2006                 |
| Winston-Salem Container                 | B4320                | 01/01/2004                 |

*Schedule SB, Part V – Summary of Plan Provisions*

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service considered        | <p>An employee will receive Benefit Service from the later of the Implementation Date and the participant's date of hire to the participant's termination with WestRock Company. An employee will receive Vesting Service commencing with the participant's date of employment and ending with the participant's termination with WestRock Company.</p> <p>The accrued benefit of each member who is</p> <ol style="list-style-type: none"> <li>1. not a member of a collectively bargained unit, or</li> <li>2. not employed at the Hanover Park location before November 1, 2015</li> </ol> <p>shall not be credited with any benefit service after December 31, 2015.</p>                                                                            |
| Normal retirement date    | The first day of the month coincident with or next following the month in which a participant attains age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Late retirement date      | A participant's late retirement date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Early retirement date     | A participant can retire the first day of any month after completing 10 years of Vesting Service and attaining age 55.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Normal retirement benefit | A participant who retires on his Normal Retirement date will receive a monthly pension benefit equal to the participant's Benefit Service multiplied by the benefit factor as specified in the supplement applicable to the participant's location as detailed in the following sections.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Late retirement benefit   | The amount of a participant's late retirement benefit is paid in accordance with the determination of the Normal Retirement Benefit calculated above based on Benefit Service and the benefit factor at the participant's Late Retirement Date in accordance with the Normal Retirement Benefit provisions.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Early retirement benefit  | The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on Credited Service and the benefit factor at his or her Early Retirement Date in accordance with the Normal Retirement Benefit provisions. Such monthly retirement income shall be reduced by one-half percent for each month that the benefit commences prior to age 65.                                                                                                                                                                                                                                                                                                                                                    |
| Deferred vested benefit   | For a participant whose employment with an employer is terminated for any reason other than death before a participant qualifies for early retirement, but after five or more years of Vesting Service, the participant is entitled to a deferred vested benefit, starting at the participant's Normal Retirement Date in an amount equal to the benefit calculated using Benefit Service and the benefit factor at the termination date in accordance with the Normal Retirement Benefit provisions. A participant can request commencement of his monthly benefit as early as age 55 with 10 years of Vesting Service. Such monthly retirement income shall be reduced by one-half percent for each month that the benefit commences prior to age 65. |

*Schedule SB, Part V – Summary of Plan Provisions*

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability benefit | <p>A participant is eligible for disability retirement in the event of total and permanent disability at any age after the completion of 10 years of Vesting Service. Total and permanent disability is determined as eligibility to receive a Social Security disability benefit. The amount of a disability pension is determined using Benefit Service and the benefit factor in effect at the date of his disability in accordance with the Normal Retirement provisions. The benefit is payable six months after his date of disability.</p>       |
| Death benefit      | <p>A participant must have 5 years of Vesting Service and must have been married to his spouse for at least one year to be eligible for preretirement death benefits under the plan.</p> <p>The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the later of the date of death or the participant's earliest retirement age.</p>  |
| Optional forms     | <p>100%, 75% or 50% Contingent Annuity, 10 Years Certain and Life Annuity.</p> <p>Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The normal form of annuity applies unless an optional form is elected. For participants not married on the annuity commencement date the normal (or automatic) form is a Single Life Annuity. For participants married on the annuity commencement date, the normal (or automatic) form is a Qualified 50% Joint and Survivor Annuity.</p> |

*Schedule SB, Part V — Summary of Plan Provisions***Plan provisions for the Prior Stone Container Corporation Basic Hourly Pension Plan**

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employees   | <p>All participants in the predecessor plans continue as participants on the Effective Date of the plan (January 1, 1999). All participants in the Continental plans on October 8, 1983 become participants on January 1, 1984. An employee is eligible to participate on the first day of the month following: the completion of a 12 consecutive month period of employment and the employee's 21st birthday. Months of eligibility service will be combined if the employee terminates employment prior to completion of 12 months of employment but returns to the employ of the employer before the first anniversary of the termination. The employee must be a "covered employee" and, if non-union, be hired prior to January 1, 2008.</p> <p>Employees covered under the Model Pension Plan are not covered by these provisions except for determination of benefit factors.</p> |
| Service considered        | An employee will receive Benefit Service and Vesting Service as the total of the participant's full and fractional years of service, commencing with the participant's date of employment and ending with the participant's termination with WestRock Company.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Normal retirement date    | The later of the first day of the month coincident with or next following the month in which a participant attains age 65 and the fifth anniversary of plan participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Late retirement date      | A participant's late retirement date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Early retirement date     | A participant can retire the first day of any month after completing 15 years of Vesting Service and attaining age 60.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Normal retirement benefit | <p>A participant who retires on his Normal Retirement date will receive a monthly pension benefit equal to 1. Minus 2. below:</p> <ol style="list-style-type: none"> <li>1. The participant's Benefit Service multiplied by the benefit factor as specified in the supplement applicable to the participant's location.</li> <li>2. The participant's accrued Continental benefit, if any, as of October 8, 1983.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Late retirement benefit   | The amount of a participant's late retirement benefit is paid in accordance with the determination of the Normal Retirement Benefit calculated above based on Benefit Service and the benefit factor at the participant's Deferred Retirement Date in accordance with the Normal Retirement Benefit provisions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

*Schedule SB, Part V — Summary of Plan Provisions*

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early retirement benefit | The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on Benefit Service and the benefit factor at his or her Early Retirement Date in accordance with the Normal Retirement Benefit provisions. Such monthly retirement income shall be reduced by one-half percent for each month that the benefit commences prior to age 65.                                                                                                                                                                                                                                                                                                                                             |
| Deferred vested benefit  | For a participant whose employment with an employer is terminated for any reason other than death before a participant qualifies for early retirement, but after five or more years of Vesting Service, the participant is entitled to a deferred vested benefit, starting at the participant's Normal Retirement Date in an amount equal to the benefit calculated using Benefit Service and the benefit factor at the termination date in accordance with the Normal Retirement Benefit provisions. A participant can request commencement of his monthly benefit as early as age 60 with 15 years of service. Such monthly retirement income shall be reduced by one-half percent for each month that the benefit commences prior to age 65. |
| Disability benefit       | A participant is eligible for disability retirement in the event of total and permanent disability at any age after the completion of 15 years of Vesting Service. Total and permanent disability is determined as eligibility to receive a Social Security disability benefit. The amount of a disability pension is determined using credited service and the benefit factor in effect at the date of his disability in accordance with the Normal Retirement provisions. The benefit is payable six months after his date of disability.                                                                                                                                                                                                     |
| Death benefit            | <p>A participant must have five (5) years of Vesting Service to be eligible for preretirement death benefits under the plan.</p> <p>The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the later of the date of death or the participant's earliest retirement age.</p>                                                                                                                                                                                                                                                  |

*Schedule SB, Part V — Summary of Plan Provisions*

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Optional forms

1. 100%, 75% or 50% Contingent Annuity, 10 or 15 Years Certain and Life Annuity for Supplements Y, Z, AA, BB, and CC.
2. 75% or 50% Contingent Annuity, Life Annuity and Social Security Level Option for Supplements PP, VV, XX, BBB, CCC, DDD and FFF.
3. 100%, 75% or 50% Contingent Annuity, 5, 10, 15 or 20 Years Certain and Life Annuity for Supplement QQ.
4. 100%, 75% or 50% Contingent Annuity and Life Annuity for Supplements UU and LLL.
5. 100%, 75% or 50% Contingent Annuity, 5, 10 or 15 Years Certain and Life Annuity for Supplement WW.
6. 100%, 75% or 50% Contingent Annuity for All Other Supplements.

Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The normal form of annuity applies unless an optional form is elected. For participants not married on the annuity commencement date the normal form is a Single Life Annuity. For participants married on the annuity commencement date, the normal form is a Qualified Joint and Survivor Annuity.

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## Schedule SB, Part V – Summary of Plan Provisions

**Summary of supplements for the Prior Stone Container Corporation Basic Hourly Pension Plan***(Where different from primary plan provisions)*

| Business Unit                                   | Plan Code | Alt Part | Normal Ret | Early Retirement |                         | Early Reduction (per month)               | Disability Eligibility | Vesting Service | Benefit Service          | Monthly Dis Min | Date Last Worked is After | Benefit Factor is |
|-------------------------------------------------|-----------|----------|------------|------------------|-------------------------|-------------------------------------------|------------------------|-----------------|--------------------------|-----------------|---------------------------|-------------------|
|                                                 |           |          |            | Unred            | Red                     |                                           |                        |                 |                          |                 |                           |                   |
| A. New Orleans Corrugated: CLOSED 2003          |           |          |            |                  |                         |                                           |                        |                 |                          |                 |                           |                   |
| B0023                                           | Y221      | (1)      |            |                  |                         |                                           |                        |                 |                          | 100             | 06/01/2005                | 19.50             |
| B. Jackson Corrugated: CLOSED 5/2002            |           |          |            |                  |                         |                                           |                        |                 |                          |                 |                           |                   |
| B0351                                           | Y241      | (1)      |            |                  |                         |                                           |                        |                 |                          | 100             | 01/01/2001                | 19.50             |
| C. Tyler Corrugated: CLOSED 12/2012             |           |          |            |                  |                         |                                           |                        |                 |                          |                 |                           |                   |
| B4337 (formerly B0164)                          | Y271      | (1)      |            |                  |                         |                                           |                        |                 |                          | 100             | 01/01/2009                | 26.00             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 01/01/2010                | 27.00             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 01/01/2011                | 28.00             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 01/01/2012                | 29.00             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 01/01/2013                | 30.00             |
| D. Rogers Corrugated:                           |           |          |            |                  |                         |                                           |                        |                 |                          |                 |                           |                   |
| B4370 (formerly B0291)                          | Y281      | (1)      |            |                  |                         |                                           |                        |                 | No svc prior to 1/1/1963 | 100             | 04/01/2008                | 26.75             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 12/10/2009                | 27.75             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 04/01/2010                | 28.75             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 04/01/2011                | 29.75             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 04/01/2012                | 30.75             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 01/01/2015                | 32.25             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 04/01/2015                | 33.25             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 04/01/2016                | 34.25             |
| E. Columbia Corrugated: CLOSED 2007             |           |          |            |                  |                         |                                           |                        |                 |                          |                 |                           |                   |
| B0006                                           | Y291      | (1)      |            |                  |                         |                                           |                        |                 |                          | 120             | 01/01/2006                | 26.50             |
| F. Hopewell Mill Corrugated:                    |           |          |            |                  |                         |                                           |                        |                 |                          |                 |                           |                   |
| B4505 (formerly B0297)                          | A051      | (1)      |            | 60/20            | 55/15                   |                                           |                        |                 |                          | 150             | 08/01/2008                | 38.00             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 08/01/2009                | 38.50             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 08/01/2010                | 39.50             |
|                                                 |           |          |            |                  |                         |                                           |                        |                 |                          |                 | 08/01/2013                | 40.50             |
| G. Port Wentworth Mill (UPIU): CLOSED 1/29/1999 |           |          |            |                  |                         |                                           |                        |                 |                          |                 |                           |                   |
|                                                 |           | (1)      |            | 62/20<br>60/30   | 60/15<br>60/20<br>55/30 | .5% from 65<br>.5% from 62<br>.5% from 60 | 10                     |                 |                          | 200             | 06/20/1999                | 28.00             |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                                     | Plan Code | Alt Part | Normal Ret | Early Retirement |                         | Early Reduction (per month)               | Disability Eligibility | Vesting Service | Benefit Service | Monthly Dis Min | Date Last Worked is After              | Benefit Factor is       |
|-------------------------------------------------------------------|-----------|----------|------------|------------------|-------------------------|-------------------------------------------|------------------------|-----------------|-----------------|-----------------|----------------------------------------|-------------------------|
| H. Port Wentworth Mill (IAM): CLOSED 1/29/1999                    |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
| B0278                                                             |           | (1)      |            | 62/20<br>60/30   | 60/15<br>60/20<br>55/30 | .5% from 65<br>.5% from 62<br>.5% from 60 | 10                     |                 |                 | 200             | 06/20/1999                             | 28.00                   |
| I. Port Wentworth Mill (IBEW): CLOSED 1/29/1999                   |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
|                                                                   |           | (1)      |            | 62/20<br>60/30   | 60/15<br>60/20<br>55/30 | .5% from 65<br>.5% from 62<br>.5% from 60 | 10                     |                 |                 | 200             | 06/20/1999                             | 28.00                   |
| J. Port Wentworth Mill (P&P): CLOSED 1/29/1999                    |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
|                                                                   |           | (1)      |            | 62/20<br>60/30   | 60/15<br>60/20<br>55/30 | .5% from 65<br>.5% from 62<br>.5% from 60 | 10                     |                 |                 | 200             | 06/20/1999                             | 28.00                   |
| K. Des Moines Bag: SOLD 6/30/2006                                 |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
| B0066                                                             |           | (1)      |            |                  |                         |                                           |                        |                 |                 |                 | 07/01/2006                             | 20.00                   |
| L. Teterboro Corrugated: Changed to multi-employer CLOSED 2006    |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
| B0121                                                             |           | (1)      |            |                  | 55/15                   |                                           |                        |                 |                 | 120             |                                        | 10.75                   |
| M. Westfield Sheet: CLOSED 2003                                   |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
| B0112                                                             | Y260      | (1)      |            |                  | 55/15                   |                                           |                        |                 |                 | 120             | 01/01/2003                             | 24.00                   |
| N. Portland Corrugated: CLOSED                                    |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
| B0120                                                             | Y090      | (1)      |            |                  | 55/15                   |                                           |                        |                 |                 | 120             | 08/23/2008<br>01/21/2009<br>01/21/2010 | 28.00<br>29.00<br>30.00 |
| O. Martinsville Corrugated: Changed to multi-employer             |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
| B0089                                                             | Y191      | (1)      |            |                  | 55/15                   |                                           |                        |                 |                 | 120             |                                        | 8.50                    |
| P. Philadelphia Corrugated: Changed to multi-employer CLOSED 2007 |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
| B0100                                                             |           | (1)      |            |                  | 55/15                   |                                           |                        |                 |                 | 120             |                                        | 9.00                    |
| Q. Tupelo Corrugated:                                             |           |          |            |                  |                         |                                           |                        |                 |                 |                 |                                        |                         |
| B4332<br>(formerly B0138)                                         | Y900      | (3)      | 65         |                  | 55/10                   |                                           | 10                     |                 |                 |                 | 01/01/2008                             | 24.50                   |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                                             | Plan Code | Alt Part | Normal Ret | Early Retirement | Early Reduction (per month) | Disability Eligibility                    | Vesting Service | Benefit Service | Monthly Dis Min | Date Last Worked is After                                                                      | Benefit Factor is                                           |
|---------------------------------------------------------------------------|-----------|----------|------------|------------------|-----------------------------|-------------------------------------------|-----------------|-----------------|-----------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>R. Hodge Bag – hired after 7/1/1980: SOLD 7/12/1996</b>                |           |          |            |                  |                             |                                           |                 |                 |                 |                                                                                                |                                                             |
|                                                                           |           | (2)      |            | 60/30<br>62/20   | 60/15<br>60/20<br>55/30     | .5% from 65<br>.5% from 62<br>.5% from 60 | 10              |                 |                 | 10/01/1996                                                                                     | 12.00                                                       |
| <b>S. Hodge Bag – hired between 8/1/1977 and 7/1/1980: SOLD 7/12/1996</b> |           |          |            |                  |                             |                                           |                 |                 |                 |                                                                                                |                                                             |
|                                                                           |           | (2)      |            | 60/30<br>62/20   | 60/15<br>60/20<br>55/30     | .5% from 65<br>.5% from 62<br>.5% from 60 |                 |                 |                 | 10/01/1996                                                                                     | 16.00                                                       |
| <b>R/S Hodge Specialty Packaging: SOLD 6/30/2006</b>                      |           |          |            |                  |                             |                                           |                 |                 |                 |                                                                                                |                                                             |
| B0400                                                                     |           |          |            |                  |                             |                                           |                 |                 |                 | 10/01/2005                                                                                     | 21.00                                                       |
| <b>T. Hodge Wood Procurement – hired on or after 1/1/1980:</b>            |           |          |            |                  |                             |                                           |                 |                 |                 |                                                                                                |                                                             |
| B4504 (formerly B0410)                                                    | A071      | (2)      |            | 60/30<br>62/20   | 60/15<br>60/20<br>55/30     | .5% from 65<br>.5% from 62<br>.5% from 60 | 10              |                 | 250             | 01/01/2004                                                                                     | 27.00                                                       |
| <b>U. Hodge Wood Procurement – hired before 1/1/1980:</b>                 |           |          |            |                  |                             |                                           |                 |                 |                 |                                                                                                |                                                             |
| B4504 (formerly B0410)                                                    | A071      | (2)      |            | 60/30<br>62/20   | 60/15<br>60/20<br>55/30     | .5% from 65<br>.5% from 62<br>.5% from 60 | 10              |                 | 250             | 01/01/2009<br>01/01/2010                                                                       | 33.50<br>34.50                                              |
| <b>V. Hodge Mill Corrugated:</b>                                          |           |          |            |                  |                             |                                           |                 |                 |                 |                                                                                                |                                                             |
| B4504 (formerly B0410)                                                    | A021      | (2)      |            | 60/30<br>62/20   | 60/15<br>60/20<br>55/30     | .5% from 65<br>.5% from 62<br>.5% from 60 | 10              |                 | 320             | 07/01/2008<br>07/01/2009<br>07/01/2012<br>07/01/2013<br>01/01/2015<br>01/01/2017               | 38.50<br>39.50<br>40.50<br>41.50<br>43.00<br>44.50          |
| <b>W. Hopewell Mill Container:</b>                                        |           |          |            |                  |                             |                                           |                 |                 |                 |                                                                                                |                                                             |
| B4505 (formerly B0297)                                                    | A051      | (1)      |            | 62/20            | 60/15<br>60/20              | .5% from 65<br>.5% from 62                |                 |                 | 150             | 08/01/2008<br>08/01/2009<br>08/01/2010<br>08/01/2013<br>08/01/2014<br>01/01/2015<br>01/01/2017 | 38.00<br>38.50<br>39.50<br>40.50<br>41.50<br>43.00<br>44.50 |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                                     | Plan Code | Alt Part | Normal Ret | Early Retirement | Early Reduction (per month) | Disability Eligibility | Vesting Service    | Benefit Service                                             | Monthly Dis Min | Date Last Worked is After                                                                                    | Benefit Factor is                                                    |
|-------------------------------------------------------------------|-----------|----------|------------|------------------|-----------------------------|------------------------|--------------------|-------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>X. Uncasville Mill: FROZEN 12/31/2015</b>                      |           |          |            |                  |                             |                        |                    |                                                             |                 |                                                                                                              |                                                                      |
| B4509 (formerly B0375)                                            | A090      | (3)      |            | 55/15            |                             |                        |                    |                                                             |                 | 01/01/2009<br>01/01/2011                                                                                     | 41.00<br>42.00                                                       |
| <b>Y. Gulf Container: CLOSED</b>                                  |           |          |            |                  |                             |                        |                    |                                                             |                 |                                                                                                              |                                                                      |
|                                                                   | A020      | (3)      | 65         | 55/10            |                             | 10                     |                    |                                                             |                 | 11/01/1985                                                                                                   | 3.50                                                                 |
| <b>Z. Charlotte Corrugated: CLOSED 6/29/1999</b>                  |           |          |            |                  |                             |                        |                    |                                                             |                 |                                                                                                              |                                                                      |
|                                                                   |           | (4)      | 65         | 55/10            |                             | 10                     | 1,000 Hrs.         | 1,000 Hrs.                                                  |                 | 01/01/1999                                                                                                   | 21.00                                                                |
| <b>AA. Florence Mill:</b>                                         |           |          |            |                  |                             |                        |                    |                                                             |                 |                                                                                                              |                                                                      |
| B4503 (formerly B0366)                                            | A111      | (3)      | 65         | 55/10            |                             | 10                     |                    |                                                             |                 | 09/01/2008<br>09/01/2009<br>09/01/2010<br>09/01/2011<br>09/01/2012<br>09/01/2013<br>01/01/2015<br>01/01/2017 | 44.00<br>45.00<br>46.00<br>47.00<br>48.00<br>49.00<br>50.50<br>52.00 |
| <b>BB. Los Angeles Corrugated (City of Industry): CLOSED 2009</b> |           |          |            |                  |                             |                        |                    |                                                             |                 |                                                                                                              |                                                                      |
| B0318                                                             | Y230      | (2)      | 65         | 55/10            |                             | 10                     |                    |                                                             |                 | 01/01/2006                                                                                                   | 35.50                                                                |
| <b>CC. Mishawaka Corrugated:</b>                                  |           |          |            |                  |                             |                        |                    |                                                             |                 |                                                                                                              |                                                                      |
| B4382 (formerly B0376)                                            | Y211      | (2)      | 65         | 55/10            |                             | 10                     |                    |                                                             |                 | 10/31/2010<br>10/31/2011<br>10/31/2012<br>01/01/2015<br>10/31/2015<br>10/31/2016<br>01/01/2017               | 29.50<br>30.50<br>31.50<br>33.00<br>34.00<br>35.00<br>36.50          |
| <b>DD. Strong-Robinette (Bristol Bag): CLOSED</b>                 |           |          |            |                  |                             |                        |                    |                                                             |                 |                                                                                                              |                                                                      |
|                                                                   |           | (3)      | 65         | 55/10            |                             | 10                     | 1,000 Hrs.         | 2,000 Hrs.                                                  |                 | 01/01/1992                                                                                                   | 6.00                                                                 |
| <b>EE. Richmond East (Prior to 5/20/1993): CLOSED 2007</b>        |           |          |            |                  |                             |                        |                    |                                                             |                 |                                                                                                              |                                                                      |
|                                                                   |           | (3)      |            | 62/10            | Table C                     | 45/10<br>50% until 65  | 1,000 Hrs.<br>Rule | 1,000 Hrs.,<br>≤ 30 yrs.;<br>No svc<br>prior to<br>1/1/1986 |                 |                                                                                                              | 12.00                                                                |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                          | Plan Code | Alt Part | Normal Ret | Early Retirement        | Early Reduction (per month)               | Disability Eligibility | Vesting Service    | Benefit Service                                                      | Monthly Dis Min | Date Last Worked is After | Benefit Factor is |
|--------------------------------------------------------|-----------|----------|------------|-------------------------|-------------------------------------------|------------------------|--------------------|----------------------------------------------------------------------|-----------------|---------------------------|-------------------|
| FF. Lewistown: SOLD 1/30/1989                          |           |          |            |                         |                                           |                        |                    |                                                                      |                 |                           |                   |
|                                                        |           | (4)      |            | 62/10                   | Table C                                   | 45/10<br>50% until 65  | 1,000 Hrs.<br>Rule | 1,000 Hrs.<br>Rule; Limited to 30 years                              |                 | 08/15/1988                | 12.00             |
| GG. Elizabeth Bag: SOLD 7/12/1996                      |           |          |            |                         |                                           |                        |                    |                                                                      |                 |                           |                   |
|                                                        |           | (3)      |            | 62/10                   | Table C-1                                 | 45/10<br>50% until 65  | 1,000 Hrs.<br>Rule | 1,000 Hrs.<br>Rule; Limited to 20 years                              |                 | 10/01/1996                | 19.00             |
| HH. Elizabeth Truckers: SOLD 7/12/1996                 |           |          |            |                         |                                           |                        |                    |                                                                      |                 |                           |                   |
|                                                        |           | (3)      |            | 62/10                   | Table C-1                                 | 45/15<br>50% until 65  | 1,000 Hrs.<br>Rule | 1,000 Hrs.<br>Rule; Limited to 20 years                              |                 | 05/01/1996                | 18.50             |
| II. Plainfield Bag: SOLD 7/12/1996                     |           |          |            |                         |                                           |                        |                    |                                                                      |                 |                           |                   |
|                                                        |           | (4)      |            | 62/10                   | Table C-1                                 | 45/10<br>50% until 65  | 1,000 Hrs.<br>Rule | 1,000 Hrs.<br>Rule; Limited to 20 years;<br>No svc prior to 1/1/1977 |                 | 02/01/1996                | 10.50             |
| JJ. Remington SOLD 1/30/1989                           |           |          |            |                         |                                           |                        |                    |                                                                      |                 |                           |                   |
|                                                        |           | (4)      |            | 62/10                   | Table C                                   | 45/10<br>50% until 65  | 1,000 Hrs.<br>Rule | 1,000 Hrs.<br>Rule; Limited to 30 years;<br>No svc prior to 1/1/1986 |                 | 08/15/1988                | 12.00             |
| KK. Hodge Bag – hired before 8/15/1977: SOLD 7/12/1996 |           |          |            |                         |                                           |                        |                    |                                                                      |                 |                           |                   |
|                                                        |           | (2)      |            | 60/30<br>62/20<br>55/30 | .5% from 65<br>.5% from 62<br>.5% from 60 | 10                     |                    |                                                                      | 320             | 10/01/1996                | 27.00             |
| LL. Phoenix/Tempe S/D: CLOSED 2004                     |           |          |            |                         |                                           |                        |                    |                                                                      |                 |                           |                   |
|                                                        |           | (3)      |            |                         |                                           |                        |                    |                                                                      |                 | 11/01/1987                | 6.00              |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                             | Plan Code | Alt Part | Normal Ret | Early Retirement | Early Reduction (per month)                   | Disability Eligibility | Vesting Service | Benefit Service          | Monthly Dis Min | Date Last Worked is After                                                        | Benefit Factor is                                  |
|-----------------------------------------------------------|-----------|----------|------------|------------------|-----------------------------------------------|------------------------|-----------------|--------------------------|-----------------|----------------------------------------------------------------------------------|----------------------------------------------------|
| <b>MM. El Paso Accurate Corrugated (East):</b>            |           |          |            |                  |                                               |                        |                 |                          |                 |                                                                                  |                                                    |
| B4375<br>(formerly B0319)                                 | Y311      | (3)      |            |                  |                                               |                        |                 |                          |                 | 01/01/2009<br>01/01/2010<br>01/01/2011<br>01/01/2012<br>07/01/2014<br>07/01/2015 | 16.50<br>17.50<br>18.50<br>19.50<br>20.50<br>21.50 |
| <b>NN. Indianapolis Corrugated: CLOSED 5/1/1992</b>       |           |          |            |                  |                                               |                        |                 |                          |                 |                                                                                  |                                                    |
|                                                           |           | (3)      |            |                  |                                               |                        |                 |                          |                 | 05/01/1992                                                                       | 8.00                                               |
| <b>OO. Marietta: CLOSED</b>                               |           |          |            |                  |                                               |                        |                 |                          |                 |                                                                                  |                                                    |
| B0148                                                     | Y010      | (3)      |            |                  |                                               |                        |                 | No svc prior to 7/1/1994 |                 | 01/01/2006                                                                       | 15.00                                              |
| <b>PP. Glendale Corrugated: Changed to multi-employer</b> |           |          |            |                  |                                               |                        |                 |                          |                 |                                                                                  |                                                    |
| B4368<br>(formerly B0288)                                 | Y801      | (3)      |            | 55               |                                               | 5                      |                 |                          |                 | 05/01/1968<br>01/01/1994                                                         | 5.00 <sup>(1)</sup><br>14.00 <sup>(2)</sup>        |
| <b>QQ. Wellsburg Bag: SOLD 6/30/2006</b>                  |           |          |            |                  |                                               |                        |                 |                          |                 |                                                                                  |                                                    |
| B0355                                                     | C841      | (3)      | 65         | 55/10            | .5% from 65<br>.25% from 65<br>if ER Age ≥ 62 | 10                     |                 | No svc prior to 5/1/1958 |                 | 05/15/2005                                                                       | 24.50                                              |

<sup>(1)</sup> For service prior to 05/01/1968.<sup>(2)</sup> For service after 05/01/1968.

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                             | Plan Code    | Alt Part | Normal Ret | Early Retirement | Early Reduction (per month) | Disability Eligibility | Vesting Service | Benefit Service            | Monthly Dis Min | Date Last Worked is After                                                        | Benefit Factor is                                  |
|-----------------------------------------------------------|--------------|----------|------------|------------------|-----------------------------|------------------------|-----------------|----------------------------|-----------------|----------------------------------------------------------------------------------|----------------------------------------------------|
| <b>RR. Cincinnati Sheet: FROZEN 12/31/2015</b>            |              |          |            |                  |                             |                        |                 |                            |                 |                                                                                  |                                                    |
| B5300 (formerly B0143)                                    | Y870         | (3)      | 65         | 55/10            |                             | 10                     |                 | No svc prior to 8/1/1988   |                 | 07/01/2008                                                                       | 22.00                                              |
| <b>SS. Indianapolis Corrugated: CLOSED 5/1/1992</b>       |              |          |            |                  |                             |                        |                 |                            |                 |                                                                                  |                                                    |
|                                                           |              | (3)      | 65         | 55/10            |                             | 10                     |                 |                            |                 | 05/01/1989                                                                       | 5.00                                               |
| <b>TT. Bedford Park Corrugated: FROZEN 12/31/2015</b>     |              |          |            |                  |                             |                        |                 |                            |                 |                                                                                  |                                                    |
| B4336 (formerly B0162)                                    | Y320         | (3)      | 65         | 55/10            |                             | 10                     |                 |                            |                 | 09/01/2008                                                                       | 27.00                                              |
| <b>UU. Richmond (Prior to 05/20/1993): SOLD 7/12/1996</b> |              |          |            |                  |                             |                        |                 |                            |                 |                                                                                  |                                                    |
|                                                           |              | (3)      |            | 55/10            | .42% from 65                | 10<br>110% until 62    | 1,000 Hrs. Rule | 1,600 Hrs. Rule            |                 | 10/01/1992                                                                       | 14.50                                              |
| <b>VV. Spartan – Stone/Herrin: CLOSED</b>                 |              |          |            |                  |                             |                        |                 |                            |                 |                                                                                  |                                                    |
|                                                           |              | (2)      | 65         | 55/10            |                             |                        | 1,000 Hrs. Rule | 1,200 Hrs. Rule            |                 | 11/15/1990                                                                       | 5.00                                               |
| <b>WW.Seminole Kraft Mill: (Jacksonville Mill)</b>        |              |          |            |                  |                             |                        |                 |                            |                 |                                                                                  |                                                    |
| B4507 (formerly B0325)                                    | A250<br>A251 | (3)      | 62         | 55/10            | .5% from 62                 | 10                     |                 | No svc prior to 11/11/1986 |                 | 07/01/2008<br>07/01/2009<br>06/25/2012<br>06/24/2013<br>01/01/2015<br>01/01/2017 | 34.00<br>35.00<br>36.00<br>37.00<br>38.50<br>40.00 |
| <b>XX. Dallas Corrugated: CLOSED 10/10/1999</b>           |              |          |            |                  |                             |                        |                 |                            |                 |                                                                                  |                                                    |
|                                                           |              | (2)      | 65         | 55/10            |                             | 5                      | 1,000 Hrs. Rule | 1,200 Hrs. Rule            |                 | 05/01/1968<br>01/01/1999                                                         | 5.00 <sup>(1)</sup><br>17.00 <sup>(2)</sup>        |
| <b>YY. El Paso Manufacturers (West): CLOSED 4/1/1999</b>  |              |          |            |                  |                             |                        |                 |                            |                 |                                                                                  |                                                    |
|                                                           |              | (3)      |            |                  |                             |                        |                 |                            |                 | 01/01/1998                                                                       | 8.50                                               |
| <b>ZZ. Arcadia Bag: SOLD 6/30/2006</b>                    |              |          |            |                  |                             |                        |                 |                            |                 |                                                                                  |                                                    |
| B0364                                                     | C901         | (3)      | 65         | 55/10            |                             | 10                     |                 |                            |                 | 01/01/2006<br>01/01/2009                                                         | 20.00<br>23.00                                     |

<sup>(1)</sup> For service prior to 05/01/1968.<sup>(2)</sup> For service after 05/01/1968.

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                          | Plan Code | Alt Part | Normal Ret | Early Retirement |       | Early Reduction (per month) | Disability Eligibility | Vesting Service                            | Benefit Service                                | Monthly Dis Min | Date Last Worked is After                                                        | Benefit Factor is                                                                                                                         |
|----------------------------------------|-----------|----------|------------|------------------|-------|-----------------------------|------------------------|--------------------------------------------|------------------------------------------------|-----------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| AAA. Graceville: SOLD 9/10/1996        |           |          |            |                  |       |                             |                        |                                            |                                                |                 |                                                                                  |                                                                                                                                           |
|                                        |           | (3)      |            |                  |       |                             |                        | 1,000 Hrs. Rule; No svc prior to 9/22/1980 | Limited to 30 years; No svc prior to 9/22/1980 |                 | 01/01/1996                                                                       | 11.00                                                                                                                                     |
| BBB. Eagar Sawmill (Flagstaff): CLOSED |           |          |            |                  |       |                             |                        |                                            |                                                |                 |                                                                                  |                                                                                                                                           |
|                                        |           | (2)      | 65         |                  | 55/10 | Table C-3                   | 5                      | 1,000 Hrs. Rule                            | 1,200 Hrs. Rule                                |                 | 05/01/1968<br>05/01/1968<br>01/01/1979<br>01/01/1980<br>01/01/1985<br>01/01/1995 | 5.00 <sup>(1)</sup><br>12.00 <sup>(2)</sup><br>7.50 <sup>(3)</sup><br>8.50 <sup>(4)</sup><br>15.00 <sup>(5)</sup><br>17.00 <sup>(6)</sup> |
| CCC. Southfork Sawmill: SOLD 9/10/1996 |           |          |            |                  |       |                             |                        |                                            |                                                |                 |                                                                                  |                                                                                                                                           |
|                                        |           | (2)      | 65         |                  | 55/10 | Table C-3                   | 5                      | 1,000 Hrs. Rule                            | 1,200 Hrs. Rule; No svc prior to 1/1/1979      |                 | 01/01/1980<br>01/01/1980<br>01/01/1985<br>01/01/1995                             | 12.00 <sup>(7)</sup><br>15.50 <sup>(4)</sup><br>15.00 <sup>(5)</sup><br>17.00 <sup>(6)</sup>                                              |

<sup>(1)</sup> For service prior to 05/01/1968.<sup>(2)</sup> For service from 05/01/1968 to 12/31/1978.<sup>(3)</sup> For service from 01/01/1979 to 12/31/1979.<sup>(4)</sup> For service from 01/01/1980 to 12/31/1984.<sup>(5)</sup> For service from 01/01/1985 to 12/31/1992.<sup>(6)</sup> For service after 01/01/1993.<sup>(7)</sup> For service prior to 12/31/1979.

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                       | Plan Code | Alt Part | Normal Ret | Early Retirement |       | Early Reduction (per month) | Disability Eligibility | Vesting Service | Benefit Service                           | Monthly Dis Min | Date Last Worked is After                            | Benefit Factor is                                                                           |
|-----------------------------------------------------|-----------|----------|------------|------------------|-------|-----------------------------|------------------------|-----------------|-------------------------------------------|-----------------|------------------------------------------------------|---------------------------------------------------------------------------------------------|
| DDD. Orangeburg: CLOSED 2000                        |           |          |            |                  |       |                             |                        |                 |                                           |                 |                                                      |                                                                                             |
| B0130                                               |           | (2)      | 65         |                  | 55/10 |                             | 10                     | 1,000 Hrs. Rule | 2,000 Hrs. Rule; No svc prior to 6/1/1983 |                 | 04/01/1996                                           | 11.00                                                                                       |
| EEE. Florence Wood Procurement: NO ACTIVE EMPLOYEES |           |          |            |                  |       |                             |                        |                 |                                           |                 |                                                      |                                                                                             |
| B4503 (formerly B0366)                              | A111      | (3)      |            |                  | 55/10 |                             | 10                     |                 | No svc prior to 1/1/1984                  |                 | 09/01/2008                                           | 44.00                                                                                       |
| FFF. Eagar Sawmill (Flagstaff): CLOSED              |           |          |            |                  |       |                             |                        |                 |                                           |                 |                                                      |                                                                                             |
|                                                     |           | (2)      | 65         |                  | 55/10 | Table C-3                   | 5                      | 1,000 Hrs. Rule | 1,200 Hrs. Rule                           |                 | 05/01/1963<br>05/01/1963<br>01/01/1985<br>01/01/1995 | 5.00 <sup>(1)</sup><br>12.00 <sup>(2)</sup><br>15.00 <sup>(3)</sup><br>17.00 <sup>(4)</sup> |
| GGG. Apache Railway: SOLD 10/15/1998                |           |          |            |                  |       |                             |                        |                 |                                           |                 |                                                      |                                                                                             |
|                                                     |           | (2)      | 65         |                  | 55/10 | Table C-3                   | 5                      |                 |                                           |                 | 05/01/1963<br>05/01/1963<br>01/01/1985<br>01/01/1995 | 5.00 <sup>(1)</sup><br>12.00 <sup>(2)</sup><br>15.00 <sup>(3)</sup><br>17.00 <sup>(4)</sup> |

<sup>(1)</sup> For service prior to 05/01/1963.<sup>(2)</sup> For service from 05/01/1963 to 12/31/1984.<sup>(3)</sup> For service from 01/01/1985 to 12/31/1992.<sup>(4)</sup> For service after 01/01/1993.

EIN/PN: 47-3335141/027

## Schedule SB, Part V — Summary of Plan Provisions

| Business Unit                            | Plan Code | Alt Part | Normal Ret | Early Retirement |       | Early Reduction (per month) | Disability Eligibility | Vesting Service | Benefit Service                           | Monthly Dis Min | Date Last Worked is After              | Benefit Factor is       |
|------------------------------------------|-----------|----------|------------|------------------|-------|-----------------------------|------------------------|-----------------|-------------------------------------------|-----------------|----------------------------------------|-------------------------|
|                                          |           |          |            | Unred            | Red   |                             |                        |                 |                                           |                 |                                        |                         |
| HHH. Richmond – East Bag: SOLD 7/12/1996 |           |          |            |                  |       |                             |                        |                 |                                           |                 |                                        |                         |
|                                          |           | (3)      |            |                  | 55/10 |                             |                        | 1,000 Hrs. Rule | 1,000 Hrs. Rule; No svc prior to 1/1/1986 |                 | 05/20/1996                             | 16.50                   |
| III. Marquardt: CLOSED 2006              |           |          |            |                  |       |                             |                        |                 |                                           |                 |                                        |                         |
| B0217                                    | Y851      | (3)      |            |                  | 55/10 |                             | 10                     |                 | No svc prior to 11/4/1995                 |                 | 01/01/2006                             | 33.00                   |
| JJJ.Blue Springs:                        |           |          |            |                  |       |                             |                        |                 |                                           |                 |                                        |                         |
| B4263 (formerly B0340)                   | Y830      | (3)      |            |                  | 55/10 |                             | 10                     |                 | No svc prior to 1/1/1996                  |                 | 01/01/2008                             | 26.50                   |
|                                          |           |          |            |                  |       |                             |                        |                 |                                           |                 | 01/01/2009                             | 27.50                   |
|                                          |           |          |            |                  |       |                             |                        |                 |                                           |                 | 01/01/2010                             | 28.50                   |
|                                          |           |          |            |                  |       |                             |                        |                 |                                           |                 | 01/01/2011                             | 29.50                   |
|                                          |           |          |            |                  |       |                             |                        |                 |                                           |                 | 01/01/2012                             | 30.50                   |
|                                          |           |          |            |                  |       |                             |                        |                 |                                           |                 | 01/01/2015                             | 33.00                   |
| 01/01/2016                               | 34.00     |          |            |                  |       |                             |                        |                 |                                           |                 |                                        |                         |
| 01/01/2017                               | 35.50     |          |            |                  |       |                             |                        |                 |                                           |                 |                                        |                         |
| KKK. Santa Fe Springs:                   |           |          |            |                  |       |                             |                        |                 |                                           |                 |                                        |                         |
| B0369                                    | Y840      | (3)      |            |                  | 55/10 |                             | 10                     |                 | No svc prior to 11/1/1995                 |                 | 01/01/2009<br>06/16/2012<br>06/16/2013 | 36.00<br>37.00<br>38.00 |
| LLL. Jersey Shore: CLOSED 9/1/2002       |           |          |            |                  |       |                             |                        |                 |                                           |                 |                                        |                         |
| B0074                                    | P100      | (4)      | 65         |                  | 55/10 |                             | 10                     |                 | No svc prior to 9/1/2002                  |                 | 01/01/2006                             | 26.50                   |

*Schedule SB, Part V – Summary of Plan Provisions****Alternate participation requirements:***

1. The later of the first January 1 following most recent employment date and the date member attains age 21.
2. Eligible upon employment.
3. Eligible upon the first entry date after the member completes one year of service and attains age 21 and, if non-union, hired before January 1, 2008.
4. Eligible upon the first entry date after the member completes one year of service.

***Early retirement factors***

|           | <b>Number of Years Prior to<br/>Normal Retirement (Age 65)</b> | <b>Percent of<br/>Life Only Benefit</b> |
|-----------|----------------------------------------------------------------|-----------------------------------------|
| Table C   | 0                                                              | 100.00                                  |
|           | 1                                                              | 89.30                                   |
|           | 2                                                              | 80.00                                   |
|           | 3                                                              | 71.80                                   |
| Table C-1 | 0                                                              | 100.00                                  |
|           | 1                                                              | 90.20                                   |
|           | 2                                                              | 81.60                                   |
|           | 3                                                              | 73.90                                   |
| Table C-2 | 0                                                              | 100.00                                  |
|           | 1                                                              | 90.80                                   |
|           | 2                                                              | 82.80                                   |
|           | 3                                                              | 75.80                                   |
| Table C-3 | 0                                                              | 100.00                                  |
|           | 1                                                              | 90.13                                   |
|           | 2                                                              | 81.48                                   |
|           | 3                                                              | 73.87                                   |
|           | 4                                                              | 67.15                                   |
|           | 5                                                              | 61.18                                   |
|           | 6                                                              | 55.87                                   |
|           | 7                                                              | 51.13                                   |
|           | 8                                                              | 46.88                                   |
|           | 9                                                              | 43.07                                   |
|           | 10                                                             | 39.63                                   |

*Schedule SB, Part V – Summary of Plan Provisions***Plan provisions for the Prior Stone Container Corporation Brown Papers Basic Hourly Pension Plan**

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employees   | <p>All participants in the predecessor plan continue as participants on the effective date of the plan (January 1, 1999). An employee is eligible to participate on the first day of the month following the completion of a 12 consecutive month period of employment and the employee's 21st birthday. Months of eligibility service will be combined if the employee terminates employment prior to completion of 12 months of employment but returns to the employ of the employer before the first anniversary of the termination. The employee must be a "covered employee" and, if non-union, be hired prior to January 1, 2008.</p> <p>Employees covered under the Model Pension Plan are not covered by these provisions except for determination of benefit factors.</p>                                                                                                                                                                                                 |
| Service considered        | <p>An employee will receive Benefit Service from the later of January 1, 1999 and the participant's date of hire to the participant's termination with WestRock Company. An employee will receive Vesting Service commencing with the participant's date of employment and ending with the participant's termination with WestRock Company. Vesting service granted by Champion International Corporation will also be counted as Vesting Service for this plan. Benefit Service will be granted for Benefit Service under a predecessor plan, but subject to the offset provided in the agreement between Champion International Corporation and Stone Container Corporation. Offset Service is all service granted prior to February 26, 1986. Benefit Service starts at the latter of the employee's Date of Hire or the date listed in the Summary of Supplements.</p> <p>Vesting Service only will be granted for service with a Stone Company before it adopts the plan.</p> |
| Normal retirement date    | The first day of the month coincident with or next following age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Late retirement date      | A participant's late retirement date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Early retirement date     | A participant can retire the first day of any month after completing ten years of Vesting Service and attaining age 55 years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Normal retirement benefit | A participant who retires on his Normal Retirement Date will receive a monthly pension benefit equal to his years of Benefit Service multiplied by the benefit factor as specified in the supplement applicable to the participant's location. The benefit payable at Normal Retirement is offset by a participant's Offset Service multiplied by the highest negotiated benefit level on February 26, 1986.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Late retirement benefit   | The amount of a participant's late retirement benefit is paid in accordance with the determination of the Normal Retirement Benefit calculated above based on Benefit Service and the benefit factor at the participant's Deferred Retirement Date in accordance with the Normal Retirement Benefit provisions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

*Schedule SB, Part V – Summary of Plan Provisions*

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early retirement benefit | The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on Benefit Service and the benefit factor at his or her Early Retirement Date in accordance with the Normal Retirement Benefit provisions. Such monthly retirement income shall be reduced by 6% for each of the first five years that the benefit commences prior to age 65 and by 3.6% for each of the next five years that the benefit commences prior to age 65.                                                                                                                                                                                                                                                                                   |
| Deferred vested benefit  | For a participant whose employment with an employer is terminated for any reason other than death before a participant qualifies for early retirement, but after five or more years of Vesting Service, the participant is entitled to a deferred vested benefit, starting at the participant's Normal Retirement Date (using Benefit Service and the benefit factor at termination date) in an amount equal to what the participant would have been entitled to under the normal retirement provision had the participant's termination date been his or her normal retirement date. A participant can request commencement of his monthly benefit as early as age 55 with ten years of Vesting Service. The benefit will be actuarially reduced to reflect early commencement. |
| Disability benefit       | A participant is eligible for disability retirement in the event of total and permanent disability at any age after the completion of 10 years of Vesting Service. Total and permanent disability is determined as eligibility to receive a Social Security disability benefit. The amount of a disability pension is determined using Benefit Service and the benefit factor in effect at the date of his disability in accordance with the Normal Retirement Benefit provisions. The benefit is payable immediately. The benefit is not reduced for early commencement and all optional forms are available. Champion International Corporation does not honor disability retirement.                                                                                          |
| Death benefit            | A participant must have five (5) years of Vesting Service to be eligible for preretirement death benefits under the plan.<br>The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the later of the date of death or the participant's Earliest Retirement Age.                                                                                                                                                                                                                                                                                              |
| Optional forms           | <ol style="list-style-type: none"> <li>100%, 75% or 50% Contingent Annuity.</li> <li>5, 10 or 15 Years Certain and Life Annuity (not available for supplements 39 – 42 and 44 – 49).</li> </ol> <p>Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The normal form of annuity applies unless an optional form is elected. For Participants not married on the annuity commencement date, the normal form is a Single Life Annuity. For participants married on the annuity commencement date, the normal form is a Qualified Joint and Survivor Annuity.</p>                                                                                                                                          |

## Schedule SB, Part V – Summary of Plan Provisions

**Summary of supplements for the Prior Stone Container Corporation Brown Papers Basic Hourly Pension Plan**  
*(Where different from primary plan provisions)*

| Business Unit                         | Plan Code | Alt Part | Early Retirement |           | Early Com Reduction for DV Benefits | Disability Eligibility | Vesting Service      | Benefit Service                       | Date Last Worked is After | Benefit Factor is |
|---------------------------------------|-----------|----------|------------------|-----------|-------------------------------------|------------------------|----------------------|---------------------------------------|---------------------------|-------------------|
|                                       |           |          | Eligibility      | Reduction |                                     |                        |                      |                                       |                           |                   |
| 1. Jefferson Corrugated: CLOSED 2010  |           |          |                  |           |                                     |                        |                      |                                       |                           |                   |
| B0057                                 | Y461      |          |                  |           |                                     |                        | Limited to 30 years. |                                       | 08/01/2008<br>08/01/2009  | 27.50<br>28.50    |
| 2. Keokuk Corrugated: CLOSED 4/1/2000 |           |          |                  |           |                                     |                        |                      |                                       |                           |                   |
| B0302                                 |           |          |                  |           |                                     |                        |                      | No svc prior to 1/1/1979. Max 30 yrs. | 08/01/1999                | 21.50             |
| 3. Ontonagon Mill: CLOSED 2010        |           |          |                  |           |                                     |                        |                      |                                       |                           |                   |
| B0306                                 | A161      |          |                  |           |                                     |                        |                      | No svc prior to 1/1/1979. Max 30 yrs. | 08/01/2008<br>08/01/2009  | 34.00<br>35.00    |
| 4. St. Cloud Corrugated:              |           |          |                  |           |                                     |                        |                      |                                       |                           |                   |
| B4374<br>(formerly B0310)             | Y501      |          |                  |           |                                     |                        |                      | No service prior to 01/01/1979.       | 11/01/2008                | 31.25             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 10/01/2009                | 32.25             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 10/01/2010                | 33.25             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 10/01/2011                | 34.25             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 10/01/2014                | 35.25             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 01/01/2015                | 36.75             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 10/01/2015                | 37.75             |
| 01/01/2017                            | 39.25     |          |                  |           |                                     |                        |                      |                                       |                           |                   |
| 5. Fargo Sheet:                       |           |          |                  |           |                                     |                        |                      |                                       |                           |                   |
| B4377<br>(formerly B0346)             | Y530      |          |                  |           |                                     |                        |                      | No service prior to 01/01/1979.       | 12/17/2007                | 27.00             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 12/17/2008                | 28.00             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 01/24/2010                | 29.00             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 12/17/2010                | 30.00             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 12/17/2011                | 31.00             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 12/17/2012                | 32.00             |
|                                       |           |          |                  |           |                                     |                        |                      |                                       | 01/01/2015                | 33.50             |
| 12/17/2015                            | 34.50     |          |                  |           |                                     |                        |                      |                                       |                           |                   |
| 12/17/2016                            | 35.50     |          |                  |           |                                     |                        |                      |                                       |                           |                   |
| 01/01/2017                            | 37.00     |          |                  |           |                                     |                        |                      |                                       |                           |                   |

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                         | Plan Code | Alt Part | Early Retirement |           | Early Com Reduction for DV Benefits | Disability Eligibility | Vesting Service | Benefit Service                                      | Date Last Worked is After                                                                      | Benefit Factor is                                           |
|---------------------------------------|-----------|----------|------------------|-----------|-------------------------------------|------------------------|-----------------|------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
|                                       |           |          | Eligibility      | Reduction |                                     |                        |                 |                                                      |                                                                                                |                                                             |
| 6. Birmingham Corrugated: CLOSED 2011 |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                |                                                             |
| B0248                                 | Y571      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1980. Limited to 30 years. | 01/01/2009<br>01/01/2010<br>12/15/2010<br>12/15/2011<br>12/15/2012                             | 31.00<br>32.00<br>33.00<br>34.00<br>35.00                   |
| 7. Naperville Sheet: CLOSED 2007      |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                |                                                             |
| B0402                                 | Y610      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1979. Limited to 30 years. | 03/01/2006<br>03/01/2007                                                                       | 24.25<br>25.25                                              |
| 8. Beloit Sheet: FROZEN 12/31/2015    |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                |                                                             |
| B4359 (formerly B0224)                | Y740      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1981. Limited to 30 years. | 09/01/2006<br>09/01/2007<br>09/01/2008                                                         | 19.50<br>20.50<br>21.50                                     |
| 9. Neenah Sheet:                      |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                |                                                             |
| B4385 (formerly B0398)                | Y671      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1979. Limited to 30 years. | 01/01/2008<br>02/01/2009<br>01/01/2010<br>01/01/2011<br>01/01/2012<br>01/01/2015<br>01/01/2016 | 24.00<br>25.00<br>26.00<br>27.00<br>27.50<br>28.50<br>29.50 |
| 10. Danville Sheet: CLOSED 9/2006     |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                |                                                             |
| B0317                                 | Y441      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1980. Limited to 30 years. | 03/01/2006                                                                                     | 20.50                                                       |

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                                 | Plan Code | Alt Part | Early Retirement |                | Early Com Reduction for DV Benefits | Disability Eligibility | Vesting Service             | Benefit Service                                                           | Date Last Worked is After                                                        | Benefit Factor is                                  |
|-----------------------------------------------|-----------|----------|------------------|----------------|-------------------------------------|------------------------|-----------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------|
|                                               |           |          | Eligibility      | Reduction      |                                     |                        |                             |                                                                           |                                                                                  |                                                    |
| 11. Springfield Corrugated: FROZEN 12/31/2015 |           |          |                  |                |                                     |                        |                             |                                                                           |                                                                                  |                                                    |
| B4325 (formerly B0086)                        | Y430      |          |                  |                |                                     |                        |                             | No service prior to 03/01/1979. Limited to 30 years.                      | 01/01/2009                                                                       | 27.50                                              |
| 12. Tupelo Sheet: FROZEN 12/31/2015           |           |          |                  |                |                                     |                        |                             |                                                                           |                                                                                  |                                                    |
| B4332 (formerly B0138)                        | Y900      |          |                  |                |                                     |                        |                             | No service prior to 03/01/1979. Limited to 30 years.                      | 01/01/2008                                                                       | 24.50                                              |
| 13. Ft. Smith, AR: CLOSED 12/22/1986          |           |          |                  |                |                                     |                        |                             |                                                                           |                                                                                  |                                                    |
|                                               |           |          |                  |                |                                     |                        |                             | No service prior to 03/01/1979. Limited to 30 years.                      | 03/01/1984                                                                       | 11.00                                              |
| 14. Joliet Corrugated: CLOSED 2008            |           |          |                  |                |                                     |                        |                             |                                                                           |                                                                                  |                                                    |
| B0265                                         | Y651      |          |                  | 1/3% per month |                                     |                        | Grant pre 1981 CIC service. | Grant pre 1981 CIC service but CIC pays for benefit. Limited to 30 years. | 11/17/2007                                                                       | 28.00                                              |
| 15. St. Joseph Corrugated: CLOSED 2009        |           |          |                  |                |                                     |                        |                             |                                                                           |                                                                                  |                                                    |
| B0053                                         | Y721      |          |                  |                |                                     |                        |                             | No service prior to 03/01/1979. Limited to 30 years.                      | 01/01/2005                                                                       | 24.75                                              |
| 16. Des Moines Sheet: FROZEN 12/31/2015       |           |          |                  |                |                                     |                        |                             |                                                                           |                                                                                  |                                                    |
| B4388 (formerly B0418)                        | Y400      |          |                  |                |                                     |                        |                             | No service prior to 03/01/1979. Limited to 30 years.                      | 03/01/2007                                                                       | 25.75                                              |
| 17. Milwaukee Corrugated:                     |           |          |                  |                |                                     |                        |                             |                                                                           |                                                                                  |                                                    |
| B4360 (formerly B0226)                        | Y511      |          |                  | A.E.           | A.E.                                |                        | Grant pre 1981 CIC service. | Grant pre 1981 CIC service. Limited to 35 years.                          | 10/01/2009<br>10/01/2010<br>10/01/2013<br>10/01/2014<br>01/01/2015<br>01/01/2017 | 28.25<br>29.25<br>30.25<br>31.25<br>32.75<br>34.25 |

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                        | Plan Code | Alt Part | Early Retirement |           | Early Com Reduction for DV Benefits | Disability Eligibility | Vesting Service             | Benefit Service                                                        | Date Last Worked is After                                                                                                  | Benefit Factor is                                                             |
|--------------------------------------|-----------|----------|------------------|-----------|-------------------------------------|------------------------|-----------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
|                                      |           |          | Eligibility      | Reduction |                                     |                        |                             |                                                                        |                                                                                                                            |                                                                               |
| 18. San Leandro, CA: CLOSED          |           |          |                  |           |                                     |                        |                             |                                                                        |                                                                                                                            |                                                                               |
|                                      |           |          |                  | A.E.      | A.E.                                |                        | Grant pre 1981 CIC service. | Grant pre 1981 CIC service; Post 1981: Table A-1. Limited to 35 years. | 08/01/1990                                                                                                                 | 19.00                                                                         |
| 19. Denver Container:                |           |          |                  |           |                                     |                        |                             |                                                                        |                                                                                                                            |                                                                               |
| B4311 (formerly B0012)               | Y451      |          |                  |           |                                     |                        |                             | No service prior to 03/01/1979 or after 04/30/2005.                    | 01/01/2008<br>03/01/2009<br>03/01/2010<br>03/01/2011<br>03/01/2012<br>01/01/2015<br>03/01/2015<br>03/01/2016<br>01/01/2017 | 26.50<br>27.25<br>28.25<br>29.25<br>30.25<br>31.75<br>32.75<br>33.75<br>35.25 |
| 20. Houston Sheet: CLOSED 2007       |           |          |                  |           |                                     |                        |                             |                                                                        |                                                                                                                            |                                                                               |
| B0156                                | Y470      |          |                  |           |                                     |                        |                             | No service prior to 03/01/1979. Limited to 30 years.                   | 03/01/2006<br>03/01/2007<br>03/01/2008                                                                                     | 22.00<br>23.00<br>24.00                                                       |
| 21. Grand Prairie Corrugated: CLOSED |           |          |                  |           |                                     |                        |                             |                                                                        |                                                                                                                            |                                                                               |
| B4379 (formerly B0348)               | Y381      |          |                  |           |                                     |                        |                             | No service prior to 03/01/1979. Limited to 30 years.                   | 02/01/2008<br>03/23/2009<br>02/01/2010<br>02/01/2012<br>02/01/2016<br>02/01/2017                                           | 27.00<br>27.50<br>28.00<br>29.00<br>30.00<br>31.00                            |
| 22. Temple Sheet: CLOSED 3/2004      |           |          |                  |           |                                     |                        |                             |                                                                        |                                                                                                                            |                                                                               |
| B0266                                | Y560      |          |                  |           |                                     |                        |                             | No service prior to 03/01/1979. Limited to 30 years.                   | 01/01/2004                                                                                                                 | 18.50                                                                         |
| 23. Salinas Corrugated:              |           |          |                  |           |                                     |                        |                             |                                                                        |                                                                                                                            |                                                                               |
| B4343 (formerly B0204)               | Y591      |          |                  | A.E.      | A.E.                                |                        | Grant pre 1981 CIC service. | Grant pre 1981 CIC service. Limited to 35 years.                       | 01/01/2007<br>01/01/2008<br>01/01/2009                                                                                     | 34.00<br>35.00<br>36.00                                                       |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                          | Plan Code | Alt Part | Early Retirement |           | Early Com Reduction for DV Benefits | Disability Eligibility | Vesting Service | Benefit Service                                      | Date Last Worked is After | Benefit Factor is |
|----------------------------------------|-----------|----------|------------------|-----------|-------------------------------------|------------------------|-----------------|------------------------------------------------------|---------------------------|-------------------|
|                                        |           |          | Eligibility      | Reduction |                                     |                        |                 |                                                      |                           |                   |
| 24. Sioux Falls Container:             |           |          |                  |           |                                     |                        |                 |                                                      |                           |                   |
| B4316 (formerly B0039)                 | Y411      |          |                  |           |                                     |                        |                 | No service prior to 03/01/1980.                      | 06/16/2012                | 37.00             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 06/16/2013                | 38.00             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 01/01/2016                | 39.00             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 03/01/2007                | 27.50             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 07/06/2008                | 28.50             |
|                                        |           |          |                  |           |                                     |                        |                 | 03/01/2009                                           | 29.50                     |                   |
|                                        |           |          |                  |           |                                     |                        |                 | 03/01/2010                                           | 30.50                     |                   |
|                                        |           |          |                  |           |                                     |                        |                 | 03/01/2011                                           | 31.50                     |                   |
|                                        |           |          |                  |           |                                     |                        |                 | 03/01/2014                                           | 32.50                     |                   |
|                                        |           |          |                  |           |                                     |                        |                 | 01/01/2015                                           | 34.00                     |                   |
|                                        |           |          |                  |           |                                     |                        |                 | 03/01/2015                                           | 35.00                     |                   |
|                                        |           |          |                  |           |                                     |                        |                 | 01/01/2017                                           | 37.00                     |                   |
| 25. Minneapolis Corrugated:            |           |          |                  |           |                                     |                        |                 |                                                      |                           |                   |
| B4367 (formerly B0275)                 | Y391      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1979.                      | 03/01/2008                | 27.00             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 03/01/2009                | 27.50             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 03/01/2010                | 28.50             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 03/01/2013                | 29.50             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 03/01/2014                | 30.50             |
|                                        |           |          |                  |           |                                     |                        |                 | 01/01/2015                                           | 32.00                     |                   |
|                                        |           |          |                  |           |                                     |                        |                 | 01/01/2017                                           | 33.50                     |                   |
| 26. Lexington Corrugated: CLOSED 2009  |           |          |                  |           |                                     |                        |                 |                                                      |                           |                   |
| B0381                                  | Y620      |          |                  |           |                                     |                        |                 | No svc prior to 1/1/1979. 30 yr max.                 | 07/01/2008                | 27.50             |
| 27. Collierville Sheet: CLOSED 10/2012 |           |          |                  |           |                                     |                        |                 |                                                      |                           |                   |
| B4381 (formerly B0370)                 | Y681      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1979. Limited to 30 years. | 05/01/2005                | 25.50             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 05/01/2008                | 26.50             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 05/01/2009                | 27.50             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 05/01/2010                | 28.50             |
|                                        |           |          |                  |           |                                     |                        |                 |                                                      | 05/01/2011                | 29.50             |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                              | Plan Code | Alt Part | Early Retirement |           | Early Com Reduction for DV Benefits | Disability Eligibility | Vesting Service | Benefit Service                                      | Date Last Worked is After                                                                                    | Benefit Factor is                                                    |
|--------------------------------------------|-----------|----------|------------------|-----------|-------------------------------------|------------------------|-----------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
|                                            |           |          | Eligibility      | Reduction |                                     |                        |                 |                                                      |                                                                                                              |                                                                      |
| 28. Oklahoma City Sheet: CLOSED 2005       |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                              |                                                                      |
| B0173                                      | Y711      |          |                  |           |                                     |                        |                 | No service prior to 03/01/1979. Limited to 30 years. | 01/01/2007                                                                                                   | 24.00                                                                |
| 29. Little Rock Corrugated: CLOSED 2006    |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                              |                                                                      |
| B0099                                      | Y421      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1980. Limited to 30 years. | 01/01/2005                                                                                                   | 26.25                                                                |
| 30. Gurnee, IL: CLOSED                     |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                              |                                                                      |
|                                            |           |          |                  |           |                                     |                        |                 | No service prior to 01/01/1979. Limited to 30 years. | 01/01/1987                                                                                                   | 13.00                                                                |
| 31. Atlanta Sheet: CLOSED                  |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                              |                                                                      |
| B0136                                      | Y701      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1979. Limited to 30 years. | 01/01/2004<br>01/01/2007<br>01/01/2008<br>01/01/2009<br>01/01/2010                                           | 28.00<br>28.50<br>29.00<br>29.50<br>30.50                            |
| 32. Sand Springs Corrugated: CLOSED 6/2000 |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                              |                                                                      |
| B0196                                      |           |          |                  |           |                                     |                        |                 | No service prior to 01/01/1979. Limited to 30 years. | 01/01/2000                                                                                                   | 20.50                                                                |
| 33. Sioux City Corrugated:                 |           |          |                  |           |                                     |                        |                 |                                                      |                                                                                                              |                                                                      |
| B4317<br>(formerly B0062)                  | Y481      |          |                  |           |                                     |                        |                 | No service prior to 01/01/1980.                      | 11/01/2007<br>11/01/2008<br>11/01/2009<br>11/01/2010<br>11/01/2011<br>01/01/2015<br>01/01/2016<br>01/01/2017 | 28.50<br>29.50<br>30.50<br>31.50<br>32.50<br>35.00<br>36.00<br>37.50 |

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                         | Plan Code | Alt Part | Early Retirement |           | Early Com Reduction for DV Benefits | Disability Eligibility | Vesting Service             | Benefit Service                                                                   | Date Last Worked is After                                                                      | Benefit Factor is                                           |
|---------------------------------------|-----------|----------|------------------|-----------|-------------------------------------|------------------------|-----------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
|                                       |           |          | Eligibility      | Reduction |                                     |                        |                             |                                                                                   |                                                                                                |                                                             |
| 34. St. Louis Corrugated: CLOSED 2010 |           |          |                  |           |                                     |                        |                             |                                                                                   |                                                                                                |                                                             |
| B0098                                 | Y691      |          |                  |           |                                     |                        | Grant pre 1982 CIC service. | Grant pre 1982 CIC service. Limited to 30 years.                                  | 02/16/2006<br>02/16/2007<br>02/16/2008<br>02/16/2009<br>02/16/2010                             | 24.00<br>25.00<br>26.00<br>27.00<br>28.00                   |
| 35. Fowler, IN: SOLD 6/30/2006        |           |          |                  |           |                                     |                        |                             |                                                                                   |                                                                                                |                                                             |
| B0363                                 | C740      |          |                  |           |                                     |                        | Grant pre 1980 CIC service. | Grant pre 1980 CIC service. Limited to 30 years.                                  | 01/01/2006                                                                                     | 23.00 <sup>(1)</sup>                                        |
| 36. Richmond – North Corrugated:      |           |          |                  |           |                                     |                        |                             |                                                                                   |                                                                                                |                                                             |
| B0331                                 | Y641      |          |                  |           |                                     |                        | Grant pre 1983 CIC service  | Grant pre 1983 CIC service. Limited to 30 years.                                  | 01/15/2008<br>01/15/2009<br>01/15/2010<br>01/15/2011                                           | 26.00<br>27.00<br>28.00<br>29.00                            |
| 37. Columbus Corrugated:              |           |          |                  |           |                                     |                        |                             |                                                                                   |                                                                                                |                                                             |
| B4314 (formerly B0041)                | Y731      |          |                  |           |                                     |                        |                             | Grant pre 03/01/1983 CIC service. Post 03/01/1983: Service in PY = Hrs<1000/1000. | 01/21/2008<br>01/21/2009<br>01/21/2010<br>01/21/2013<br>01/20/2014<br>01/01/2015<br>01/01/2017 | 23.25<br>24.25<br>25.25<br>26.25<br>27.25<br>28.75<br>30.25 |
| 38. Fridley, MN: CLOSED 1987          |           |          |                  |           |                                     |                        |                             |                                                                                   |                                                                                                |                                                             |
|                                       |           |          |                  |           |                                     |                        |                             | Limited to 30 years.                                                              | 08/01/1985                                                                                     | 12.00                                                       |

<sup>(1)</sup> Benefit is frozen accrued benefit as of 09/29/1989 plus benefit factor for on service after 12/18/1997.

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                                | Plan Code | Alt Part | Early Retirement |                                            | Early Com Reduction for DV Benefits         | Disability Eligibility | Vesting Service                  | Benefit Service                 | Date Last Worked is After | Benefit Factor is |
|----------------------------------------------|-----------|----------|------------------|--------------------------------------------|---------------------------------------------|------------------------|----------------------------------|---------------------------------|---------------------------|-------------------|
|                                              |           |          | Eligibility      | Reduction                                  |                                             |                        |                                  |                                 |                           |                   |
| 39. Los Angeles Bag: SOLD 5/2004             |           |          |                  |                                            |                                             |                        |                                  |                                 |                           |                   |
| B0295                                        | C611      | Immed    |                  |                                            | 6% for first 5 years; 3.6% for next 5 years | 15                     | Different break in service rules |                                 | 08/01/2007                | 28.00             |
| 40. Salt Lake City Bag: SOLD 6/30/2006       |           |          |                  |                                            |                                             |                        |                                  |                                 |                           |                   |
| B0391                                        | C701      | Immed    |                  |                                            | 6% for first 5 years; 3.6% for next 5 years | 15                     | Different break in service rules |                                 | 06/15/2006                | 27.50             |
| 41. Salt Lake City Packaging: SOLD 6/30/2006 |           |          |                  |                                            |                                             |                        |                                  |                                 |                           |                   |
| B0311                                        | C710      | Immed    |                  |                                            |                                             | 15                     | Different break in service rules |                                 | 01/01/2006                | 26.50             |
| 42. Toledo, OH: CLOSED                       |           |          |                  |                                            |                                             |                        |                                  |                                 |                           |                   |
|                                              |           | Immed    |                  | 6% for 60-62; 3.6% for 55-60; Unred. at 62 | 6% for first 5 years; 3.6% for next 5 years | 15                     | Different break in service rules | Table A-2                       | 07/01/1983                | 14.00             |
| 43. Cantonment Bag: SOLD 6/30/2006           |           |          |                  |                                            |                                             |                        |                                  |                                 |                           |                   |
| B0379                                        | C691      |          | 60/10            |                                            |                                             | 15                     | Different break in service rules | No service prior to 10/01/1986. | 09/01/2005                | 22.00             |
| 44. Franklin, VA: CLOSED 7/24/1987           |           |          |                  |                                            |                                             |                        |                                  |                                 |                           |                   |
|                                              |           | Immed    |                  | 6% for 60-62; 3.6% for 55-60; Unred. at 62 | 6% for first 5 years; 3.6% for next 5 years | 15                     | Different break in service rules | Table A-2                       | 05/01/1983                | 13.00             |
| 45. York Mill: CLOSED                        |           |          |                  |                                            |                                             |                        |                                  |                                 |                           |                   |
| B0396                                        |           |          |                  | 6% for 60-62; 3.6% for 55-60; Unred. at 62 | 6% for first 5 years; 3.6% for next 5 years | 15                     | Different break in service rules | Table A-2                       | 04/16/2000                | 23.50             |
| 46. Louisville Bag: SOLD 6/30/2006           |           |          |                  |                                            |                                             |                        |                                  |                                 |                           |                   |
| B0092                                        | C721      | Immed    |                  |                                            | 6% for first 5 years; 3.6% for next 5 years | 15                     | Different break in service rules |                                 | 10/10/2005                | 26.50             |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                           | Plan Code | Alt Part | Early Retirement |              | Early Com Reduction for DV Benefits         | Disability Eligibility     | Vesting Service                  | Benefit Service                 | Date Last Worked is After              | Benefit Factor is       |
|-----------------------------------------|-----------|----------|------------------|--------------|---------------------------------------------|----------------------------|----------------------------------|---------------------------------|----------------------------------------|-------------------------|
|                                         |           |          | Eligibility      | Reduction    |                                             |                            |                                  |                                 |                                        |                         |
| 47. Quincy Bag: SOLD 6/30/2006          |           |          |                  |              |                                             |                            |                                  |                                 |                                        |                         |
| B0117                                   | C780      | Immed    |                  |              | 6% for first 5 years; 3.6% for next 5 years | 15                         | Different break in service rules |                                 | 05/01/2007                             | 25.00                   |
| 48. Sheridan, AK: SOLD 1993             |           |          |                  |              |                                             |                            |                                  |                                 |                                        |                         |
|                                         |           | Immed    |                  |              | 6% for first 5 years; 3.6% for next 5 years | 15                         | Different break in service rules | Table A-2                       | 01/01/1993                             | 9.50                    |
| 49. Kansas City Bag: SOLD 6/30/2006     |           |          |                  |              |                                             |                            |                                  |                                 |                                        |                         |
| B0193                                   | C601      | Immed    |                  |              | 6% for first 5 years; 3.6% for next 5 years | 15                         | Different break in service rules |                                 | 11/01/2005                             | 26.00                   |
| 50. Missoula Mill: CLOSED 2010          |           |          |                  |              |                                             |                            |                                  |                                 |                                        |                         |
| B0392                                   | A171      | Immed    |                  | 5% per year  | 5% per year                                 | No age/service requirement |                                  |                                 | 06/01/2008<br>06/01/2009<br>06/01/2010 | 45.00<br>45.50<br>46.50 |
| 51. Grand Forks, ND: CLOSED 1/1/1988    |           |          |                  |              |                                             |                            |                                  |                                 |                                        |                         |
|                                         |           |          |                  | ½% per month | ½% per month                                |                            |                                  | No service prior to 01/01/1988. | 10/01/1992                             | 12.00                   |
| 52. Nashville, TN: CLOSED 2008          |           |          |                  |              |                                             |                            |                                  |                                 |                                        |                         |
| B0107                                   | Y891      |          |                  | ½% per month | ½% per month                                |                            |                                  | No service prior to 01/01/1984. | 07/01/2007                             | 21.00                   |
| 53. Cantonment Graphics: SOLD 6/30/2006 |           |          |                  |              |                                             |                            |                                  |                                 |                                        |                         |
| B0056                                   | C681      |          | 60/10            | ½% per month | ½% per month                                | 15                         |                                  | No service prior to 01/01/1987. | 01/01/2006                             | 22.00                   |

## Schedule SB, Part V – Summary of Plan Provisions

[illegible]

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                          | Plan Code | Alt Part                     | Early Retirement |           | Early Com Reduction for DV Benefits | Disability Eligibility | Vesting Service                | Benefit Service                | Date Last Worked is After                                                        | Benefit Factor is                                  |
|----------------------------------------|-----------|------------------------------|------------------|-----------|-------------------------------------|------------------------|--------------------------------|--------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------|
|                                        |           |                              | Eligibility      | Reduction |                                     |                        |                                |                                |                                                                                  |                                                    |
| 62. Raleigh: CLOSED 2009               |           |                              |                  |           |                                     |                        |                                |                                |                                                                                  |                                                    |
| B0280                                  | Y760      |                              |                  |           |                                     |                        | No service prior to 07/01/1995 | No service prior to 07/01/1995 | 07/01/2008<br>07/01/2009                                                         | 22.00<br>23.00                                     |
| 63. Jacksonville Preprint: CLOSED 1999 |           |                              |                  |           |                                     |                        |                                |                                |                                                                                  |                                                    |
| B0338                                  |           |                              |                  |           |                                     |                        |                                | No service prior to 04/01/1996 | 04/01/1998                                                                       | 18.00                                              |
| 64. Seattle: CLOSED 4/30/2000          |           |                              |                  |           |                                     |                        |                                |                                |                                                                                  |                                                    |
| B0091                                  |           |                              |                  |           |                                     |                        |                                |                                | 11/01/1998                                                                       | 27.00                                              |
| 65. Eastman Container: SOLD 6/30/2006  |           |                              |                  |           |                                     |                        |                                |                                |                                                                                  |                                                    |
| B0128                                  | C300      | Age 21 and 1 year of service | 55/10            |           |                                     | 10                     |                                | No service prior to 08/01/2001 | 01/01/2006                                                                       | 23.00                                              |
| 66. New Lenox                          |           |                              |                  |           |                                     |                        |                                |                                |                                                                                  |                                                    |
| B4306 (formerly B0610)                 | Y6101     |                              |                  |           |                                     |                        |                                |                                | 01/01/2009<br>01/01/2010<br>01/01/2011<br>01/01/2012<br>01/01/2016<br>01/01/2017 | 28.50<br>29.00<br>29.50<br>30.00<br>31.00<br>32.00 |
| 67. Cerritos                           |           |                              |                  |           |                                     |                        |                                |                                |                                                                                  |                                                    |
| B4268 (formerly B0611)                 | Y6110     |                              |                  |           |                                     |                        |                                |                                | 01/01/2008<br>05/01/2015<br>05/01/2016                                           | 35.50<br>36.50<br>37.50                            |

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| 68. Richmond N Complex       |      |       |  |  |  |                                                                        |  |                                                                                                      |                                                                                  |
|------------------------------|------|-------|--|--|--|------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| B4355<br>(formerly<br>B0643) | Y641 | 55/10 |  |  |  | 10 yrs of<br>Vesting Svc<br>w/ 6 mths<br>STD.<br>Unreduced<br>benefit. |  | Those transferring<br>from a Multiemployer<br>location will only get<br>BS from date of<br>transfer. | 01/15/2009<br>01/15/2010<br>01/15/2011<br>01/01/2015<br>01/01/2016<br>01/01/2017 |
|                              |      |       |  |  |  |                                                                        |  |                                                                                                      | 27.00<br>28.00<br>29.00<br>31.50<br>32.50<br>34.00                               |

*Schedule SB, Part V – Summary of Plan Provisions***Benefit service****Table A-1**

|                          |   |                                |
|--------------------------|---|--------------------------------|
| 1 year benefit service   | = | 1,500 hours in a calendar year |
| .75 year benefit service | = | 1,000 hours in a calendar year |
| .50 year benefit service | = | 500 hours in a calendar year   |
| .25 year benefit service | = | 200 hours in a calendar year   |

**Table A-2**

Benefit Service is equal to the product of (a) and (b) below:

- (a) A fraction, the numerator of which is the number of calendar months during the plan year in which the participant was employed at least one day at the Los Angeles facility and the denominator of which is 12; multiplied by
- (b) A "Benefit Service factor" as determined below.

A participant's Benefit Service Factor is determined in accordance with the following table based on the "employment fraction," the numerator of which is the number of straight time hours employee was employed during any plan year and the denominator of which is the regular number of straight time hours that a participant is normally employed during such year:

| If a Participant's Employment<br>Fraction Equals | the Benefit Service<br>Factor Shall Be: |
|--------------------------------------------------|-----------------------------------------|
| .75 or more                                      | 1.00                                    |
| .50 but less than .75                            | .75                                     |
| .25 but less than .50                            | .50                                     |
| .10 but less than .25                            | .25                                     |
| Under .10 (but more than 0)                      | .10                                     |

*Schedule SB, Part V – Summary of Plan Provisions***Plan provisions for the Prior Jefferson Smurfit Corporation Pension Plan for Hourly Employees**

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employees   | <p>All participants in the predecessor plans continue as participants on the effective date of the plan (January 1, 1999). An employee is eligible to participate on the first day of the month following the completion of a 12 consecutive month period of employment and the employee's 21st birthday. Months of eligibility service will be combined if the employee terminates employment prior to completion of 12 months of employment but returns to the employ of the employer before the first anniversary of the termination. The employee must be a "covered employee" and, if non-union, be hired prior to January 1, 2008.</p> <p>Employees covered under the Model Pension Plan are not covered by these provisions except for determination of benefit factors.</p>                                                                                                                                                                                                                                                                                            |
| Service considered        | <p>An employee will receive Benefit Service as the total of the participant's full and fractional years of service, commencing with the participant's date of employment and ending with the participant's termination with WestRock Company.</p> <p><u>JSC Locations</u> – An employee will receive Vesting Service as the total of the participant's full and fractional years of service, commencing with the participant's date of employment and ending with the participant's termination with WestRock Company.</p> <p><u>CCA Locations</u> – An employee will receive Vesting Service commencing with the participant's date of employment and ending with the participant's termination with WestRock Company. An employee will receive a full year of Vesting Service for each plan year in which he receives compensation is at least six months. If an employee receives compensation in less than six months during any plan year, such employee shall receive a month's credit toward Vesting Service for each month the employee does receive compensation.</p> |
| Normal retirement date    | The first day of the month following age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Late retirement date      | A participant's late retirement date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Early retirement date     | <p><u>JSC Locations</u> – A participant can retire after completing 10 years of Vesting Service and attaining age 55.</p> <p><u>CCA Locations</u> – A participant can retire after completing 15 years of Benefit Service and attaining age 55.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Normal retirement benefit | A participant who retires on his Normal Retirement Date will receive a monthly pension benefit equal to the participant's Benefit Service multiplied by the benefit factor as specified in the Supplement applicable to the participant's location.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Late retirement benefit   | The amount of a participant's late retirement benefit is paid in accordance with the determination of the Normal Retirement Benefit calculated above based on Benefit Service and the benefit level at the participant's Late Retirement Date in accordance with the Normal Retirement Benefit provisions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

*Schedule SB, Part V – Summary of Plan Provisions*

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early retirement benefit | <p>JSC Locations – The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on Benefit Service and the benefit factor at his or her Early Retirement Date in accordance with the Normal Retirement Benefit provisions. Such monthly retirement income shall be reduced by one-half percent for each month that the benefit commences prior to age 65.</p> <p>CCA Locations – The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on Benefit Service and the benefit factor at his or her Early Retirement Date in accordance with the Normal Retirement Benefit provisions. Such monthly retirement income shall be reduced by one-half percent for each month by which his Early Retirement Date precedes either: (1) attainment of age 62, if the member has completed 30 years or more of Benefit Service; or (2) his Normal Retirement Date, if the member has completed less than 30 years of Benefit Service.</p>                                                                                                    |
| Deferred vested benefit  | <p>For a participant whose employment with an employer is terminated for any reason other than death before a participant qualifies for early retirement, but after five or more years of Vesting Service, the participant is entitled to a deferred vested benefit, starting at the participant's Normal Retirement Date in an amount equal to the benefit calculated using Benefit Service and the benefit factor at the termination date in accordance with the Normal Retirement Benefit provisions.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Disability benefit       | <p><u>JSC Locations</u> – A participant is eligible for disability retirement in the event of total and permanent disability at any age after the completion of 10 years of Vesting Service. Total and permanent disability is determined as eligibility to receive a Social Security disability benefit. The amount of a disability pension is determined using Benefit Service and the benefit factor in effect at the date of his disability in accordance with the Normal Retirement Benefit provisions. The benefit is payable six months after his date of disability.</p> <p><u>CCA Locations</u> – A participant is eligible for disability retirement in the event of total and permanent disability at any age after the completion of 15 years of Benefit Service. Total and permanent disability is determined as eligibility to receive a Social Security disability benefit. The amount of a disability pension is determined using Benefit Service and the benefit factor in effect at the date of his disability in accordance with the Normal Retirement Benefit provisions. The benefit is payable six months after his date of disability.</p> |
| Death benefit            | <p>A participant must have five (5) years of Vesting Service and has been continuously married for at least the one-year period ending on his date of death to be eligible for preretirement death benefits under the plan.</p> <p>The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the later of the date of death or the participant's earliest retirement age.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

*Schedule SB, Part V – Summary of Plan Provisions*

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**Optional forms**

JSC Locations – 100%, 75%, 66-2/3%, 50% Contingent Annuity, 10 Years Certain and Life Annuity, Social Security Level Income Option payable until the member's 62nd birthday.

CCA Locations – 100%, 75%, 50% Contingent Annuity, 10 Years Certain and Life Annuity.

Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The normal form of annuity applies unless an optional form is elected. For participants not married on the annuity commencement date, the normal form is a Single Life Annuity. For participants married on the annuity commencement date, the normal form is a Qualified Joint and Survivor Annuity.

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## Schedule SB, Part V – Summary of Plan Provisions

**Summary of supplements for the Prior Jefferson Smurfit Corporation Pension Plan for Hourly Employees***(Where different from primary plan provisions)*

| Business Unit                                             | Plan Code    | Alt Part | Early Retirement |       | Early Reduction (per month) | Disability Eligibility | Benefit Service                | Normal Form | Monthly Dis Min | Date Last Worked is After | Benefit Factor is                           |
|-----------------------------------------------------------|--------------|----------|------------------|-------|-----------------------------|------------------------|--------------------------------|-------------|-----------------|---------------------------|---------------------------------------------|
|                                                           |              |          | Unred            | Red   |                             |                        |                                |             |                 |                           |                                             |
| Anchorage (CCA): FROZEN 12/31/2015                        |              |          |                  |       |                             |                        |                                |             |                 |                           |                                             |
| B4406 (formerly B0254)                                    | B390         |          |                  |       | .5% from 62                 |                        | No service prior to 01/01/1999 |             |                 | 06/01/2003                | 27.00                                       |
| Anderson Container (CCA): CLOSED 4/2004                   |              |          |                  |       |                             |                        |                                |             |                 |                           |                                             |
| B0253                                                     | E760<br>E761 |          |                  |       |                             |                        |                                |             | 250             | 07/15/2004                | 24.50                                       |
| Atlanta Carton (CCA): SOLD 6/30/2006                      |              |          |                  |       |                             |                        |                                |             |                 |                           |                                             |
| B0371                                                     | D170<br>D171 |          |                  |       |                             |                        | No service prior to 07/01/1958 |             | 250             | 07/01/1958<br>01/01/2003  | 1.50 <sup>(1)</sup><br>28.00 <sup>(2)</sup> |
| Augusta Reclamation (JSC): FROZEN 12/31/2015              |              |          |                  |       |                             |                        |                                |             |                 |                           |                                             |
| B4418 (formerly B0233)                                    | B300         |          |                  |       |                             |                        |                                |             |                 | 01/01/1997                | 10.00                                       |
| Bakersfield (Pioneer) Paperstock (CCA): FROZEN 12/31/2015 |              |          |                  |       |                             |                        |                                |             |                 |                           |                                             |
| B4420 (formerly B0251)                                    | B630         |          |                  | 55/15 | .5% from 65                 |                        | No service prior to 04/01/1975 |             |                 | 01/01/1997                | 10.00                                       |
| Baltimore Container (CCA): CLOSED 8/2004                  |              |          |                  |       |                             |                        |                                |             |                 |                           |                                             |
| B0032                                                     | E601         |          |                  |       |                             | 10                     |                                |             | 250             | 10/01/2005                | 27.50                                       |

(1) For service from 07/01/1958 to 10/31/1968.

(2) For service after 10/31/1968.









## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                         | Plan Code    | Alt Part | Early Retirement |                | Early Reduction (per month)                   | Disability Eligibility | Benefit Service | Normal Form | Monthly Dis Min | Date Last Worked is After                                                                                    | Benefit Factor is                                                    |
|-------------------------------------------------------|--------------|----------|------------------|----------------|-----------------------------------------------|------------------------|-----------------|-------------|-----------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
|                                                       |              |          | Unred            | Red            |                                               |                        |                 |             |                 |                                                                                                              |                                                                      |
| DeQuincy IPP Houston and Luftin Non-Union (JSC): SOLD |              |          |                  |                |                                               |                        |                 |             |                 |                                                                                                              |                                                                      |
| B0124                                                 | F780         |          |                  |                |                                               |                        |                 |             |                 | 01/15/2002                                                                                                   | 18.00                                                                |
| DeQuincy IPP (JSC): SOLD                              |              |          |                  |                |                                               |                        |                 |             |                 |                                                                                                              |                                                                      |
| B0124                                                 | F781         |          |                  |                |                                               |                        |                 |             |                 | 02/01/2003                                                                                                   | 19.00                                                                |
| D-Graphics (Austill Packaging) (JSC): SOLD 6/30/2006  |              |          |                  |                |                                               |                        |                 |             |                 |                                                                                                              |                                                                      |
| B0231                                                 | H901         | 21/1     |                  |                | 1/15 for first 5 yrs.<br>1/30 for next 5 yrs. | Deferred benefit       |                 |             |                 | 07/01/2005                                                                                                   | 21.50                                                                |
| Dolton Container (CCA): CLOSED 2003                   |              |          |                  |                |                                               |                        |                 |             |                 |                                                                                                              |                                                                      |
| B0252                                                 | E771         |          |                  |                |                                               |                        |                 |             | 250             | 01/01/2005                                                                                                   | 26.00                                                                |
| Evansville Reclamation (JSC): CLOSED 2013             |              |          |                  |                |                                               |                        |                 |             |                 |                                                                                                              |                                                                      |
| B4417 (formerly B0200)                                | B331         |          |                  |                |                                               |                        |                 |             |                 | 05/01/2008<br>10/01/2009<br>05/01/2010<br>05/01/2011<br>05/01/2012                                           | 17.75<br>18.75<br>19.75<br>20.75<br>21.75                            |
| Expert Services – Tampa (CCA): FROZEN 12/31/2015      |              |          |                  |                |                                               |                        |                 |             |                 |                                                                                                              |                                                                      |
| B4409 (formerly B0052)                                | B730         |          |                  | 55/10          | .5% from 65                                   | 10                     |                 |             |                 | 01/01/1997                                                                                                   | 10.00                                                                |
| Fernandina Container (CCA):                           |              |          |                  |                |                                               |                        |                 |             |                 |                                                                                                              |                                                                      |
| B4353 (formerly B0071)                                | E710<br>E711 |          | 62/20            | 55/15<br>na/20 | .5% from 65<br>.5% from 62                    |                        |                 |             | 250             | 07/16/2008<br>07/16/2009<br>07/16/2010<br>07/16/2011<br>07/16/2014<br>01/01/2015<br>07/16/2015<br>01/01/2017 | 30.00<br>31.00<br>32.00<br>33.00<br>34.00<br>35.50<br>36.50<br>38.00 |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                        | Plan Code    | Alt Part | Early Retirement |       | Early Reduction (per month)                   | Disability Eligibility | Benefit Service                | Normal Form | Monthly Dis Min | Date Last Worked is After                            | Benefit Factor is                |
|------------------------------------------------------|--------------|----------|------------------|-------|-----------------------------------------------|------------------------|--------------------------------|-------------|-----------------|------------------------------------------------------|----------------------------------|
|                                                      |              |          | Unred            | Red   |                                               |                        |                                |             |                 |                                                      |                                  |
| Fernandina Mill (CCA):                               |              |          |                  |       |                                               |                        |                                |             |                 |                                                      |                                  |
| B4502 (formerly B0377)                               | A210         |          | 62/20            | 55/15 | .5% from 65                                   |                        |                                |             | 300             | 10/20/2008                                           | 44.00                            |
|                                                      | A211         |          |                  | na/20 | .5% from 62                                   |                        |                                |             |                 | 06/01/2009                                           | 45.00                            |
|                                                      |              |          |                  |       |                                               |                        |                                |             |                 | 06/01/2010                                           | 46.00                            |
|                                                      |              |          |                  |       |                                               |                        |                                |             |                 | 06/01/2011                                           | 47.00                            |
|                                                      |              |          |                  |       |                                               |                        |                                |             |                 | 06/02/2014                                           | 48.00                            |
|                                                      |              |          |                  |       |                                               |                        |                                |             |                 | 01/01/2015                                           | 49.50                            |
|                                                      |              |          |                  |       |                                               |                        |                                |             |                 | 06/01/2015                                           | 50.50                            |
|                                                      |              |          |                  |       |                                               |                        |                                |             |                 | 01/01/2017                                           | 52.00                            |
| Fort Lauderdale Reclamation (JSC): FROZEN 12/31/2015 |              |          |                  |       |                                               |                        |                                |             |                 |                                                      |                                  |
| B4419 (formerly B0240)                               | B620         |          |                  |       |                                               |                        |                                |             |                 | 01/01/1997                                           | 10.00                            |
| Fort Smith (Mead) (JSC): CLOSED 1/2003               |              |          |                  |       |                                               |                        |                                |             |                 |                                                      |                                  |
| B0520                                                | M301         |          |                  |       | .5% from 65                                   |                        | No service prior to 10/01/2002 |             |                 | 10/01/2002                                           | 15.00                            |
| Fort Smith Container (JSC): FROZEN 12/31/2015        |              |          |                  |       |                                               |                        |                                |             |                 |                                                      |                                  |
| B4356 (formerly B0050)                               | E560         | 21/1     |                  |       | 1/15 for first 5 yrs.<br>1/30 for next 5 yrs. | Deferred benefit       |                                |             |                 | 01/01/2006<br>01/01/2007<br>01/01/2008<br>01/01/2009 | 21.00<br>22.00<br>23.00<br>24.00 |
| Fort Wayne Carton GCIU-19M (CCA): SOLD 6/30/2006     |              |          |                  |       |                                               |                        |                                |             |                 |                                                      |                                  |
| B0378                                                | D030         |          |                  |       |                                               |                        |                                |             | 200             | 02/20/2006                                           | 25.00                            |
| Fort Wayne Carton IBT-414 (CCA): SOLD 6/30/2006      |              |          |                  |       |                                               |                        |                                |             |                 |                                                      |                                  |
| B0378                                                | D032<br>D031 |          |                  |       |                                               |                        |                                |             | 150             | 05/01/2006                                           | 25.00                            |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                             | Plan Code | Alt Part | Early Retirement |          | Early Reduction (per month)              | Disability Eligibility | Benefit Service                         | Normal Form | Monthly Dis Min | Date Last Worked is After | Benefit Factor is    |
|-------------------------------------------|-----------|----------|------------------|----------|------------------------------------------|------------------------|-----------------------------------------|-------------|-----------------|---------------------------|----------------------|
|                                           |           |          | Unred            | Red      |                                          |                        |                                         |             |                 |                           |                      |
| Fort Worth Container (CCA):               |           |          |                  |          |                                          |                        |                                         |             |                 |                           |                      |
| B4322<br>(formerly B0072)                 | E780      |          |                  |          |                                          | 10                     |                                         |             | 250             | 01/01/2006                | 32.00                |
|                                           | E781      |          |                  |          |                                          |                        | 06/19/2012                              | 33.00       |                 |                           |                      |
|                                           |           |          |                  |          |                                          |                        | 06/19/2013                              | 34.00       |                 |                           |                      |
|                                           |           |          |                  |          |                                          |                        | 01/01/2015                              | 35.50       |                 |                           |                      |
|                                           |           |          |                  |          |                                          |                        |                                         |             |                 | 01/01/2017                | 37.00                |
| Frankfort Container (JSC): CLOSED 2007    |           |          |                  |          |                                          |                        |                                         |             |                 |                           |                      |
| B0017                                     | E550      |          |                  |          |                                          |                        |                                         |             |                 | 06/01/2007                | 20.00                |
| Franklin Industrial Packaging (JSC): SOLD |           |          |                  |          |                                          |                        |                                         |             |                 |                           |                      |
| B0038                                     | F851      |          |                  |          |                                          |                        |                                         |             |                 | 01/01/2002                | 17.00                |
|                                           | F850      |          |                  |          |                                          |                        |                                         |             |                 |                           |                      |
| Fresno Container (CCA):                   |           |          |                  |          |                                          |                        |                                         |             |                 |                           |                      |
| B0333                                     | E841      |          |                  |          |                                          |                        |                                         |             | 200             | 01/01/2009                | 36.00                |
| Fresno Recycling (JSC): FROZEN 12/31/2015 |           |          |                  |          |                                          |                        |                                         |             |                 |                           |                      |
| B4410<br>(formerly B0088)                 | B560      |          |                  |          |                                          |                        |                                         |             |                 | 01/01/1997                | 20.00                |
| Fulton Container (CCA): CLOSED 4/1999     |           |          |                  |          |                                          |                        |                                         |             |                 |                           |                      |
| B0289                                     | E631      |          |                  |          |                                          | 10                     |                                         |             | 250             | 07/01/2000                | 25.00                |
| Galesburg Container (JSC):                |           |          |                  |          |                                          |                        |                                         |             |                 |                           |                      |
| B4363<br>(formerly B0245)                 | E411      |          |                  | 55/10    | 1/3% from 65<br>(Hired after 01/01/1993) |                        | 10 yr. C&L<br>(Hired before 01/01/1993) |             |                 | 10/01/2008                | 28.50 <sup>(1)</sup> |
|                                           |           |          |                  | 55 or 25 |                                          |                        |                                         |             |                 | 10/01/2009                | 29.50 <sup>(1)</sup> |
|                                           |           |          |                  |          |                                          |                        |                                         |             | 10/01/2010      | 30.50 <sup>(1)</sup>      |                      |
|                                           |           |          |                  |          |                                          |                        |                                         |             | 10/01/2011      | 31.50 <sup>(1)</sup>      |                      |
|                                           |           |          |                  |          |                                          |                        |                                         |             | 10/01/2012      | 32.50 <sup>(1)</sup>      |                      |
|                                           |           |          |                  |          |                                          |                        |                                         |             | 01/01/2015      | 34.00 <sup>(1)</sup>      |                      |
|                                           |           |          |                  |          |                                          |                        |                                         |             | 10/01/2015      | 35.00 <sup>(1)</sup>      |                      |
|                                           |           |          |                  |          |                                          |                        |                                         |             |                 | 10/01/2016                | 36.00 <sup>(1)</sup> |
|                                           |           |          |                  |          |                                          |                        |                                         |             |                 | 01/01/2017                | 37.50 <sup>(1)</sup> |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                                         | Plan Code | Alt Part | Early Retirement |     | Early Reduction (per month) | Disability Eligibility | Benefit Service | Normal Form | Monthly Dis Min | Date Last Worked is After | Benefit Factor is |
|-----------------------------------------------------------------------|-----------|----------|------------------|-----|-----------------------------|------------------------|-----------------|-------------|-----------------|---------------------------|-------------------|
|                                                                       |           |          | Unred            | Red |                             |                        |                 |             |                 |                           |                   |
| Greensboro (JSC): SOLD 6/30/2006                                      |           |          |                  |     |                             |                        |                 |             |                 |                           |                   |
| B0026                                                                 | H860      |          |                  |     |                             |                        |                 |             |                 | 09/01/2005                | 26.50             |
| Greensboro Carton (CCA): SOLD 6/30/2006 (also include Plan Code D021) |           |          |                  |     |                             |                        |                 |             |                 |                           |                   |
| B0332                                                                 | D020      |          |                  |     |                             |                        |                 |             | 250             | 01/01/2006                | 26.50             |
| Hanover Park (JSC):                                                   |           |          |                  |     |                             |                        |                 |             |                 |                           |                   |
| B4380 (formerly B0357)                                                | E331      |          |                  |     |                             |                        |                 |             |                 | 03/01/2009                | 28.50             |
|                                                                       |           |          |                  |     |                             |                        |                 |             |                 | 03/01/2012                | 29.50             |
|                                                                       |           |          |                  |     |                             |                        |                 |             |                 | 03/01/2013                | 30.50             |
|                                                                       |           |          |                  |     |                             |                        |                 |             |                 | 01/01/2015                | 32.00             |
|                                                                       |           |          |                  |     |                             |                        |                 |             |                 | 01/01/2017                | 33.50             |
| Hendersonville IPP (JSC): SOLD                                        |           |          |                  |     |                             |                        |                 |             |                 |                           |                   |
| B0399                                                                 | F751      |          |                  |     |                             |                        |                 |             |                 | 01/01/2005                | 22.00             |
| Houston Container (CCA):                                              |           |          |                  |     |                             |                        |                 |             |                 |                           |                   |
| B4342 (formerly B0188)                                                | E791      |          |                  |     | 10                          |                        |                 |             | 250             | 12/07/2010                | 31.50             |
|                                                                       |           |          |                  |     |                             |                        |                 | 12/07/2011  |                 | 32.50                     |                   |
|                                                                       |           |          |                  |     |                             |                        |                 | 12/07/2012  |                 | 33.50                     |                   |
|                                                                       |           |          |                  |     |                             |                        |                 | 01/01/2015  |                 | 35.00                     |                   |
|                                                                       |           |          |                  |     |                             |                        |                 | 12/07/2015  |                 | 36.00                     |                   |
|                                                                       |           |          |                  |     |                             |                        |                 | 12/07/2016  |                 | 37.00                     |                   |
|                                                                       |           |          |                  |     |                             |                        |                 |             | 01/01/2017      | 38.50                     |                   |

(1) Benefit equals accrued benefit at 01/01/1979 plus a benefit factor for service after 01/01/1979.

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                                                           | Plan Code | Alt Part | Early Retirement |          | Early Reduction (per month)                                                     | Disability Eligibility | Benefit Service | Normal Form                          | Monthly Dis Min | Date Last Worked is After              | Benefit Factor is       |
|-------------------------------------------------------------------------|-----------|----------|------------------|----------|---------------------------------------------------------------------------------|------------------------|-----------------|--------------------------------------|-----------------|----------------------------------------|-------------------------|
|                                                                         |           |          | Unred            | Red      |                                                                                 |                        |                 |                                      |                 |                                        |                         |
| Humboldt Container (JSC) <sup>1</sup> :                                 |           |          |                  |          |                                                                                 |                        |                 |                                      |                 |                                        |                         |
| B4365 (formerly B0257)                                                  | E431      |          |                  | 55/10    | .5% from 65 (Hired after 01/01/1988)<br>.5% from 65 (Hired prior to 01/01/1988) |                        |                 | 10 yr. C&L (Hired before 01/01/1991) |                 | 05/31/2009                             | 24.50                   |
|                                                                         |           |          |                  | 55 or 25 |                                                                                 |                        |                 |                                      |                 | 05/31/2010                             | 25.50                   |
|                                                                         |           |          |                  |          |                                                                                 |                        |                 |                                      |                 | 05/31/2011                             | 26.50                   |
|                                                                         |           |          |                  |          |                                                                                 |                        |                 |                                      |                 | 05/31/2012                             | 27.50                   |
|                                                                         |           |          |                  |          |                                                                                 |                        |                 |                                      |                 | 01/01/2015                             | 29.00                   |
|                                                                         |           |          |                  |          | 05/31/2015                                                                      | 30.00                  |                 |                                      |                 |                                        |                         |
|                                                                         |           |          |                  |          | 05/31/2016                                                                      | 31.00                  |                 |                                      |                 |                                        |                         |
|                                                                         |           |          |                  |          | 01/01/2017                                                                      | 32.50                  |                 |                                      |                 |                                        |                         |
| Irvine Carton (CCA): SOLD 6/30/2006                                     |           |          |                  |          |                                                                                 |                        |                 |                                      |                 |                                        |                         |
| B0282                                                                   | D110      |          |                  |          |                                                                                 |                        |                 |                                      | 200             | 01/01/2006                             | 33.00                   |
| Irvine Carton (CCA): SOLD 6/30/2006                                     |           |          |                  |          |                                                                                 |                        |                 |                                      |                 |                                        |                         |
| B0282                                                                   | D111      |          |                  |          |                                                                                 |                        |                 |                                      | 200             | 01/01/2006                             | 33.00                   |
| Jacksonville Container (JSC): CLOSED                                    |           |          |                  |          |                                                                                 |                        |                 |                                      |                 |                                        |                         |
| B0241                                                                   | E510      |          |                  |          |                                                                                 |                        |                 |                                      |                 | 08/01/2000                             | 22.00                   |
| Jacksonville Container (JSC): Changed to multi-employer 1/1/1981 CLOSED |           |          |                  |          |                                                                                 |                        |                 |                                      |                 |                                        |                         |
| B0241                                                                   | E511      |          |                  |          |                                                                                 |                        |                 |                                      |                 | 08/01/1998                             | 18.00                   |
| Jacksonville Container - Machinists (JSC): CLOSED                       |           |          |                  |          |                                                                                 |                        |                 |                                      |                 |                                        |                         |
| B0241                                                                   | E512      |          |                  |          |                                                                                 |                        |                 | 5 yr. C&L (Hired before 07/01/1990)  |                 | 08/08/2008<br>08/08/2009<br>08/08/2010 | 26.50<br>27.00<br>27.50 |
| Jacksonville IPP (JSC): SOLD                                            |           |          |                  |          |                                                                                 |                        |                 |                                      |                 |                                        |                         |
| B0192                                                                   | F741      |          |                  |          |                                                                                 |                        |                 |                                      |                 | 06/05/2005                             | 20.50                   |

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<sup>1</sup> Benefit equals accrued benefit at 01/01/1979 plus a benefit factor for service after 01/01/1979.

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Jacksonville Mill (JSC): CLOSED 12/1998</b>           |      |  |  |                |                            |                                             |  |            |                    |
|----------------------------------------------------------|------|--|--|----------------|----------------------------|---------------------------------------------|--|------------|--------------------|
| B0316                                                    | A131 |  |  | 55/10<br>na/25 | .5% from 65<br>.5% from 65 |                                             |  | 01/01/2001 | 31.00              |
| <b>Jacksonville Reclamation (JSC): FROZEN 12/31/2015</b> |      |  |  |                |                            |                                             |  |            |                    |
| B422<br>(formerly<br>B0287)                              | B610 |  |  | 55/na          | A.E. from 65               | 45/15<br>reduced for<br>early<br>retirement |  | 01/01/1997 | 10.00 <sup>1</sup> |

| Business Unit                                    | Plan Code | Alt Part | Early Retirement | Early Reduction (per month) | Disability Eligibility | Benefit Service | Normal Form | Monthly Dis Min | Date Last Worked is After | Benefit Factor is                                                                                                                                                                                                    |
|--------------------------------------------------|-----------|----------|------------------|-----------------------------|------------------------|-----------------|-------------|-----------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Jacksonville Teamsters #512 (JSC): CLOSED</b> |           |          |                  |                             |                        |                 |             |                 |                           |                                                                                                                                                                                                                      |
| B0241                                            | E513      |          |                  |                             |                        |                 | 5 yr. C&L   |                 |                           | 10.00 <sup>(1)</sup><br>11.00 <sup>(2)</sup><br>11.50 <sup>(3)</sup><br>12.00 <sup>(4)</sup><br>12.50 <sup>(5)</sup><br>13.00 <sup>(6)</sup><br>13.50 <sup>(7)</sup><br>14.00 <sup>(8)</sup><br>14.50 <sup>(9)</sup> |

<sup>1</sup> Benefit equals accrued benefit at 10/01/1977 plus a benefit factor for service after 10/01/1997.

- (1) For service prior to 01/01/1984.  
 (2) For service from 01/01/1984 to 12/31/1984.  
 (3) For service from 01/01/1985 to 12/31/1985.  
 (4) For service from 01/01/1986 to 10/31/1986.  
 (5) For service from 11/01/1986 to 10/31/1987.  
 (6) For service from 11/01/1987 to 01/31/1990.  
 (7) For service from 02/01/1990 to 07/31/1991.  
 (8) For service from 08/01/1990 to 07/31/1992.  
 (9) For service after 08/01/1992.

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                           | Plan Code            | Alt Part     | Early Retirement | Early Reduction (per month)          | Disability Eligibility | Benefit Service | Normal Form                          | Monthly Dis Min | Date Last Worked is After                                          | Benefit Factor is                                        |
|---------------------------------------------------------|----------------------|--------------|------------------|--------------------------------------|------------------------|-----------------|--------------------------------------|-----------------|--------------------------------------------------------------------|----------------------------------------------------------|
| <b>Jonesboro Container (JSC): CLOSED 2011</b>           |                      |              |                  |                                      |                        |                 |                                      |                 |                                                                    |                                                          |
| B0002                                                   | E441                 |              |                  |                                      |                        |                 | 10 yr. C&L (Hired before 03/01/1989) |                 | 01/01/2005<br>11/08/2007<br>11/08/2008<br>11/08/2009<br>11/08/2010 | 20.75 <sup>(1)</sup><br>21.75<br>22.75<br>23.75<br>24.75 |
| <b>Kansas City Reclamation (JSC): CLOSED</b>            |                      |              |                  |                                      |                        |                 |                                      |                 |                                                                    |                                                          |
| B4421 (formerly B0272)                                  | B311                 |              | 55/10            | .5% from 65 (Hired after 10/01/1991) |                        |                 |                                      |                 | 01/01/2005<br>01/01/2008<br>01/01/2009<br>01/01/2010<br>01/01/2011 | 19.50<br>20.50<br>21.50<br>22.50<br>23.50                |
| <b>KC Carlton GCIU-Boxworkers (JSC): SOLD 6/30/2006</b> |                      |              |                  |                                      |                        |                 |                                      |                 |                                                                    |                                                          |
| B0046                                                   | D221                 | na/<br>1 mo. |                  |                                      |                        |                 |                                      |                 | 01/01/2002                                                         | 7.00 <sup>(2)</sup><br>22.00 <sup>(3)</sup>              |
| <b>KC Carlton-Machinists (JSC): SOLD 6/30/2006</b>      |                      |              |                  |                                      |                        |                 |                                      |                 |                                                                    |                                                          |
| B0046                                                   | D222                 | na/<br>1 mo. |                  |                                      |                        |                 |                                      |                 | 01/01/2006                                                         | 7.00 <sup>(2)</sup><br>26.00 <sup>(3)</sup>              |
| <b>Kirkwood Container (JSC): CLOSED 2006</b>            |                      |              |                  |                                      |                        |                 |                                      |                 |                                                                    |                                                          |
| B0058                                                   | E341<br>E342<br>E343 |              |                  |                                      |                        |                 |                                      |                 | 05/01/2005                                                         | 21.00                                                    |

<sup>(1)</sup> Benefit equals accrued benefit at 01/01/1980 plus a benefit factor for service after 01/01/1980.<sup>(2)</sup> For service prior to 01/01/1982.<sup>(3)</sup> For service after 01/01/1982.

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                                                                 | Plan Code | Alt Part | Early Retirement | Early Reduction (per month) | Disability Eligibility | Benefit Service                | Normal Form | Monthly Dis Min | Date Last Worked is After                                                                                                  | Benefit Factor is                                                             |
|-------------------------------------------------------------------------------|-----------|----------|------------------|-----------------------------|------------------------|--------------------------------|-------------|-----------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Knoxville Container (CCA): CLOSED 8/2012</b>                               |           |          |                  |                             |                        |                                |             |                 |                                                                                                                            |                                                                               |
| B4386 (formerly B0412)                                                        | E721      |          |                  |                             | 10                     | No service prior to 01/01/1957 |             | 250             | 01/01/2006<br>06/19/2012<br>06/19/2013                                                                                     | 32.00<br>33.00<br>34.00                                                       |
| <b>L.A. Mill – 57th Street (CCA): CLOSED 2007</b>                             |           |          |                  |                             |                        |                                |             |                 |                                                                                                                            |                                                                               |
| B0084                                                                         | A351      |          |                  |                             |                        |                                |             | 150             | 04/01/2006<br>06/01/2006<br>06/01/2007                                                                                     | 38.00<br>39.00<br>40.00                                                       |
| <b>LaPorte Container (CCA): CLOSED 5/1999 (also includes E911)</b>            |           |          |                  |                             |                        |                                |             |                 |                                                                                                                            |                                                                               |
| B0335                                                                         | E910      |          |                  | 1/3% from 65                | 10                     |                                |             |                 | 03/01/2002                                                                                                                 | 23.50                                                                         |
| <b>Lewisburg (Mead) (JSC): FROZEN 12/31/2015</b>                              |           |          |                  |                             |                        |                                |             |                 |                                                                                                                            |                                                                               |
| B4391 (formerly B0521)                                                        | M400      |          |                  | .5% from 65                 |                        | No service prior to 10/01/2002 |             |                 | 04/01/2006<br>04/01/2007<br>04/01/2008                                                                                     | 24.00<br>25.00<br>26.00                                                       |
| <b>Lexington Container (JSC):</b>                                             |           |          |                  |                             |                        |                                |             |                 |                                                                                                                            |                                                                               |
| B4315 (formerly B0042)                                                        | E591      |          |                  |                             |                        |                                |             |                 | 06/01/2005<br>06/01/2006<br>06/01/2007<br>01/01/2009<br>01/01/2010<br>01/01/2011<br>01/01/2012<br>06/01/2014<br>06/01/2015 | 22.00<br>23.00<br>24.00<br>25.00<br>26.00<br>27.00<br>27.50<br>28.50<br>29.50 |
| <b>Louisville Container (CCA): CLOSED 2006 (also includes Plan Code E801)</b> |           |          |                  |                             |                        |                                |             |                 |                                                                                                                            |                                                                               |
| B0022                                                                         | E800      |          |                  |                             | 10                     |                                |             | 250             | 01/01/2006                                                                                                                 | 32.00                                                                         |

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                                         | Plan Code | Alt Part | Early Retirement | Early Reduction (per month)          | Disability Eligibility | Benefit Service | Normal Form                          | Monthly Dis Min | Date Last Worked is After | Benefit Factor is     |
|-------------------------------------------------------|-----------|----------|------------------|--------------------------------------|------------------------|-----------------|--------------------------------------|-----------------|---------------------------|-----------------------|
| <b>Louisville Reclamation (JSC):</b>                  |           |          |                  |                                      |                        |                 |                                      |                 |                           |                       |
| B4407 (formerly B0029)                                | B361      |          |                  |                                      |                        |                 |                                      |                 |                           | 4.00 <sup>(1)</sup>   |
|                                                       |           |          |                  |                                      |                        |                 |                                      |                 | 01/01/2003                | 14.00 <sup>(2)</sup>  |
|                                                       |           |          |                  |                                      |                        |                 |                                      |                 | 01/01/2010                | 15.00 <sup>(2)</sup>  |
|                                                       |           |          |                  |                                      |                        |                 |                                      |                 | 12/01/2011                | 16.00 <sup>(2)</sup>  |
|                                                       |           |          |                  |                                      |                        |                 |                                      |                 | 01/01/2014                | 17.00 <sup>(2)</sup>  |
|                                                       |           |          |                  |                                      |                        |                 |                                      |                 | 01/01/2015                | 18.00 <sup>(2)</sup>  |
| <b>Malt Avenue -- LA Container (CCA): CLOSED 2006</b> |           |          |                  |                                      |                        |                 |                                      |                 |                           |                       |
| B0126                                                 | E891      |          |                  |                                      |                        |                 |                                      | 200             | 01/01/2006                | 33.00                 |
| <b>Maywood Recycling (JSC): CLOSED 6/1999</b>         |           |          |                  |                                      |                        |                 |                                      |                 |                           |                       |
| B0461                                                 | B840      |          |                  |                                      |                        |                 |                                      |                 | 02/23/1997                | 10.00                 |
| <b>Memphis Container (CCA): CLOSED 2008</b>           |           |          |                  |                                      |                        |                 |                                      |                 |                           |                       |
| B0344                                                 | E880      |          |                  |                                      | 10                     |                 |                                      | 250             | 01/01/2007                | 26.50                 |
|                                                       | E881      |          |                  |                                      |                        |                 |                                      |                 | 01/01/2008                | 27.00                 |
| <b>Memphis Reclamation (JSC): CLOSED 7/1999</b>       |           |          |                  |                                      |                        |                 |                                      |                 |                           |                       |
| B0457                                                 | B321      |          |                  |                                      |                        |                 |                                      |                 | 07/01/2002                | 4.00 <sup>(41)</sup>  |
|                                                       |           |          |                  |                                      |                        |                 |                                      |                 |                           | 14.00 <sup>(62)</sup> |
| <b>Miami Container (JSC): CLOSED 2005</b>             |           |          |                  |                                      |                        |                 |                                      |                 |                           |                       |
| B0343                                                 | E581      |          | 55/10            | .5% from 65 (Hired after 01/01/1991) |                        |                 | 10 yr. C&L (Hired before 01/01/1991) |                 | 01/01/2001                | 20.50 <sup>(63)</sup> |
|                                                       |           |          | na/25            | .5% from 65                          |                        |                 |                                      |                 |                           |                       |

<sup>(1)</sup> For service prior to 01/01/1987 <sup>(2)</sup> For service after 01/01/1987.<sup>1</sup> For service prior to 01/01/1978.<sup>2</sup> For service after 01/01/1978.<sup>3</sup> Benefit equals accrued benefit at 01/01/1991 plus a benefit factor for service after 01/01/1991.

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                                         | Plan Code    | Alt Part | Early Retirement | Early Reduction (per month)           | Disability Eligibility | Benefit Service                | Normal Form | Monthly Dis Min | Date Last Worked is After              | Benefit Factor is       |
|-------------------------------------------------------|--------------|----------|------------------|---------------------------------------|------------------------|--------------------------------|-------------|-----------------|----------------------------------------|-------------------------|
| <b>Middletown Carton – GCIU (JSC): SOLD 6/30/2006</b> |              |          |                  |                                       |                        |                                |             |                 |                                        |                         |
| B0207                                                 | D082         |          | 55/10            | .5% from 65 (Hired after 09/01/1987)  |                        |                                |             |                 | 09/01/2005                             | 28.00                   |
|                                                       |              |          | 55/na            | .5% from 65 (Hired before 09/01/1987) |                        |                                |             |                 |                                        |                         |
| <b>Middletown UPIU (JSC): SOLD 6/30/2006</b>          |              |          |                  |                                       |                        |                                |             |                 |                                        |                         |
| B0207                                                 | DM01         |          | 55/10            | .5% from 65 (Hired after 06/01/1988)  |                        |                                |             |                 | 06/01/2006                             | 30.50                   |
| B0077                                                 |              |          | 55/n/a           | .5% from 65 (Hired before 06/01/1988) |                        |                                |             |                 |                                        |                         |
| <b>Milford Container (CCA): CLOSED 2004</b>           |              |          |                  |                                       |                        |                                |             |                 |                                        |                         |
| B0353                                                 | E920<br>E921 | Immed.   |                  |                                       |                        |                                |             |                 | 05/01/2004                             | 26.00                   |
| <b>Milpitas Container (CCA):</b>                      |              |          |                  |                                       |                        |                                |             |                 |                                        |                         |
| B4335 (formerly B0149)                                | E850<br>E851 |          |                  |                                       |                        |                                |             | 200             | 01/01/2009<br>09/01/2012<br>09/01/2013 | 36.00<br>37.00<br>38.00 |
| <b>Milwaukee (Mead) (JSC): CLOSED 1/2003</b>          |              |          |                  |                                       |                        |                                |             |                 |                                        |                         |
| B0522                                                 | M501         |          |                  | .5% from 65                           |                        | No service prior to 10/01/2002 |             |                 | 10/01/2002                             | 19.00                   |

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                                        | Plan Code    | Alt Part | Early Retirement                   | Early Reduction (per month)                                                                                                          | Disability Eligibility | Benefit Service | Normal Form                          | Monthly Dis Min | Date Last Worked is After                                                        | Benefit Factor is                                  |
|------------------------------------------------------|--------------|----------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|--------------------------------------|-----------------|----------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Milwaukee Container (JSC):</b>                    |              |          |                                    |                                                                                                                                      |                        |                 |                                      |                 |                                                                                  |                                                    |
| B4362 (formerly B0235)                               | E531         |          | 55/10                              | 1/3% from 65                                                                                                                         |                        |                 | 10 yr. C&L (Hired before 01/01/1991) |                 | 06/22/2008<br>06/22/2009<br>06/22/2010<br>06/22/2011<br>06/22/2014<br>06/22/2015 | 26.00<br>27.00<br>28.00<br>29.00<br>30.00<br>31.00 |
| <b>Mobile Industrial Packaging Plant (JSC): SOLD</b> |              |          |                                    |                                                                                                                                      |                        |                 |                                      |                 |                                                                                  |                                                    |
| B0073                                                | F760<br>F761 |          |                                    |                                                                                                                                      |                        |                 |                                      |                 | 04/01/2004                                                                       | 19.50                                              |
| <b>Murfreesboro Container (JSC): CLOSED 8/2009</b>   |              |          |                                    |                                                                                                                                      |                        |                 |                                      |                 |                                                                                  |                                                    |
| B0373                                                | E461         |          | 55/10<br><br>55/na<br><br>55 or 25 | .5% from 65 (Hired after 01/01/1991)<br>1/3% from 65 (Hired from 03/01/1987 to 01/01/1991)<br>1/3% from 65 (Hired before 03/01/1987) |                        |                 | 10 yr. C&L (Hired before 01/01/1991) |                 | 01/01/2008<br>02/11/2009                                                         | 26.50 <sup>(71)</sup><br>27.50 <sup>(1)</sup>      |

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<sup>1</sup> Benefit equals accrued benefit at 01/01/1991 plus a benefit factor for service after 01/01/1991.

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                    | Plan Code    | Alt Part | Early Retirement |       | Early Reduction (per month)            | Disability Eligibility      | Benefit Service | Normal Form                         | Monthly Dis Min | Date Last Worked is After                                                                      | Benefit Factor is                                                       |
|--------------------------------------------------|--------------|----------|------------------|-------|----------------------------------------|-----------------------------|-----------------|-------------------------------------|-----------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
|                                                  |              |          | Unred            | Red   |                                        |                             |                 |                                     |                 |                                                                                                |                                                                         |
| Muskogee Container (CCA): CLOSED 07/2013         |              |          |                  |       |                                        |                             |                 |                                     |                 |                                                                                                |                                                                         |
| B4387 (formerly B0417)                           | E811         |          |                  |       |                                        | 10                          |                 |                                     | 250             | 01/01/2006<br>06/19/2012<br>06/19/2013                                                         | 32.00<br>33.00<br>34.00                                                 |
| Nashville Reclamation (JSC):                     |              |          |                  |       |                                        |                             |                 |                                     |                 |                                                                                                |                                                                         |
| B4411 (formerly B0097)                           | B600<br>B601 |          |                  |       |                                        |                             |                 |                                     |                 | 07/01/2004<br>07/01/2009<br>06/01/2010<br>06/01/2011<br>06/01/2012<br>06/01/2015<br>06/01/2016 | 12.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00 (new)<br>18.00 (new) |
| New Hartford Container (JSC): CLOSED 2011        |              |          |                  |       |                                        |                             |                 |                                     |                 |                                                                                                |                                                                         |
| B0209                                            | E670         |          |                  |       | .25% from 65 (Hired before 01/01/1991) | 0 (Hired before 01/01/1991) |                 |                                     |                 | 01/01/2008                                                                                     | 26.50                                                                   |
| North Wales Carton (CCA): SOLD                   |              |          |                  |       |                                        |                             |                 |                                     |                 |                                                                                                |                                                                         |
| B0285                                            | D160         |          |                  |       |                                        |                             |                 |                                     | 250             | 07/01/2005                                                                                     | 29.50                                                                   |
| Norwood Consumer Packaging (JSC): SOLD 6/30/2006 |              |          |                  |       |                                        |                             |                 |                                     |                 |                                                                                                |                                                                         |
| B0313                                            | H891         | Immed.   |                  |       |                                        | Projected benefit           | 40 yr. max      |                                     |                 | 03/07/2006                                                                                     | 30.50                                                                   |
| Oakland (CCA): CLOSED 2013                       |              |          |                  |       |                                        |                             |                 |                                     |                 |                                                                                                |                                                                         |
| B4424 (formerly B0406)                           | B481         | 21/1     |                  |       | Table C                                |                             |                 |                                     |                 | 01/07/2004                                                                                     | 26.50 <sup>(1)</sup>                                                    |
| Pacific Carton (JSC): SOLD 6/30/2006             |              |          |                  |       |                                        |                             |                 |                                     |                 |                                                                                                |                                                                         |
| B0161                                            | D241         |          |                  | 55/10 | .5% from 65 (Hired after 01/01/1991)   |                             |                 | 3 yr. C&L (Hired before 01/01/1991) |                 | 08/01/2005                                                                                     | 29.00                                                                   |

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<sup>(1)</sup> Not less than 1% of Final Average Salary multiplied by years of Credited Service.



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| Business Unit                                        | Plan Code    | Alt Part     | Early Retirement |     | Early Reduction (per month) | Disability Eligibility | Benefit Service | Normal Form | Monthly Dis Min | Date Last Worked is After                                          | Benefit Factor is                         |
|------------------------------------------------------|--------------|--------------|------------------|-----|-----------------------------|------------------------|-----------------|-------------|-----------------|--------------------------------------------------------------------|-------------------------------------------|
|                                                      |              |              | Unred            | Red |                             |                        |                 |             |                 |                                                                    |                                           |
| Portage Consumer Packaging (JSC): SOLD 6/30/2006     |              |              |                  |     |                             |                        |                 |             |                 |                                                                    |                                           |
| B0230                                                | H800         |              |                  |     |                             |                        |                 |             |                 | 01/01/2006                                                         | 18.00                                     |
| Portland Container (CCA):                            |              |              |                  |     |                             |                        |                 |             |                 |                                                                    |                                           |
| B4366 (formerly B0259)                               | E861         |              |                  |     |                             |                        |                 |             | 200             | 01/01/2009<br>09/01/2012<br>09/01/2013<br>01/01/2016               | 36.00<br>37.00<br>38.00<br>39.00          |
| Portland East (JSC): FROZEN 12/31/2015               |              |              |                  |     |                             |                        |                 |             |                 |                                                                    |                                           |
| B4408 (formerly B0047)                               | B570         |              |                  |     |                             |                        |                 |             |                 | 01/01/1995                                                         | 17.00                                     |
| Quality Packaging (JSC): SOLD                        |              |              |                  |     |                             |                        |                 |             |                 |                                                                    |                                           |
| B0271                                                | FQPO<br>FQP0 | 21/<br>6 mos |                  |     |                             |                        |                 |             |                 | 01/01/2002                                                         | 17.00                                     |
| Quality Partition – Litchfield, Illinois (JSC): SOLD |              |              |                  |     |                             |                        |                 |             |                 |                                                                    |                                           |
| B0116                                                | FQPO<br>FQP0 | 21/<br>6 mos |                  |     |                             |                        |                 |             |                 | 01/01/2002                                                         | 17.00                                     |
| Ravenna Container (CCA):                             |              |              |                  |     |                             |                        |                 |             |                 |                                                                    |                                           |
| B4396 (formerly B0083)                               | E661         |              |                  |     |                             |                        |                 |             | 250             | 06/20/2012<br>02/15/2015<br>06/20/2015<br>06/20/2016<br>01/01/2017 | 33.50<br>35.00<br>36.00<br>37.00<br>38.50 |
| Renton Carton (CCA): SOLD 6/30/2006                  |              |              |                  |     |                             |                        |                 |             |                 |                                                                    |                                           |
| B0085                                                | D101         |              |                  |     |                             |                        |                 |             | 250             | 01/01/2006                                                         | 33.00                                     |

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                            | Plan Code    | Alt Part | Early Retirement |       | Early Reduction (per month) | Disability Eligibility | Benefit Service              | Normal Form | Monthly Dis Min | Date Last Worked is After | Benefit Factor is    |
|------------------------------------------|--------------|----------|------------------|-------|-----------------------------|------------------------|------------------------------|-------------|-----------------|---------------------------|----------------------|
|                                          |              |          | Unred            | Red   |                             |                        |                              |             |                 |                           |                      |
| Sacramento East (CCA):                   |              |          |                  |       |                             |                        |                              |             |                 |                           |                      |
| B4415<br>(formerly B0228)                | B461<br>B460 | 21/1     |                  | 55/15 | Table C                     |                        |                              |             |                 | 10/01/2005                | 26.50 <sup>(1)</sup> |
| Sacramento West Recycling (CCA): CLOSED  |              |          |                  |       |                             |                        |                              |             |                 |                           |                      |
| B4414<br>(formerly B0189)                | B471         | 21/1     |                  | 55/15 | Table C                     |                        |                              |             |                 | 04/01/2004                | 26.50                |
| Saginaw (CCA): SOLD 2002                 |              |          |                  |       |                             |                        |                              |             |                 |                           |                      |
| B0137                                    | F681         |          |                  |       |                             |                        | No service before 06/01/1997 |             | 250             | 06/01/2002                | 20.25                |
| San Jose IPS (CCA):                      |              |          |                  |       |                             |                        |                              |             |                 |                           |                      |
| B4416<br>(formerly B0206)                | B491         | 21/1     |                  | 55/15 | Table C                     |                        |                              |             |                 | 10/01/2005                | 26.50 <sup>(1)</sup> |
| Santa Clara Carton (CCA): SOLD 6/30/2006 |              |          |                  |       |                             |                        |                              |             |                 |                           |                      |
| B0055                                    | D070<br>D071 |          |                  |       |                             |                        |                              |             | 200             | 01/01/2006                | 33.00                |
| Santa Clara Mill (CCA): SOLD 6/30/2006   |              |          |                  |       |                             |                        |                              |             |                 |                           |                      |
| B0035                                    | D320         |          |                  |       |                             |                        |                              |             | 200             | 01/01/2006                | 33.00                |
| Santa Clara Mill (CCA): SOLD 6/30/2006   |              |          |                  |       |                             |                        |                              |             |                 |                           |                      |

<sup>(1)</sup> Not less than 1% of Final Average Salary multiplied by years of Credited Service.<sup>(1)</sup> Not less than 1% of Final Average Salary multiplied by years of Credited Service.

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                                                   | Plan Code    | Alt Part | Early Retirement |     | Early Reduction (per month) | Disability Eligibility | Benefit Service                | Normal Form | Monthly Dis Min | Date Last Worked is After                            | Benefit Factor is                |
|-----------------------------------------------------------------|--------------|----------|------------------|-----|-----------------------------|------------------------|--------------------------------|-------------|-----------------|------------------------------------------------------|----------------------------------|
|                                                                 |              |          | Unred            | Red |                             |                        |                                |             |                 |                                                      |                                  |
| B0035                                                           | D321         |          |                  |     |                             |                        |                                |             | 200             | 01/01/2006                                           | 33.00                            |
| <b>Seattle Recycling (CCA):</b>                                 |              |          |                  |     |                             |                        |                                |             |                 |                                                      |                                  |
| B4412 (formerly B0140)                                          | B410<br>B411 |          | 62 (for actives) |     | .5% from 62 (from active)   |                        |                                |             | 250             | 06/01/2003                                           | 27.00                            |
| <b>Shelby Container (CCA): CLOSED</b>                           |              |          |                  |     |                             |                        |                                |             |                 |                                                      |                                  |
| B0290                                                           | E730         |          |                  |     |                             |                        |                                |             | 250             | 01/01/2009                                           | 30.00                            |
| <b>Sioux City Container (CCA):</b>                              |              |          |                  |     |                             |                        |                                |             |                 |                                                      |                                  |
| B4318 (formerly B0281)                                          | E831         |          |                  |     |                             |                        |                                |             | 250             | 01/01/2009<br>01/01/2010<br>01/01/2014<br>01/01/2015 | 28.00<br>28.50<br>29.50<br>30.50 |
| <b>Smurfit Flexible Packaging – North (JSC): SOLD 6/30/2006</b> |              |          |                  |     |                             |                        |                                |             |                 |                                                      |                                  |
| B0158                                                           | H840         |          |                  |     |                             |                        | No service prior to 10/07/1992 |             |                 | 01/01/2002                                           | 21.00                            |
| <b>Smurfit Flexible Packaging – South (JSC): SOLD 6/30/2006</b> |              |          |                  |     |                             |                        |                                |             |                 |                                                      |                                  |
| B0183                                                           | HS10<br>HS10 | 21/1     |                  |     | 1/15 for first 5 yrs.       | Deferred benefit       |                                |             |                 |                                                      | <sup>1</sup>                     |

<sup>1</sup> Benefit is the difference of (i) 42% of the Member's Average Monthly Compensation, (ii) less 57% of the Primary Social Security Benefit of the Member, (iii) multiplied by a fraction, the numerator of which is the Member's total number of years of Credited Service (but in no case

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| Business Unit                                         | Plan Code    | Alt Part | Early Retirement |     | Early Reduction (per month)                   | Disability Eligibility | Benefit Service                | Normal Form | Monthly Dis Min | Date Last Worked is After | Benefit Factor is |
|-------------------------------------------------------|--------------|----------|------------------|-----|-----------------------------------------------|------------------------|--------------------------------|-------------|-----------------|---------------------------|-------------------|
|                                                       |              |          | Unred            | Red |                                               |                        |                                |             |                 |                           |                   |
| Smurfit Laminations (JSC): SOLD 6/30/2006             |              |          |                  |     |                                               |                        |                                |             |                 |                           |                   |
| B0094                                                 | HSIO<br>HS10 | 21/1     |                  |     | 1/15 for first 5 yrs.<br>1/30 for next 5 yrs. | Deferred benefit       |                                |             |                 | 01/01/2006                | 25.50             |
| Smurfit Pallet – Crown Point, IN (CCA): CLOSED 4/1999 |              |          |                  |     |                                               |                        |                                |             |                 |                           |                   |
| B0408                                                 | F510         |          |                  |     |                                               |                        | No service prior to 11/01/1994 |             |                 | 11/01/1994                | 15.00             |
| Solon Carton (CCA): SOLD 6/30/2006                    |              |          |                  |     |                                               |                        |                                |             |                 |                           |                   |
| B0018                                                 | D040<br>D041 |          |                  |     |                                               |                        |                                |             | 250             | 07/01/2005                | 29.50             |

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more than 35) and the denominator of which is 35, and (iv) said product [(i) less (ii)] multiplied by (iii)] shall be reduced by the Actuarial Equivalent of the Member's Accrued Value from a Prior Plan, if any.

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| Business Unit                                           | Plan Code    | Alt Part | Early Retirement |       | Early Reduction (per month)                                                   | Disability Eligibility | Benefit Service | Normal Form | Monthly Dis Min | Date Last Worked is After                                          | Benefit Factor is                         |
|---------------------------------------------------------|--------------|----------|------------------|-------|-------------------------------------------------------------------------------|------------------------|-----------------|-------------|-----------------|--------------------------------------------------------------------|-------------------------------------------|
|                                                         |              |          | Unred            | Red   |                                                                               |                        |                 |             |                 |                                                                    |                                           |
| St. Charles-GCIU (JSC): SOLD 6/30/2006                  |              |          |                  |       |                                                                               |                        |                 |             |                 |                                                                    |                                           |
| B0106                                                   | H871         |          |                  |       |                                                                               |                        |                 |             |                 | 07/01/2006                                                         | 22.00                                     |
| St. Charles Hourly Paid Non-Union (JSC): SOLD 6/30/2006 |              |          |                  |       |                                                                               |                        |                 |             |                 |                                                                    |                                           |
| B0106                                                   | H870         |          |                  | 55/10 | .5% from 65 (Hired after 09/01/1990)<br>.5% from 65 (Hired before 09/01/1990) |                        |                 |             |                 | 09/01/1990                                                         | 22.00                                     |
| St. Charles Recycling (JSC): FROZEN 12/31/2015          |              |          |                  |       |                                                                               |                        |                 |             |                 |                                                                    |                                           |
| B4426 (formerly B0415)                                  | B820         |          |                  |       |                                                                               |                        |                 |             |                 | 02/23/1997                                                         | 10.00                                     |
| St. Louis Container (Chesterfield) (CCA):               |              |          |                  |       |                                                                               |                        |                 |             |                 |                                                                    |                                           |
| B4266 (formerly B0374)                                  | E821         |          |                  |       |                                                                               |                        |                 |             | 250             | 12/01/2008<br>12/01/2009<br>12/01/2010<br>01/01/2014<br>01/01/2015 | 27.50<br>28.00<br>28.50<br>29.50<br>30.50 |
| St. Paul Carton (CCA): SOLD                             |              |          |                  |       |                                                                               |                        |                 |             |                 |                                                                    |                                           |
| B0031                                                   | D130<br>D131 |          |                  |       |                                                                               |                        |                 |             | 250             | 07/01/2004                                                         | 25.75                                     |
| Statesville Container (JSC): CLOSED 5/2004              |              |          |                  |       |                                                                               |                        |                 |             |                 |                                                                    |                                           |
| B0114                                                   | E171         |          |                  |       |                                                                               |                        |                 |             |                 | 12/01/2005                                                         | 24.50                                     |
| Tacoma Mill (CCA): SOLD                                 |              |          |                  |       |                                                                               |                        |                 |             |                 |                                                                    |                                           |
| B0229                                                   | F160<br>F161 |          |                  |       |                                                                               | 10                     |                 |             | 150             | 06/01/2003                                                         | 37.00                                     |

## Schedule SB, Part V – Summary of Plan Provisions

| Business Unit                                       | Plan Code | Alt Part | Early Retirement |       | Early Reduction (per month)                        | Disability Eligibility | Benefit Service                | Normal Form | Monthly Dis Min | Date Last Worked is After                              | Benefit Factor is             |             |
|-----------------------------------------------------|-----------|----------|------------------|-------|----------------------------------------------------|------------------------|--------------------------------|-------------|-----------------|--------------------------------------------------------|-------------------------------|-------------|
|                                                     |           |          | Unred            | Red   |                                                    |                        |                                |             |                 |                                                        |                               |             |
| St. Charles-GCIU (JSC): SOLD 6/30/2006              |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        |                               |             |
| B0106                                               | H871      |          |                  |       |                                                    |                        |                                |             |                 | 07/01/2006                                             | 22.00                         |             |
| Tropicana – Bradenton (CCA):                        |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        |                               |             |
| B4354 (formerly B0307)                              | E931      |          |                  | 55/10 | .5% from 65                                        |                        | No service prior to 02/01/1997 |             | 250             | 01/01/2009                                             | 31.00                         |             |
|                                                     |           |          |                  |       |                                                    |                        |                                |             |                 | 05/15/2009                                             | 32.00                         |             |
|                                                     |           |          |                  |       |                                                    |                        |                                |             |                 | 05/15/2010                                             | 33.00                         |             |
|                                                     |           |          |                  |       |                                                    |                        |                                |             |                 | 05/15/2011                                             | 34.00                         |             |
|                                                     |           |          |                  |       |                                                    |                        |                                |             |                 | 05/15/2012                                             | 35.00                         |             |
|                                                     |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        | 05/15/2015                    | 36.00 (new) |
|                                                     |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        | 05/15/2016                    | 37.00 (new) |
| Valley Forge Carton IBFO #473 (CCA): SOLD 6/30/2006 |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        |                               |             |
| B0064                                               | D012      |          |                  |       |                                                    |                        |                                |             | 250             | 07/01/2005                                             | 29.50                         |             |
| Valley Forge Carton UPIU #807 (CCA): SOLD 6/30/2006 |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        |                               |             |
| B0064                                               | D011      |          |                  |       |                                                    |                        |                                |             | 250             | 07/01/2005                                             | 29.50                         |             |
| Valley Forge Non Union (CCA): SOLD 6/30/2006        |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        |                               |             |
| B0064                                               | D010      |          |                  |       |                                                    |                        |                                |             | 250             | 07/01/2005                                             | 29.50                         |             |
| Wabash Mill (CCA): SOLD 6/30/2006                   |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        |                               |             |
| B0350                                               | D301      |          |                  |       | 10                                                 |                        |                                |             | 250             | 01/01/2006                                             | 32.00                         |             |
| Washington Court House (Mead) (JSC): CLOSED         |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        |                               |             |
| B0524                                               | M701      |          | 62/30 Rule of 92 |       | Points <88 5/12% 88-89 4/12% 90-91 3/12% 92+ 2/12% |                        | No service prior to 10/01/2002 |             | 150             | 10/01/2008 08/08/2010 10/01/2010 10/01/2011 10/01/2012 | 27.75 28.75 29.75 30.75 31.75 |             |
| Wilson Container (JSC): CLOSED 2010                 |           |          |                  |       |                                                    |                        |                                |             |                 |                                                        |                               |             |
| B0040                                               | E571      |          |                  |       |                                                    |                        |                                | 10 yr. C&L  |                 | 08/01/2008 08/01/2009                                  | 24.00 25.00                   |             |



*Schedule SB, Part V – Summary of Plan Provisions*

## Early retirement factors

|         | <b>Age</b> | <b>Early Retirement from<br/>Active Service</b> | <b>Early Retirement from<br/>Deferred Vested</b> |
|---------|------------|-------------------------------------------------|--------------------------------------------------|
| Table C | 65         | 100%                                            | 100%                                             |
|         | 64         | 100%                                            | 91%                                              |
|         | 63         | 100%                                            | 83%                                              |
|         | 62         | 91%                                             | 75%                                              |
|         | 61         | 88%                                             | 68%                                              |
|         | 60         | 85%                                             | 62%                                              |
|         | 59         | 82%                                             | 57%                                              |
|         | 58         | 79%                                             | 52%                                              |
|         | 57         | 76%                                             | 48%                                              |
|         | 56         | 73%                                             | 44%                                              |
|         | 55         | 70%                                             | 41%                                              |

*Schedule SB, Part V – Summary of Plan Provisions***Plan provisions for the Prior Riegel Products Corporation Pension Plan for Hourly Employees at the New Jersey Plant Employees**

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employees   | All participants in the prior plan as of 6:59 a.m. Eastern Daylight Time on September 19, 1977, continue as participants in the plan. Any employee not eligible to participate in the plan at 6:59 a.m. Eastern Daylight Time on September 19, 1977 shall not be eligible to become a participant at any time.                                                                                                                                                                                                                                                                                                                                                                                   |
| Service considered        | An employee will receive Benefit Service and Vesting Service for each full year of service for which he completes at least 1,000 hours of service, commencing with the participant's date of employment and ending on September 19, 1977.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Normal retirement date    | The later of the first day of the month coincident with or next following the month in which a participant attains age 65 and the fifth anniversary of plan participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Late retirement date      | A participant's late retirement date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Early retirement date     | A participant can retire on the first day of any month after completing 15 years of Vesting Service and attaining age 58.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Normal retirement benefit | A participant who retires on his Normal Retirement Date will receive a monthly pension benefit equal to \$9.00 multiplied by the participant's Benefit Service prior to September 18, 1977 for a maximum of 40 years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Late retirement benefit   | The amount of a participant's late retirement benefit is paid in accordance with the determination of the Normal Retirement Benefit calculated above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Early retirement benefit  | The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on benefit service prior to September 18, 1977 for a maximum of 40 years. Such monthly retirement income shall be reduced by five percent for each year that the benefit commences prior to age 65.                                                                                                                                                                                                                                                                                                                                                                    |
| Deferred vested benefit   | For a participant whose employment with an employer is terminated for any reason other than death before a participant qualifies for early retirement, but after September 19, 1977, the participant is entitled to a deferred vested benefit, starting at the participant's Normal Retirement Date in an amount equal to the benefit calculated using Benefit Service at the termination date in accordance with the normal retirement provisions. A participant can request commencement of his monthly benefit as early as age 58 with 15 years of Vesting Service. Such monthly retirement income shall be reduced by five percent for each year that the benefit commences prior to age 65. |
| Disability benefit        | A participant is eligible for disability retirement in the event of total and permanent disability at any age after the completion of 15 years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

*Schedule SB, Part V – Summary of Plan Provisions*

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Death benefit  | <p>A participant must have five (5) years of Vesting Service to be eligible for preretirement death benefits under the plan.</p> <p>The spouse will receive 50% of the benefit the participant had accrued on the date the plan was frozen under the Qualified Joint and Survivor option reduced by one percent for each year the participant's age on his date of death exceeds his spouse's age. If he is a Deferred Vested participant, then his benefit is based on the benefit determined on his date of termination. The spouse can elect to have the benefit paid on the later of the date of death or the participant's earliest retirement age.</p> |
| Optional forms | <p>100%, 75% or 50% Contingent Annuity.</p> <p>Benefits payable in a form other than a Single Life Annuity are actuarial equivalent to the Single Life Annuity benefit. The normal form of annuity applies unless an optional form is elected. For participants not married on the annuity commencement date, the normal form is a Single Life Annuity. For participants married on the annuity commencement date, the normal form is a Qualified Joint and Survivor Annuity.</p>                                                                                                                                                                            |

*Schedule SB, Part V – Summary of Plan Provisions***Plan provisions for the Prior St. Laurent Pension Plan for Non-Union Hourly Employees<sup>1</sup>**

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employees | <p>All non-union hourly employees hired prior to January 1, 2008 at locations which participate in the Plan.</p> <p>Hourly and Packaging employees participate at date of employment. Latta employees participate on first day of month coincident with or next following the date he completes a 12-month period of Vesting Service.</p>                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Service considered      | <p><u>Benefit Service</u></p> <p>Hourly and Packaging: Years and months of service as a non-union hourly employee at a participating location commencing on date of hire. A partial month of service is treated as a full month of service.</p> <p>Latta: One year of service for each calendar year in which a participant completes at least 1,000 hours of service as a non-union hourly employee of Latta. Partial service in years of participation and termination is equal to number of months worked divided by 12.</p> <p>All service is frozen effective December 31, 2015</p> <p><u>Vesting Service</u></p> <p>Hourly, Packaging, and Latta: Same as Benefit Service, except that all employment with WestRock Company and its affiliates is included.</p> |
| Annual earnings         | Latta: Basic compensation including sales incentives for salesmen. Before 1997, compensation included a percentage of overtime.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Final average earnings  | The highest average annual earnings received from any 60 consecutive month period of employment within the last 120 months preceding the participant's date of termination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Covered compensation    | Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security retirement age. Wage base in year of termination is assumed to continue for years after termination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Normal retirement date  | <p>Hourly and Packaging: First day of the month coinciding with or next following the later of the 65th birthday or the fifth anniversary of the date of participation, whichever is later.</p> <p>Latta: First day of the month coinciding with or next following 65th birthday.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

<sup>1</sup> Hourly Packaging and Latta hourly groups were spun off from the SSCC Salaried plan and merged into this plan effective December 31, 2001.

*Schedule SB, Part V – Summary of Plan Provisions*

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Late retirement date      | A participant's Late Retirement Date is the first day of the month next following the day on which the participant terminates after his or her Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Early retirement date     | <p>Latta: First day of any month after attaining age 55 and completing 10 years of Benefit Service.</p> <p>Hourly: First day of any month after attaining age 55 and completing 15 years of Benefit Service.</p> <p>Packaging: First day of any month after attaining:</p> <p>Richmond – age 55 and 15 years of Benefit Service.</p> <p>Baltimore – age 60 and 10 years of Benefit Service.</p> <p>North Tonawanda – age 55 and 10 years of Benefit Service.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Normal retirement benefit | <p>Latta (B4372 &amp; B4373, formerly B0309 – SNH6):</p> <p>Monthly benefit equal to one-twelfth of (a) plus (b) plus (c)</p> <ul style="list-style-type: none"> <li>(a) 1.50% of Final Average Earnings up to Covered Compensation multiplied by years of Benefit Service not to exceed 35.</li> <li>(b) 1.75% of Final Average Earnings in excess of Covered Compensation multiplied by years of Benefit Service not to exceed 35.</li> <li>(c) The nonvested benefit, if any, payable under the Tenneco, Inc. Retirement Plan.</li> </ul> <p>Effective 4/1/2003: Monthly benefit equal to the sum of benefit determined above based on service as of March 31, 2003 plus a benefit based on years of Benefit Service after April 1, 2003 multiplied by the appropriate benefit multiplier below:</p> <p style="padding-left: 40px;">\$29.00 effective April 1, 2008</p> <p>Hourly: \$13.00 per month multiplied by years of Benefit Service, except Keysville (closed) which is \$13.00 per month.</p> <p>Packaging: Years of Benefit Service multiplied by:</p> <p style="padding-left: 40px;">Richmond East Container (B0016- closed) – (for service before 1999 only).</p> <p style="padding-left: 80px;">\$19.00 effective January 1, 2001</p> <p style="padding-left: 40px;">Baltimore (B4339 – SNH1) (formerly B0178) –</p> <p style="padding-left: 80px;">\$27.00 effective January 1, 2009</p> <p style="padding-left: 40px;">North Tonawanda (B4371 – SNH5) (formerly B0299)–</p> <p style="padding-left: 80px;">\$25.00 effective January 1, 2009, \$26.50 effective January 1, 2015 and \$28.00 effective January 1, 2017</p> |
| Late retirement benefit   | The amount of a participant's late retirement benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the participant's Late Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

*Schedule SB, Part V – Summary of Plan Provisions*

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|                          |        |                                                                                                                                   |
|--------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------|
| Early retirement benefit | Latta: | Reduced 3% for each of the first two years and 6% for each of the next five years that the Early Retirement Date precedes age 62. |
|--------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------|

For benefits accrued after March 31, 2003: 6% for each year that the Early Retirement Date precedes the Normal Retirement Date.

|         |                                                                                              |
|---------|----------------------------------------------------------------------------------------------|
| Hourly: | Reduced 6% for each year that the Early Retirement Date precedes the Normal Retirement Date. |
|---------|----------------------------------------------------------------------------------------------|

|            |                                                                                                                                                                                                                                                    |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Packaging: | Reduced 6% for each year that the Early Retirement Date precedes the Normal Retirement Date. For the North Tonawanda division, the reduction above or the appropriate reduction factor as set forth below, whichever produces the greater benefit. |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                        |                     |
|--------------------------------------------------------|---------------------|
| Number of Years<br>Preceding Normal<br>Retirement Date | Reduction<br>Factor |
|--------------------------------------------------------|---------------------|

---

|    |       |
|----|-------|
| 1  | .9333 |
| 2  | .8667 |
| 3  | .8000 |
| 4  | .7333 |
| 5  | .6667 |
| 6  | .6000 |
| 7  | .5333 |
| 8  | .4833 |
| 9  | .4453 |
| 10 | .4103 |

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*Schedule SB, Part V – Summary of Plan Provisions*

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**Deferred vested benefit**

A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit in an amount equal to the benefit calculated based on Benefit Service and Final Average Earnings at the termination date in accordance with the Normal Retirement Benefit provisions. The monthly benefit payable shall commence on the earlier of

- 1 - Normal Retirement Date
- 2 - Elected Early Retirement Date.

The amount of such monthly benefit under 2. above shall be reduced in accordance with the Early Retirement Benefit provisions. North Tonawanda employees may commence benefits accrued prior to December 31, 1995 upon termination.

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**Disability retirement benefit**

Hourly and Packaging: Total and permanent disability at any age after completion of 15 years of Benefit Service. A benefit shall commence immediately equal to the accrued benefit as of Disability Retirement Date. Upon attainment of Early Retirement, the participant may elect to continue the benefit under the provisions for Early Retirement.

Latta: Total and permanent disability at any age after completion of 4 years of Benefit Service. A benefit shall commence immediately equal to the accrued benefit as of the Disability Retirement Date, reduced 3% for each of the first 2 years, 6% for each of the next 5 years, 3% for each of the next 15 years, and 1% for each additional year that the Disability Retirement Date precedes age 62. Upon attainment of Early or Normal Retirement, the participant shall receive a benefit according to the provisions of Early or Normal Retirement.

Effective April 1, 2003 for a Participant who first performs an Hour of Service after March 31, 2003 total and permanent disability at any age after completion of 10 years of Vesting Service and eligible for either Social Security Disability Award or a premium waiver/continuation from Employer's life insurance program. The benefit is payable immediately equal to the accrued benefit as of the Disability Retirement Date, reduced 6% for each year that the Disability Retirement Date precedes age 65. Upon attainment of Early or Normal Retirement, the participant shall receive a benefit according to the Early or Normal Retirement provisions.

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*Schedule SB, Part V – Summary of Plan Provisions*

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Death benefit  | <p>A married participant who dies with 5 or more years of Vesting Service shall be eligible for a death benefit. The spouse receives 50% of the benefit the participant has accrued on the date of death, reduced for payment under the Joint and Survivor Annuity and further reduced for early payment, if applicable. The spouse can elect to have benefits commence on the later of the date of death or the participant's earliest Early Retirement Date.</p> <p>For a participant in the prior Salaried Plan who dies before termination and after becoming eligible for Early or Normal Retirement, the spouse receives a survivor annuity under the 100% Contingent Annuitant Option.</p>                                                                                                                                                                                                                                                                                                                         |
| Normal forms   | <ol style="list-style-type: none"> <li>Participants not married on the annuity commencement date: Single Life Annuity.</li> <li>Participants married on the annuity commencement date: Joint and Survivor Annuity.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Optional forms | <ol style="list-style-type: none"> <li>50%, 75%, 66-2/3% or 100% Contingent Annuity. This Contingent Annuity includes a pop-up benefit for Salaried employees.</li> <li>Social Security Option.</li> <li>10-Year Certain and Life Annuity.</li> <li>5-Year Certain and Life Annuity. (Latta only)</li> <li>Single Life Annuity. (Married participants)</li> <li>Deferred Early Retirement Benefit Option.</li> <li>Single Lump Sum Payment. (Latta participants on the portion of a benefit determined as of March 31, 2003 and North Tonawanda-only on December 31, 1995 accrued benefit.) The lump sum for Latta participants may be paid immediately upon termination of employment. The immediate actuarially equivalent annuity is available to Latta participants who may receive the lump sum.</li> </ol> <p>Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected.</p> |

*Schedule SB, Part V – Summary of Plan Provisions***Plan provisions for the Prior St. Laurent Retirement Plan for Union Employees**

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employees | <p>All participants in one of the following plans: St. Laurent Pension Plan for Unionized Employees, Chesapeake Paper Products Company Retirement Plan for Mill Hourly Employees, DelMarVa Forest Products Company Retirement Plan for Hourly Employees, Chesapeake Packaging Company Roanoke Division Retirement Plan for Hourly Employees and the Consolidate Papers, Inc. Employees' Retirement Plan continue to be participants of the Plan. An employee covered by a collective bargaining agreement between the Company and the union providing for coverage under the plan is eligible to participate in the Plan based on the following criteria:</p> <p>A. <u>Mill Hourly</u> – Completion of 1,000 hours of service (116 days of service for Marine employees) during any 12-month period of employment that commences on his employment date or subsequent anniversary.</p> <p>B. <u>Castle Rock</u> – Completion of 1,000 hours of service during any 12-month period of employment ending on the earlier of the first anniversary date of employment or the last day of a succeeding plan year.</p> |
| Service considered      | <p>A. <u>Mill Hourly and Roanoke</u> – Prior to September 1, 1989, Credited Service is calculated based on provisions of a prior plan. After September 1, 1989, Credited Service is based on the number of full and partial months commencing at the later of Date of Hire or September 1, 1989.</p> <p>B. <u>Richmond and DelMarVa</u> – Credited Service is based on the number of full and partial months commencing at Date of Hire.</p> <p>C. <u>Castle Rock</u> – Credited Service is based on the number of full and partial months commencing at Date of Hire. If a participant terminates during a year but completed 1,000 hours of employment during that year, a full year of Credited Service shall be earned.</p> <p>Credited Service for Benefit Accrual is calculated in the same manner as Credited Service except no service is credited prior to September 1, 1976 for Mill Hourly participants and prior to June 1, 2000 for Springfield participants.</p>                                                                                                                                   |
| Annual earnings         | Compensation for Mill Hourly is base hourly rate on September 1 multiplied by 2,080.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Normal retirement date  | <p>A. <u>Richmond, Roanoke, Mill Hourly and DelMarVa</u> – First of the month coincident with or next following the attainment of age 65 or the fifth anniversary of the date of participation, whichever is later.</p> <p>B. <u>Castle Rock</u> – First of the month coincident with or next following attainment of age 65.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Late retirement date    | A participant's late retirement date is the first day of the month next following the day on which the participant terminates after his or her Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

*Schedule SB, Part V – Summary of Plan Provisions*

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|                       |                                                                                   |                                                                                                                                           |
|-----------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Early retirement date | A participant can retire after completing the following eligibility requirements. |                                                                                                                                           |
|                       |                                                                                   | Eligibility Later of<br><u>Age/Credited Service</u>                                                                                       |
|                       | A. Roanoke                                                                        | 55/15                                                                                                                                     |
|                       | B. Castle Rock                                                                    | 55/10                                                                                                                                     |
|                       | C. Richmond, DelMarVa<br>and Mill Hourly                                          | Employment commenced prior to<br>January 1, 1992: 55/no Service<br>Requirement Employment commenced on<br>or after January 1, 1992: 55/10 |

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*Schedule SB, Part V – Summary of Plan Provisions*

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Normal retirement benefit

A participant who retires on his Normal Retirement Date will receive a monthly pension benefit equal to:

A. Richmond West (B0016 – SUH2)

\$22.00 per month multiplied by Credited Service for Benefit Accrual effective February 1, 2008.

\$23.00 per month multiplied by Credited Service for Benefit Accrual effective February 1, 2009.

\$24.00 per month multiplied by Credited Service for Benefit Accrual effective February 1, 2010.

B. DelMarVa (B0080) Closed

\$12.00 per month multiplied by Credited Service for Benefit Accrual effective September 1, 1998.

C. Castle Rock (B5301, B5302, B5303, B5304, B5305, & B5306, formerly B0274 – SUH1)

\$34.00 per month multiplied by years of Credited Service for Benefit Accrual effective November 1, 2008.

\$35.00 per month multiplied by years of Credited Service for Benefit Accrual effective May 18, 2010.

\$36.00 per month multiplied by years of Credited Service for Benefit Accrual effective November 1, 2010.

\$37.00 per month multiplied by years of Credited Service for Benefit Accrual effective November 1, 2011.

\$38.00 per month multiplied by years of Credited Service for Benefit Accrual effective November 1, 2012.

\$39.50 per month multiplied by years of Credited Service for Benefit Accrual effective January 1, 2015.

\$40.50 per month multiplied by years of Credited Service for Benefit Accrual effective November 1, 2015.

\$41.50 per month multiplied by years of Credited Service for Benefit Accrual effective November 1, 2016.

\$43.00 per month multiplied by years of Credited Service for Benefit Accrual effective January 1, 2017.

*Schedule SB, Part V – Summary of Plan Provisions*Normal retirement benefit  
(continued)D. Mill Hourly (B4510) (formerly B0063)

Employees hired on or after July 26, 2012 will fall under the provisions of Smurfit-Stone Container Corporation Hourly Model Pension Plan. Those hired prior to this date will fall under the provisions below.

For all terminations prior to September 1, 2013, the sum of a. and b.

- a. The greater of (iv) or the sum of (i), (ii), and (iii).
  - (i) Accrued Benefits under preceding plans through September 1, 1976.
  - (ii) For each year of Credited Service completed from September 1, 1976 until August 31, 1988, 1.3023% of compensation up to \$4,300 plus 2% of compensation in excess of \$4,300.
  - (iii) For each year of Credited Service completed after September 1, 1988, 1.48% of compensation up to \$5,700 plus 2% of compensation in excess of \$5,700
  - (iv) An annual minimum calculated as:
    - \$336 multiplied by Credited Service effective for Benefit Accrual September 8, 2003.
    - \$348 multiplied by Credited Service effective for Benefit Accrual September 11, 2006.
    - \$360 multiplied by Credited Service effective for Benefit Accrual September 10, 2007.
- b. \$12.00 multiplied by Credited Service for Benefit Accrual for each completed year of Credited Service from the 10th year through his 19th year of Credited Service.
  - \$27.00 multiplied by Credited Service for Benefit Accrual for each completed year of Credited Service from the 20th year through his 29th year of Credited Service.
  - \$39.00 multiplied by Credited Service for Benefit Accrual for each completed year of Credited Service from the 30th year through his 39th year of Credited Service.
  - \$48.00 multiplied by Credited Service for Benefit Accrual for each completed year of Credited Service from the 40th year.

For all terminations on or after September 1, 2013, the benefit is the participant's Pension Benefit Equivalent multiplied by Credited Service, where the Pension Benefit Equivalent is defined as an employee's accrued benefit earned up through 8/31/2013 divided by service as of 8/31/2013, using the following benefit rates: \$44.00 for terminations after 9/1/2013, \$45.50 for terminations after 1/1/2015, \$46.50 for terminations after 9/1/2016, \$48.00 for terminations after 1/1/2017 and \$49.00 for terminations after 9/1/2017.

## Schedule SB, Part V – Summary of Plan Provisions

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Normal retirement benefit<br>(continued) | E. <u>Roanoke (B0151 – SUH3) Closed 2007</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
|                                          | \$28.00 per month multiplied by Credited Service for Benefit Accrual up to 40 years effective July 7, 2008.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |
|                                          | F. <u>East Longmeadow (B0131 – S400) Closed 2004</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |
|                                          | \$25.00 per month multiplied by Credited Service for Benefit Accrual effective January 1, 2006.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|                                          | G. <u>Mansfield Graphics (B0036 – S700) Closed 2006</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |
|                                          | \$23.00 per month multiplied by Credited Service for Benefit Accrual effective January 1, 2006.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|                                          | H. <u>Mansfield Packaging (B0322 – S300) Closed 2006</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
|                                          | \$23.00 per month multiplied by Credited Service for Benefit Accrual effective January 1, 2006.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|                                          | I. <u>Springfield Non-Union (B4326 – S800) (formerly B0262)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|                                          | \$24.00 per month multiplied by Credited Service for Benefit Accrual effective January 1, 2009. Benefit accrual service frozen effective December 31, 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |
|                                          | J. <u>Innovative Packaging (B4338 – S100 )(formerly B0177)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |
|                                          | \$26.00 per month multiplied by Credited Service for Benefit Accrual effective October 1, 2010. Benefit Accrual service frozen effective December 31, 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |
| Late retirement benefit                  | The amount of a participant's late retirement benefit is based on Credited Service for Benefit Accrual and the Benefit Multiplier at the participant's Deferred Retirement Date in accordance with Normal Retirement Benefit provisions.                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| Early retirement benefit                 | The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on Credited Service for Benefit Accrual and the Benefit Multiplier at his or her Early Retirement Date in accordance with Normal Retirement Benefit provisions. Such monthly retirement income shall be reduced by the following:                                                                                                                                                                                                                                                                                                  |              |
|                                          | <div style="text-align: right;">Early Reduction</div> <div style="text-align: center;">(Per Month)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
|                                          | A. Richmond, DelMarVa and Roanoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0.5% from 65 |
|                                          | B. Castle Rock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.5% from 62 |
|                                          | C. Mill Hourly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.5% from 62 |
| Deferred vested benefit                  | For a participant whose employment with an employer is terminated for any reason other than death before a participant qualifies for early retirement, but after five or more years of Credited Service, the participant is entitled to a deferred vested benefit, starting at the participant's Normal Retirement Date in an amount equal to the benefit calculated using Credited Service for Benefit Accrual and the Benefit Multiplier at the termination date in accordance with the Normal Retirement Benefit provisions. If a participant meets the service requirement for Early Retirement, they may commence a reduced benefit as early as age 55. |              |

*Schedule SB, Part V – Summary of Plan Provisions*

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability benefit | A participant is eligible for disability retirement in the event of total and permanent disability at any age after the completion of 15 years of Credited Service for Benefit Accrual. (10 years of Credited Service for participants of the Castle Rock Division.) The amount of a disability pension is determined using Credited Service for Benefit Accrual and the Benefit Multiplier in effect at the date of his disability. The benefit is payable six months after disability.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Death benefit      | <p>A participant must have five (5) years of Credited Service to be eligible for preretirement death benefits under the plan.</p> <p>The spouse will receive 50% (100% for Mill Hourly if the participant dies before termination of employment and after becoming eligible for early retirement) of the benefit the participant had accrued on the date of his death, reduced for payment under the Qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the later of the date of death or the participant's Earliest Retirement Age. For the Castle Rock Division, participants that die prior to termination and after becoming eligible for early retirement, the amount is the greater of the above amount or an annual benefit equal to \$162 multiplied by the participant's years of Credit Service for Benefit Accrual.</p> |
| Optional forms     | <p>Optional forms available are 50%, 75%, 66-2/3% or 100% continuation Contingent Annuity with pop-up provision (for married participants), Level Income Option, 10-Year Certain and Life Annuity or a Life Annuity. For Roanoke, optional forms do not contain the pop-up provision.</p> <p>Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The normal form of annuity applies unless an optional form is elected.</p> <p>The normal forms of retirement benefits are a life annuity (for single participants) and an actuarially reduced 50% Joint and Survivor with pop-up provision (for married participants). For Roanoke, the normal form does not contain the pop-up provision.</p>                                                                                                                                                     |

*Schedule SB, Part V – Summary of Plan Provisions***Plan provisions for Stevenson Mill Employees (Model Pension Plan)**

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employees   | Stevenson Mill employees (B4508, formerly B0517) are eligible to participate on the July 1 or January 1 following the completion of one year of Vesting Service. The employee must be a “covered employee” and hired before January 1, 2008.                                                                                                                                                                                                                                    |
| Service considered        | An employee will receive Vesting Service for the period of employment and Benefit Service for the period of employment on and after October 1, 2002. For benefit accrual purposes, Benefit Service ends at the earlier of termination or December 31, 2008.                                                                                                                                                                                                                     |
| Annual earnings           | Total cash compensation including base pay, overtime pay, commissions, bonuses and any other form of additional cash compensation paid during a plan year. Annual Earnings shall not include deferred and acquisition bonuses or incentive payments under the Management Incentive Plan or the Containerboard Mill Division Incentive Plan, any long term incentive programs or an employment contract. The compensation limit under Section 401(a)(17) of the Code will apply. |
| Final average earnings    | The average of the highest 5 consecutive calendar years’ Annual Earnings received during the 10 calendar years prior to the earlier of termination or December 31, 2008.                                                                                                                                                                                                                                                                                                        |
| Covered compensation      | Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security normal retirement age as defined in Section 401(l)(5)(E) of the Internal Revenue Code. Wage base in year of determination is assumed to continue for years after determination date. This amount is determined at the earlier of termination or December 31, 2008.                                                                                |
| Normal retirement date    | Normal Retirement Date is the first day of the month coincident with or next following the month in which the participant attains age 65.                                                                                                                                                                                                                                                                                                                                       |
| Late retirement date      | A participant’s Late Retirement Date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.                                                                                                                                                                                                                                                                                                             |
| Early retirement date     | A participant may elect to retire early at any time after his 55th birthday and completion of 10 years of Vesting Service.                                                                                                                                                                                                                                                                                                                                                      |
| Normal retirement benefit | A participant who retires on his Normal Retirement Date will receive a monthly pension benefit equal to one-twelfth of 0.9% of Final Average Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation multiplied by years of Benefit Service (not in excess of 30 years).<br>All benefit accruals cease effective December 31, 2008.                                                                                                                      |
| Late retirement benefit   | The amount of a participant’s Late Retirement Benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008.                                                                                                                                                                                                                                         |

*Schedule SB, Part V – Summary of Plan Provisions*

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|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early retirement benefit | <p>Such monthly income shall be an amount based on Benefit Service and Final Average Earnings at the earlier of the participant's Early Retirement Date or December 31, 2008 and calculated in accordance with the Normal Retirement Benefit provisions. Such monthly income shall be reduced by 0.5% for each month by which his Early Retirement Date precedes his Normal Retirement Date.</p> <p>All benefit accruals cease effective December 31, 2008.</p>                                                                                                                                                                                                                                                                                                                                                             |
| Deferred vested benefit  | <p>A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit in an amount equal to the benefit calculated based on Benefit Service and Final Average Earnings at the earlier of termination date or December 31, 2008 in accordance with the Normal Retirement Benefit provisions. The monthly benefit payable shall commence on the earlier of:</p> <ol style="list-style-type: none"> <li>1. Normal Retirement Date</li> <li>2. Elected Early Retirement Date.</li> </ol> <p>The amount of such monthly benefit under 2. above shall be reduced in accordance with the Early Retirement Benefit provisions.</p> <p>All benefit accruals cease effective December 31, 2008.</p> |
| Disability benefit       | <p>A participant is eligible for disability retirement in the event of total and permanent disability prior to December 31, 2008 at any age after the completion of 10 years of Vesting Service. The amount of a disability pension is determined as if the employee had continued to work to the earlier of age 65 or December 31, 2008 and is payable at age 65. Earnings are credited at the last regular pay rate prior to disability and Covered Compensation is determined at the disability date.</p> <p>All benefit accruals cease effective December 31, 2008.</p>                                                                                                                                                                                                                                                 |
| Death benefit            | <p>A married participant who dies with 5 years of Vesting Service shall be eligible for a death benefit. The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the Qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the participant's Normal Retirement Date, or the later of the date of death or the participant's earliest retirement age.</p> <p>All benefit accruals cease effective December 31, 2008.</p>                                                                                                                                                                                                                                             |
| Normal forms             | <ol style="list-style-type: none"> <li>1. Participants not married on the annuity commencement date: Single Life Annuity.</li> <li>2. Participants married on the annuity commencement date: Qualified Joint and Survivor Annuity.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

*Schedule SB, Part V – Summary of Plan Provisions*

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**Optional forms**

1. 100%, 75% or 50% Contingent Annuity
2. 10 Years Certain and Life Annuity
3. Single Life Annuity (for married participants)

Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected.

For married participants, written spousal consent is required if an Optional Form of payment is elected.

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*Schedule SB, Part V – Summary of Plan Provisions***Plan provisions for the Prior Smurfit Newsprint Corporation Pension Plan for Hourly Employees**

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating employees | All participants in one of the following plans: Publishers Paper Company Labor Agreement Pension Plan – Newberg Division, Publishers Paper Company Retirement Plan for Certain Hourly-Rate Employees of Newberg Division, or Independent Paper Stock Co. Retirement Plan for Employees of San Jose and Mountain View Plants as in effect prior to November 1, 1987 continue as participants on the effective date of the plan (November 1, 1987). An employee is eligible to participate on the first day of the month coincident with or next following the completion of 1,000 hours of service during the 12-month period ending on the first anniversary of an employee's date of hire. If the employee does not complete 1,000 hours in his first year, he becomes a participant after the first plan year that he completes 1,000 hours. The employee must be a "covered employee."                                                                                              |
| Service considered      | <p>For the period prior to November 1, 1987, all "Years of Benefit Accrual Service" as defined under the prior plan. Subsequent to October 31, 1987, a member shall receive Credited Service for the period of employment from the later of their date of hire or the plan's Effective Date.</p> <p>Credited Service is retroactive to Employment Commencement Date for all participants except for the following locations: Corvallis, Oregon; Philomath, Oregon; and Sweet Home, Oregon. For these locations, Credited Service is calculated from the later of Employment Commencement Date or February 21, 1986.</p> <p>For the period prior to November 1, 1987, the "Period of Vesting Service" as defined under the prior plan. Subsequent to October 30, 1987, Vesting Service means years and fractional years of service. A member is fully vested upon attainment of his Normal Retirement Age. A member is fully vested if his employment terminates due to disability.</p> |
| Normal retirement date  | Normal Retirement Date is the first day of the month coincident with or next following the month in which the participant attains age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Late retirement date    | A participant's late retirement date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                                  |                                                                                                                                                                                                                                                     |                  |                                                                                                                  |                                                                                 |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Early retirement date                            | A participant can retire after completing the following eligibility requirements.                                                                                                                                                                   |                  |                                                                                                                  |                                                                                 |
|                                                  | <u>Location Code</u>                                                                                                                                                                                                                                | <u>Plan Code</u> | <u>Eligibility Age/Vesting Service</u>                                                                           |                                                                                 |
| A. Oregon City Mill                              | 1030                                                                                                                                                                                                                                                | J301             | 55/15                                                                                                            |                                                                                 |
| B. Newberg Mill                                  |                                                                                                                                                                                                                                                     |                  |                                                                                                                  |                                                                                 |
| C. Sweet Home – Cladwood<br>Philomath – Cladwood | 1040                                                                                                                                                                                                                                                | J401             | 55/15                                                                                                            |                                                                                 |
|                                                  | 1234                                                                                                                                                                                                                                                | L340             | Employment commenced prior to February 21, 1986: 55/no Service Requirement                                       |                                                                                 |
|                                                  | 1235                                                                                                                                                                                                                                                | L350             |                                                                                                                  |                                                                                 |
|                                                  |                                                                                                                                                                                                                                                     |                  | Employment commenced on or after February 21, 1986: 55/10                                                        |                                                                                 |
| Normal retirement benefit                        | A participant who retires on his Normal Retirement Date will receive a monthly pension benefit equal to the participant's Credited Service multiplied by the benefit level as specified in the supplement applicable to the participant's location. |                  |                                                                                                                  |                                                                                 |
|                                                  | <u>Location Code</u>                                                                                                                                                                                                                                | <u>Plan Code</u> | <u>For a Participant Who Retires on or After</u>                                                                 | <u>Benefit Multiplier Times Years of Credited Service</u>                       |
| A. Oregon City Mill                              | 1030                                                                                                                                                                                                                                                | J301             | 3/15/1997 and before 3/15/1998                                                                                   | \$31.00                                                                         |
|                                                  |                                                                                                                                                                                                                                                     |                  | 3/15/1998 and before 3/15/2000                                                                                   | \$33.00                                                                         |
|                                                  |                                                                                                                                                                                                                                                     |                  | 3/15/2000 and before 3/15/2002                                                                                   | \$34.00                                                                         |
|                                                  |                                                                                                                                                                                                                                                     |                  | 3/15/2002 and before 3/15/2003                                                                                   | \$35.00                                                                         |
|                                                  |                                                                                                                                                                                                                                                     |                  | 3/15/2003                                                                                                        | \$36.00                                                                         |
| B. Newberg Mill                                  | 1040                                                                                                                                                                                                                                                | J401             | 4/1/1997 and before 4/1/1998                                                                                     | \$30.00                                                                         |
|                                                  |                                                                                                                                                                                                                                                     |                  | 4/1/1998 and before 4/1/1999                                                                                     | \$31.00                                                                         |
|                                                  |                                                                                                                                                                                                                                                     |                  | 4/1/1999 and before 4/1/2000                                                                                     | \$32.00                                                                         |
|                                                  |                                                                                                                                                                                                                                                     |                  | 4/1/2000 and before 4/1/2001                                                                                     | \$33.00                                                                         |
|                                                  |                                                                                                                                                                                                                                                     |                  | 4/1/2001                                                                                                         | \$34.00                                                                         |
| C. Sweet Home – Cladwood<br>Philomath – Cladwood | 1234                                                                                                                                                                                                                                                | L340             | The benefit rate for purposes of determining the amount of monthly pension benefit is<br>The sum of (a) and (b): |                                                                                 |
|                                                  | 1235                                                                                                                                                                                                                                                | L350             |                                                                                                                  |                                                                                 |
|                                                  |                                                                                                                                                                                                                                                     |                  | (a)                                                                                                              | \$19.50 per year of Credited Service from February 21, 1986 to October 1, 1988. |
|                                                  |                                                                                                                                                                                                                                                     |                  | (b)                                                                                                              | \$22.00 per year of Credited Service on or after October 1, 1988.               |

*Schedule SB, Part V – Summary of Plan Provisions*

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|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------|
| Late retirement date                             | The amount of a participant's late retirement benefit is based on Credited Service and the benefit level at the participant's Deferred Retirement Date in accordance with the Normal Retirement Benefit provisions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                                |
| Early retirement benefit                         | The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on Credited Service at his or her Early Retirement Date in accordance with the Normal Retirement Benefit provisions. Such monthly retirement income shall be reduced by the following:                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                |
|                                                  | <u>Location Code</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Plan Code</u> | <u>Early Reduction (Per Year)</u>                              |
| A. Oregon City Mill                              | 1030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | J301             | 3% from 62                                                     |
| B. Newberg Mill                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                                                |
| C. Sweet Home – Cladwood<br>Philomath – Cladwood | 1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | J401             | 3% from 62                                                     |
|                                                  | 1234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L340             | Employment commenced prior to February 21, 1986: 3% from 62    |
|                                                  | 1235                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L350             | Employment commenced on or after February 21, 1986: 6% from 62 |
| Deferred vested benefit                          | For a participant whose employment with an employer is terminated for any reason other than death before a participant qualifies for early retirement, but after five or more years of Vesting Service, the participant is entitled to a deferred vested benefit, starting at the participant's Normal Retirement Date in an amount equal to the benefit calculated using Credited Service and the benefit level at the termination date in accordance with the normal retirement provisions.                                                                                                                                                                                                             |                  |                                                                |
| Disability benefit                               | A participant is eligible for disability retirement at any age after the completion of 10 years of Vesting Service. Disability is determined to be (a) prevented for life from engaging in any employment for wage or profit, (b) such disability shall have continued for at least six months, and (c) such disability shall be determined by a qualified physician selected by the committee. With the exception that item (c) above does not apply to the Oregon City Mill or Newberg Mill locations. The amount of a disability pension is determined using Credited Service and the Benefit Multiplier in effect at the date of his disability. The benefit is payable immediately after disability. |                  |                                                                |

*Schedule SB, Part V – Summary of Plan Provisions*

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**Death benefit**

A participant must have five (5) years of Vesting Service to be eligible for preretirement death benefits under the plan.

The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the participant's Normal Retirement Date, or the later of the date of death or the participant's Earliest Retirement Age.

If a participant at the Oregon City Mill or Newberg Mill dies after his Early Retirement Date, the spouse will receive 100% of the benefit the participant had accrued on the date of his death, reduced for payment under the Full Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the participant's Normal Retirement Date, or the later of the date of death or the participant's Earliest Retirement Age.

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**Optional forms**

100%, 75%, 50% Contingent Annuity, 5 or 10 Years Certain and Life Annuity, Social Security Level Income Option payable until the member's 62nd or 65th birthday.

Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The normal form of annuity applies unless an optional form is elected.

The normal form of retirement benefits is a single life annuity.

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*Schedule SB, Part V – Summary of Plan Provisions***Plan provisions for Tacoma Mill Employees (Model Pension Plan)**

| Plan effective date                                                                                                                                                                                                     | May 16, 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                   |             |    |           |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|-------------|----|-----------|------|
| Vesting Service                                                                                                                                                                                                         | For Tacoma Kraft, a year of vesting service is earned for each plan year during which an employee has at least 870 hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                   |             |    |           |      |
| Eligibility for Participation                                                                                                                                                                                           | Hourly employees of the Tacoma Kraft mill on the earlier of May 16, 2014 or the first day of active employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                   |             |    |           |      |
| Normal Retirement                                                                                                                                                                                                       | Normal Retirement Date: The first day of the month coincident with or next following attainment of age 65<br>Normal Retirement Benefit: The accrued benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                   |             |    |           |      |
| Late Retirement                                                                                                                                                                                                         | Late Retirement Date: The first day of the month following the date of the termination of service if it occurs after the normal retirement date.<br>Late Retirement Benefit: The greater of (i) the accrued benefit determined as of the late retirement date or (ii) the accrued benefit determined as of the normal retirement date (or the first day of any plan year following the normal retirement date) and actuarially increased to the late retirement date. The actuarial factors used to calculate the increase are a 6% interest and GAM 1971 mortality table using a 90% male / 10% female blend. |                          |                   |             |    |           |      |
| Early Retirement                                                                                                                                                                                                        | Early Retirement Date: Varies by employee group<br>Early Retirement Benefit: Varies by employee group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                   |             |    |           |      |
| Vested Termination                                                                                                                                                                                                      | Vested Termination Date: For Tacoma Kraft, the date of termination of service other than for reasons of retirement, disability or death, following completion of 5 years of vesting service or attaining age 65.<br>Vested Termination Benefit: For Tacoma Kraft, the accrued benefit, multiplied by the vested percentage below, payable at the normal retirement date or the early retirement date (reduced for early commencement).                                                                                                                                                                         |                          |                   |             |    |           |      |
| <table border="1"> <thead> <tr> <th>Years of Vesting Service</th><th>Vested Percentage</th></tr> </thead> <tbody> <tr> <td>Less than 5</td><td>0%</td></tr> <tr> <td>5 or more</td><td>100%</td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Years of Vesting Service | Vested Percentage | Less than 5 | 0% | 5 or more | 100% |
| Years of Vesting Service                                                                                                                                                                                                | Vested Percentage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                   |             |    |           |      |
| Less than 5                                                                                                                                                                                                             | 0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                   |             |    |           |      |
| 5 or more                                                                                                                                                                                                               | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                   |             |    |           |      |
| Accrued Benefit                                                                                                                                                                                                         | The product of credited service and the applicable benefit rate in effect on the date of the participant's termination of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                   |             |    |           |      |

*Schedule SB, Part V – Summary of Plan Provisions***Benefit Rate**

The monthly benefit rate for Tacoma Kraft employees (United Steel Workers and Trades Unions) is determined according to the table shown below.

| <b>Benefit Rate</b> | <b>If Employment Terminates</b> |                         |
|---------------------|---------------------------------|-------------------------|
|                     | <b>On or after</b>              | <b>And on or before</b> |
| \$51.00             | May 16, 2014                    | December 13, 2016       |
| \$52.50             | December 14, 2016               | December 31, 2018       |
| \$54.00             | January 1, 2019                 | --                      |

**Credited Service**

A Tacoma Kraft employee is credited 190 hours for each month with at least one hour of service. An employee earns credited service as follows:

| <b>Hours Credited</b> | <b>Credited Service</b> |
|-----------------------|-------------------------|
| 190                   | 0.15                    |
| 380                   | 0.30                    |
| 570                   | 0.45                    |
| 760                   | 0.60                    |
| 950                   | 0.80                    |
| 1,140 or more         | 1.00                    |

Credited service shall not include employment before May 16, 2014.

**Preretirement Death Benefit**

If a married participant is vested and dies prior to termination of employment, the surviving spouse is entitled to the applicable benefit that would have been payable had the participant terminated on the day of death, commenced benefits on the first day of any month following the participant's death (no later than the normal retirement date) and elected a 50% Qualified Joint and Survivor Annuity.

If a married participant is vested and dies after terminating employment but prior to retirement, the surviving spouse is entitled to the applicable benefit that would have been payable had the participant retired on the day of death and elected 50% Qualified Joint and Survivor Annuity.

**Disability Benefit**

Available to Tacoma Kraft employees who have met the following requirements:

- Incurred total and permanent disability while employed;
- 15 years of vesting service; and
- Under age 62.

The disability benefit is the unreduced normal retirement benefit based on credited service as of completion of the five-month waiting period.

*Schedule SB, Part V – Summary of Plan Provisions*

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**Forms of Payment****Normal Form:** Life Annuity

Optional Forms: Life annuity; life annuity with guaranteed benefits; joint and 50%, 75%, or 100% survivor annuity; social security adjustment option. All optional forms are actuarially equivalent.

Small Lump Sum: Payable if the actuarially equivalent present value of the vested accrued benefit is \$5,000 or less.

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*Schedule SB, Part V – Summary of Plan Provisions***Summary of Major Plan Provisions for Salaried Plan***Plan provisions common to all prior plans*

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | The plan was originally established effective September 1, 1948. Effective December 31, 1998, the Stone Container Corporation Salaried Employees' Retirement Plan merged into the Jefferson Smurfit Corporation Pension Plan for Salaried Employees to form the Smurfit-Stone Container Corporation Pension Plan for Salaried Employees. Effective December 31, 2000, the St. Laurent Pension Plan for Non-Union Employees was merged into this plan. The plan year begins October 1 and ends the following September 30. |
| Most recent amendment                            | The plan was last restated effective January 1, 2012; the most recent amendment was effective March 31, 2015 to incorporate plan merger.                                                                                                                                                                                                                                                                                                                                                                                  |
| Status of the plan                               | This plan does not have ongoing benefit accruals and new employees are not eligible to participate in the plan.                                                                                                                                                                                                                                                                                                                                                                                                           |
| Significant events that occurred during the year | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Sponsoring employer                              | WestRock Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Administration                                   | The plan is administered by the administrative committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Type of plan                                     | The plan is defined benefit, self-insured trustee plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Definitions                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Employer contributions                         | The employer contributes such amount, and at such times as required under accepted actuarial principles in order to meet all applicable funding requirements.                                                                                                                                                                                                                                                                                                                                                             |
| • Participant contributions                      | Employee contributions are neither required nor permitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Actuarial equivalence                          | For annuities, 1983 Group Annuity Mortality table (weighted 50% male and 50% female) and 8% interest. For lump sums and the Social Security level income option, the applicable mortality table under Section 417(e)(3) of the Internal Revenue Code and the applicable interest rate under the same section as of the fourth full month preceding the calendar quarter in which the determination is made. Different assumptions may apply to participants who commenced benefits prior to 2008.                         |
| Miscellaneous                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Maximum benefits                               | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.                                                                                                                                                                                                                                                                                                                                                                                           |

*Schedule SB, Part V – Summary of Plan Provisions****Former Jefferson Smurfit Corporation Pension Plan for Salaried Employees*****Definitions**

- |                                  |                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Participation                  | All participants in a prior plan continue as participants on the Effective Date. A salaried employee hired before July 1, 2002 is eligible to participate on the first of the month following the completion of one year of Benefit Service.                                                                                                                                                             |
| • Service considered             | Benefit Service – Service for the period of employment as a salaried employee of Smurfit-Stone Container Corporation or its predecessors. For benefit accrual purposes, Benefit Service ends at earlier of termination or December 31, 2008.<br><br>Vesting Service – Service as an employee of Smurfit-Stone Container Corporation, its predecessors or its successor, WestRock Company.                |
| • Annual earnings                | Total cash compensation including base pay, overtime pay, commissions, bonuses and any other form of additional cash compensation paid during a plan year. Annual Earnings shall not include deferred and acquisition bonuses or incentive payments under the Management Incentive Plan and the Containerboard Mill Division Incentive Plan, any long term incentive programs or an employment contract. |
| • Final average earnings         | The average of the highest 5 consecutive calendar years' Annual Earnings received during the 10 calendar years prior to the earlier of termination or December 31, 2008.                                                                                                                                                                                                                                 |
| • Primary Insurance Amount (PIA) | The annual old-age insurance benefit which a participant who is fully insured would be entitled to receive under the Federal Social Security Act at age 65. This amount is determined at the earlier of termination or December 31, 2008.                                                                                                                                                                |
| • Covered compensation           | Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security normal retirement age as defined in Section 401(l)(5)(E) of the Internal Revenue Code. Wage base in year of termination is assumed to continue for years after termination. This amount is determined at the earlier of termination or December 31, 2008.                  |

**Normal retirement**

- |               |                                                                                                                         |
|---------------|-------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Normal Retirement Date is the first day of the month coincident with or next following the participant's 65th birthday. |
|---------------|-------------------------------------------------------------------------------------------------------------------------|

*Schedule SB, Part V – Summary of Plan Provisions*

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- **Benefit**

The monthly retirement benefit payable to a participant who retires on or after his Normal Retirement Date shall be the sum of one-twelfth of (1) and (2) below:

1. For Benefit Service up to December 31, 2006, the greater of (a), (b) or (c) below:
  - a. The product obtained by multiplying the participant's years (and fraction) of Benefit Service by the difference of 1.5% of the participant's Final Average Earnings less 1.2% of the participant's Primary Insurance Amount.
  - b. \$120 multiplied by the participant's years (and fraction) of Benefit Service.
  - c. The sum of the participant's accrued benefit as of December 31, 1993 plus accruals after December 31, 1993 under a.
2. For Benefit Service after December 31, 2006 and prior to December 31, 2008 :

0.9% of Final Average Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation all multiplied by years of Benefit Service (not to exceed 30 years minus Benefit Service earned as of December 31, 2006).

All benefit accruals cease effective December 31, 2008.

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**Early retirement**

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- **Eligibility**

A participant may elect to retire early at any time after his 55th birthday and completion of 5 years of Vesting Service, or after completion of 25 years of Vesting Service.

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*Schedule SB, Part V – Summary of Plan Provisions*

- 
- **Benefit**

The monthly benefit payable to a Participant who retires at an Early Retirement Date shall be the accrued benefit at the Normal Retirement Date:

    1. For the portion of the benefit attributable to service earned prior to January 1, 2007, reduced by 5/12% for each full or partial month by which his Early Retirement Date precedes (a) his Normal Retirement Date if he has less than 10 Years of Vesting Service, or (b) age 62 if he has at least 10 Years of Vesting Service.
    2. For the portion of the benefit attributable to service earned after December 31, 2006, reduced by 0.5% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.
- 

**Late retirement**

- 
- **Eligibility**

The first day of the month coinciding with or next following his actual retirement after the participant's Normal Retirement Date.
  - **Benefit**

The amount of a participant's Late Retirement Benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008.

All benefit accruals cease effective December 31, 2008.
- 

**Deferred vested**

- 
- **Eligibility**

A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit.
-

*Schedule SB, Part V – Summary of Plan Provisions*

- 
- **Benefit**

The benefit is calculated based on Vesting Service and Final Average Earnings at the earlier of termination or December 31, 2008 in accordance with the Normal Retirement Benefit provisions. The monthly benefit payable shall commence on the earlier of:

    1. Normal Retirement Date
    2. Elected Early Retirement Date.

For service prior to January 1, 2003, the amount of such monthly benefit under (2) above shall be reduced in accordance with the Early Retirement Benefit provisions.

For service on or after January 1, 2003, the amount of such monthly benefit under (2) above will be reduced 5/12% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.
- 

**Disability**

- 
- **Eligibility**

A participant is eligible for disability retirement in the event of total and permanent disability prior to December 31, 2008 and the receipt of Social Security Disability benefit. There is no age and service requirement for the portion of the benefit attributable to service accrued prior to January 1, 2007. Ten years of Benefit Service are required for the benefit attributable to service accrued after December 31, 2006 and prior to December 31, 2008.
  - **Benefit**

The amount of disability pension is determined as if the employee had continued to work to the earlier of age 65 or December 31, 2008 and is payable at age 65. Earnings are credited at the annual rate of pay for the calendar year preceding the date of disability and Covered Compensation is determined at the disability date.

All benefit accruals cease effective December 31, 2008.
- 

**Pre-retirement death**

- 
- **Eligibility**

A married participant who dies with 5 years of Benefit Service shall be eligible for a death benefit.
  - **Benefit**

The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the Qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the participant's Normal Retirement Date, or the later of the date of death or the participant's earliest retirement age.

All benefit accruals cease effective December 31, 2008.
-

*Schedule SB, Part V – Summary of Plan Provisions***Form of benefits**

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Automatic form for unmarried participants | Single life annuity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Automatic form for married participants   | Qualified joint and survivor annuity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • Optional forms                            | <ol style="list-style-type: none"> <li>1. 50%, 66-2/3%, 75% or 100% Contingent Annuity</li> <li>2. 10-Year Certain and Life Annuity</li> <li>3. Social Security Level Income Option</li> <li>4. Single Life Annuity (for married participants)</li> </ol> <p>Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected.</p> <p>For married participants, written spousal consent is required if an Optional Form of payment is elected.</p> |

*Schedule SB, Part V – Summary of Plan Provisions****Former Stone Container Corporation Salaried Employees' Retirement Plan*****Definitions**

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Participation                         | All participants in the prior plan continue as participants on the Effective Date of the amended and restated plan (January 1, 1989). A salaried employee hired before July 1, 2002 is eligible to participate on the July 1 or January 1 following the completion of service during a 12-month period ending on the anniversary of an employee's first date of hire. The employee must be a "covered employee."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • Service considered                    | <p>An employee will receive Benefit Service and Vesting Service for the period of employment by the Stone Container Corporation commencing with the later of his date of hire or the plan's Effective Date.</p> <p>For certain Cameo Container Plant employees Benefit Service includes services as on hourly employee before transferring to salaried status.</p> <p>Benefit Service ends at the earlier of termination or December 31, 2008.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • Annual earnings                       | Total earnings for services rendered (including overtime, bonuses and commissions). Effective January 1, 2007, the Annual Earnings definition was changed to exclude acquisition bonuses or incentive payments under the Management Incentive Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Final average earnings                | <p>For purposes of calculating the December 31, 2006 accrued benefit, a participant's Final Average Annual Earnings, while an eligible employee, means one-fifth of Annual Earnings during the highest consecutive 60-month period of the last 180 months of employment (as a covered employee) preceding the earlier of an employee's termination date or December 31, 2006. If the entire period of the participant's employment is less than 60 months, determine Final Average Annual Earnings and divide by the period for which an employee had earnings up to December 31, 2006.</p> <p>For all other purposes, a participant's Final Average Earnings, while an eligible employee, means one-fifth of Annual Earnings (based on the definition effective January 1, 2007) during the highest 5 consecutive calendar years during the last 10 calendar years (as a covered employee) preceding the earlier of an employee's termination date or December 31, 2008.</p> |
| • Social security normal retirement age | Social Security Normal Retirement Age means the earliest age at which the participant is entitled to receive unreduced old age benefits from Social Security.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Covered compensation                       | Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security normal retirement age as defined in Section 401(l)(5)(E) of the Internal Revenue Code. Wage base in year of determination is assumed to continue for years after determination. This amount is determined at the earlier of termination or December 31, 2008.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Social security final average compensation | Social Security Final Average Compensation means the average of the participant's Annual Earnings over the three consecutive completed plan years preceding the earlier of termination or December 31, 2008, but excluding earnings, in any year, in excess of the Social Security taxable wage base.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Social security allowance                  | <p>The Social Security Allowance means <math>\frac{3}{4}\%</math> for each year of Benefit Service (up to 30 years) multiplied by the lesser of:</p> <ol style="list-style-type: none"> <li>1. <math>\frac{1}{12}</math>th of the participant's Social Security Final Average Compensation, or</li> <li>2. <math>\frac{1}{12}</math>th of the participant's Covered Compensation.</li> </ol> <p>This amount is then reduced for each year that the Social Security allowance applies prior to the participant's Social Security Normal Retirement Age. The reduction is at the rate of <math>6\frac{2}{3}\%</math> for the first five years, at the rate of <math>5\frac{1}{3}\%</math> for the next three years, at the rate of 4% for the next two years, at the rate of <math>2\frac{2}{3}\%</math> for the next two years and by the actuarial equivalent rate for years in excess of twelve.</p> |
| <b>Normal retirement</b>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Eligibility                                | Normal Retirement Date is the first day of the month coincident with or next following the month in which the participant attains age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

*Schedule SB, Part V – Summary of Plan Provisions*


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- **Benefit**

The monthly retirement benefit payable to a participant who retires on his or her Normal Retirement Date shall be one-twelfth of the sum of (1) and (2) below.

1. For Benefit Service up to December 31, 2006, the greater of (a) or (b) below:

- a. 1.66667% of the participant's Final Average Annual Earnings, but not less than Final Average Annual Earnings as of December 31, 2006 multiplied by his or her Benefit Service not in excess of 30 years (not to exceed 50% of Final Average Annual Earnings) minus the Social Security Allowance
- b. 1% of the participant's Final Average Annual Earnings, but not less than Final Average Annual Earnings as of December 31, 2006 (not to exceed \$900), multiplied by his or her Benefit Service.

2. For Benefit Service after December 31, 2006 and prior to December 31, 2008:

0.9% of Final Average Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation all multiplied by years of Benefit Service (not to exceed 30 years minus Benefit Service earned as of December 31, 2006)

An individual who is a participant in this plan on December 31, 1988, shall receive an amount no less than the monthly retirement income that would have been payable under the provisions of the plan in effect on December 31, 1988, based upon his or her Final Average Annual Earnings and Benefit Service as of December 31, 1988.

The benefit calculated under this section for certain Cameo Container Plant employees will be offset by the company-provided benefit under a multiemployer plan.

All benefit accruals cease effective December 31, 2008.

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**Early retirement**

- **Eligibility**

A participant may elect to retire early at any time after his 55th birthday and completion of 10 years of Vesting Service.

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*Schedule SB, Part V – Summary of Plan Provisions*

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- **Benefit**

The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on Final Average Annual Earnings and Benefit Service at the earlier of his or her Early Retirement Date or December 31, 2008. For the portion of the benefit attributable to Benefit Service earned prior to January 1, 2007, such monthly retirement income before the deduction of the Social Security Allowance, if any, shall further be reduced by one-half percent (0.5%) for each full month that the benefit commences prior to age 65.

For the portion of the benefit attributable to Benefit Service earned after December 31, 2006, the benefit is reduced 0.5% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.

---

**Late retirement**

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- **Eligibility**

A participant's Late Retirement Date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.

---

- **Benefit**

The amount of a participant's Late Retirement Benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008.

All benefit accruals cease effective December 31, 2008.

---

**Deferred vested**

---

- **Eligibility**

A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit.

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*Schedule SB, Part V – Summary of Plan Provisions*

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- **Benefit**

The benefit is calculated based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008 in accordance with the Normal Retirement Benefit provisions. The monthly benefit payable shall commence on the earlier of

1. Normal Retirement Date
2. Elected Early Retirement Date.

The amount of such monthly benefit under (2) above shall be reduced in accordance with the Early Retirement Benefit provisions.

All benefit accruals cease effective December 31, 2008.

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**Disability**

---

- **Eligibility**

A participant is eligible for Disability Retirement in the event of total and permanent disability prior to December 31, 2008 at any age after the completion of 10 years of Vesting Service.

---

- **Benefit**

The amount of a disability pension is determined as if the employee had continued to work to the earlier of age 65 or December 31, 2008 and is payable at age 65. Earnings are credited at the last regular pay rate prior to disability and Covered Compensation is determined at the disability date.

All benefit accruals cease effective December 31, 2008.

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**Pre-retirement death**

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- **Eligibility**

A married participant who dies with 5 years of Vesting Service shall be eligible for a death benefit.

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*Schedule SB, Part V – Summary of Plan Provisions*


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- **Benefit**

The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the Qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the participant's Normal Retirement Date, or the later of the date of death or the participant's earliest retirement age.

If a participant is active on the date of this death, the benefit based on service prior to December 31, 2006 will commence immediately without reduction for early retirement.

All benefit accruals cease effective December 31, 2008.

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**Form of benefits**


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- Automatic form for unmarried participants

Single life annuity

- Automatic form for married participants

Qualified joint and survivor annuity

- Optional forms

1. 100%, 75% or 50% Contingent Annuity
2. 10 or 15 Years Certain and Life Annuity
3. Single Life Annuity (for married participants)

Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected.

For married participants, written spousal consent is required if an Optional Form of payment is elected.

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*Schedule SB, Part V – Summary of Plan Provisions****Former St. Laurent Pension Plan for Non-Union Employees<sup>1</sup>***

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**Definitions**

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- Participation

Salaried employees hired prior to July 1, 2002.

Salaried, Castle Rock, and Wyomissing employees participate at the later of age 20 and one year of Benefit Service. Latta employees participate one year after employment date.

- Service considered

Benefit Service

Generally: Years and months of service in employment as a salaried employee of a participating location commencing on date of hire. A partial month of service is treated as a full month of service. Different provisions may apply to employment at Wyomissing (before 1998) and Castle Rock (before 2000), but employment with these entities is generally included in Benefit Service.

Latta: One year of service for each calendar year in which a participant completes at least 1,000 hours of service at the Latta facility. Partial service in years of participation and termination is equal to number of months worked divided by 12.

For benefit accrual purposes, Benefit Service ends at the earlier of termination or December 31, 2008.

Vesting Service

Service as an employee of St. Laurent Packaging Corp., its predecessors, or its successors, Smurfit-Stone Container Corporation or WestRock Company.

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<sup>1</sup> Hourly, Packaging and Latta hourly groups were spun off from this plan and merged into the SSCC hourly plan effective December 31, 2001.

*Schedule SB, Part V – Summary of Plan Provisions*


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- Annual earnings

Salaried: Total annual base earnings plus commissions for outside salesman. Compensation for outside salesman is limited to \$100,000 per year or total annual base earnings, if greater.

Castle Rock: Total cash earnings, excluding discretionary bonuses, plus salary reduction contributions under Sections 401(k) and 125 of the Internal Revenue Code.

Latta: Basic compensation including sales incentives for salesman. Before 1997, compensation included a percentage of overtime.

Effective January 1, 2007, total cash compensation including base pay, overtime pay, commissions, bonuses and any other form of additional cash compensation paid during a plan year. Annual Earnings shall not include deferred and acquisition bonuses or incentive payments under the Management Incentive Plan or the Containerboard Mill Division Incentive Plan, any long term incentive programs or an employment contract.

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- Final average earnings

For the purposes of calculating the December 31, 2006 accrued benefit, the highest average annual earnings received from any 60 consecutive month period of employment within the last 120 months preceding the earlier of participant's date of termination or December 31, 2006.

For all other purposes, a participant's Final Average Annual Earnings, while an eligible employee, means one-fifth of Annual Earnings (based on the definition effective January 1, 2007) during the highest 5 consecutive calendar years during the last 10 calendar years of employment (as a covered employee) preceding the earlier of an employee's termination date or December 31, 2008.

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- Covered compensation

Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security normal retirement age as defined in Section 401(l)(5)(E) of the Internal Revenue Code. Wage base in year of determination is assumed to continue for years after determination date. This amount is determined at the earlier of termination or December 31, 2008.

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*Schedule SB, Part V – Summary of Plan Provisions*

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**Normal retirement**

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- Eligibility Salaried, Wyomissing (benefit accrued after 1997) and Castle Rock: First day of the month coinciding with or next following the later of the 65<sup>th</sup> birthday and the fifth anniversary of the date of participation.

Latta and Wyomissing (benefit accrued before 1998): First day of the month coinciding with or next following 65<sup>th</sup> birthday. For benefit accrued after 2006 but before 2007, first day of month coinciding with or next following 65<sup>th</sup> birthday.

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*Schedule SB, Part V – Summary of Plan Provisions*

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- **Benefit**

The monthly normal retirement benefit payable to a participant who retires on his or her Normal Retirement Date shall be one-twelfth of the sum of (1) and (2) below:

1. For Benefit Service up to December 31, 2006:

Salaried: (a) plus (b):

- a. (i) 0.88% of Final Average Earnings, but not less than Final Average Annual Earnings as of December 31, 2006, multiplied by years of Benefit Service, plus
- (ii) 0.65% of Final Average Earnings, but not less than Final Average Annual Earnings as of December 31, 2006, above Covered Compensation, multiplied by years of Benefit Service not to exceed 35.
- b. \$12.00 times full years of Benefit Service between 10 and 19 years, plus \$27.00 times full years of Benefit Service between 20 and 29 years, plus \$39.00 times full years of Benefit Service between 30 and 39 years, plus \$48.00 times full years of Benefit Service after 39 years.

Wyomissing and Castle Rock: The greater of (a) and (b):

- a. the benefit based on total service under the Salaried formula.
- b. the accrued benefit under the prior Wyomissing plan at 12/31/1997 or Castle Rock at 5/31/1999, plus the benefit accrued after such dates under the Salaried formula.

Latta : (a) plus (b) plus (c) :

- a. 1.50% of Final Average Earnings, but not less than Final Average Annual Earnings as of December 31, 2006, up to Covered Compensation multiplied by years of Benefit Service not to exceed 35.
  - b. 1.75% of Final Average Earnings, but not less than Final Average Annual Earnings as of December 31, 2006, in excess of Covered Compensation multiplied by years of Benefit Service not to exceed 35.
-

*Schedule SB, Part V – Summary of Plan Provisions*

- 
- c. the non-vested benefit, if any, payable under the Tenneco, Inc. Retirement Plan.
- 

2. For Benefit Service after December 31, 2006 and prior to

December 31, 2008:

0.9% of Final Average Annual Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation multiplied by years of Benefit Service (not to exceed 30 years minus Benefit Service earned as of December 31, 2006).

All benefit accruals cease effective December 31, 2008.

---

**Early retirement**

---

• Eligibility

Salaried, Latta, Wyomissing (benefit accrued after 1997 but before 2007) and Castle Rock: First day of any month after attaining age 55 and completing 10 years of Benefit Service.

Wyomissing (benefit accrued before 1998): First day of any month after attaining age 55 and completing at least 15 years of Benefit Service.

Effective January 1, 2007, first day of month after attaining age 55 and completing 10 years of Vesting Service for benefit accrued after 2006.

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*Schedule SB, Part V – Summary of Plan Provisions*


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- Benefit

For the portion of the benefit attributable to Benefit Service earned prior to January 1, 2007:

Salaried:

- (a) Normal Retirement Benefit based on (a) (i) and (b) reduced by 4% for each of the first three years and 5% for each of the next seven years that the Early Retirement Date precedes age 65; plus
- (b) Normal Retirement Benefit based on (a) (ii) reduced by 8% for each of the first three years and 5% for each of the next seven years that Early Retirement Date precedes age 65.

Wyomissing: Reduced 8% for each year that the Early Retirement Date precedes age 58 for benefits earned prior to 1998; same as Salaried reduction for Salaried benefits earned. A supplemental benefit of \$22 per year of Benefit Service before 1998 is payable until age 62 provided the participant retires after age 58 and lives until age 62.

Castle Rock: Reduced 4% for each year that the Early Retirement Date precedes age 62 for benefits earned prior to May 29, 1999 and reduced 6% from age 62 for benefits earned after May 28, 1999.

Latta: Reduced 3% for each of the first two years and 6% for each of the next five years that the Early Retirement Date precedes age 62. For benefits accrued after March 31, 2003, reduced 3% for two years and 6% for each additional year that the Early Retirement Date precedes age 65.

For the portion of the benefit attributable to Benefit Service earned after December 31, 2006, the Monthly Retirement Income is reduced by

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*Schedule SB, Part V – Summary of Plan Provisions*

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0.5% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.

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*Schedule SB, Part V – Summary of Plan Provisions***Late retirement**

- |               |                                                                                                                                                                                                                                         |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | A participant's Late Retirement Date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.                                                                     |
| • Benefit     | The amount of a participant's Late Retirement Benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008. |
|               | All benefit accruals cease effective December 31, 2008.                                                                                                                                                                                 |

**Deferred vested**

- |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Benefit     | <p>The benefit is calculated based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008 in accordance with the Normal Retirement Benefit provisions. The monthly benefit payable shall commence on the earlier of</p> <ol style="list-style-type: none"> <li>1. Normal Retirement Date</li> <li>2. Elected Early Retirement Date.</li> </ol> <p>The amount of such monthly benefit under (2) above shall be reduced in accordance with the Early Retirement Benefit provisions. North Tonawanda employees may commence benefits accrued prior to December 31, 1995 upon termination. Latta employees may commence benefits accrued prior to April 1, 2003, upon termination.</p> <p>All benefit accruals cease effective December 31, 2008.</p> |

**Disability**

- |               |                                                                                                                                                                                                                                                                                                                                 |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | <p>Latta (benefit accrued after 2006), Salaried and Wyomissing: Total and permanent disability prior to December 31, 2008 at any age after completion of 10 years of Benefit Service.</p> <p>Latta (benefit accrued before 2007): Total and permanent disability at any age after completion of 5 years of Benefit Service.</p> |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Schedule SB, Part V – Summary of Plan Provisions*

- 
- **Benefit**

Latta (benefit accrued after 2006), Salaried and Wyomissing: A benefit shall commence at Normal Retirement Date with Benefit Service computed to the earlier of Normal Retirement Date or December 31, 2008, and Final Average Compensation and Covered Compensation computed as of the Disability Retirement Date.

Latta (benefit accrued before 2007): A benefit shall commence immediately equal to the accrued benefit as of the Disability Retirement Date, reduced 3% for each of the first 2 years, 6% for each of the next 5 years, 3% for each of the next 15 years, and 1% for each additional year that the Disability Retirement Date precedes age 62. Upon attainment of Early or Normal Retirement, the participant shall receive a benefit according to the provisions of Early or Normal Retirement.

All benefit accruals cease effective December 31, 2008.
- 

**Pre-retirement death**

- 
- **Eligibility**

A married participant who dies with 5 or more years of Vesting Service shall be eligible for a death benefit.
  - **Benefit**

The spouse receives 50% of the benefit the participant has accrued on the date of death, reduced for payment under the Joint and Survivor Annuity and further reduced for early payment, if applicable. The spouse can elect to have benefits commence on the participant's Normal Retirement Date, or the later of the date of death or the participant's earliest Early Retirement Date.

For a participant in the Chesapeake Corporation Retirement Plan for Salaried Employees who dies before termination and after becoming eligible for Early or Normal Retirement, the spouse receives a survivor annuity under the 100% Contingent Annuitant Option for the portion of the benefit attributable to Benefit Service prior to January 1, 2007.

All benefit accruals cease effective December 31, 2008.
- 

**Form of benefits**

- 
- Automatic form for unmarried participants      Single life annuity
  - Automatic form for married participants      Joint and survivor annuity
-

*Schedule SB, Part V – Summary of Plan Provisions*

|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Optional forms</li> </ul> | <ol style="list-style-type: none"> <li>50%, 66-2/3%, 75% or 100% Contingent Annuity. This Contingent Annuity includes a pop-up benefit for Salaried employees.</li> <li>Social Security Level Income Option.</li> <li>10-Year Certain and Life Annuity.</li> <li>5-Year Certain and Life Annuity. (Latta and Wyomissing only)</li> <li>15-Year Certain and Life Annuity. (Wyomissing only)</li> <li>Single Life Annuity. (Married participants)</li> <li>Deferred Early Retirement Benefit Option.</li> <li>Single Lump Sum Payment. (Latta participants on the portion of the benefit determined as of March 31, 2003 and North Tonawanda-only on 12/31/1995 accrued benefit.) The lump sum Latta participants may be paid immediately upon termination of employment. An actuarially equivalent annuity is available to Latta participants who may receive the lump sum.</li> </ol> <p>Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected. For married participants, written spousal consent is required if an optional form of payment is elected.</p> |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Schedule SB, Part V – Summary of Plan Provisions***Universal Pension Plan****Definitions**

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- |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Participation</li> </ul> | <p>All salaried employees hired or rehired on or after July 1, 2002 and prior to January 1, 2006. All salaried employees of Eastern Container Corporation (ECC), Innovative Packaging Corporation (IPC) and GRAFX Salaried on June 1, 2000.</p> <p>An employee is eligible to participate on the July 1 or January 1 following the completion of one year of Vesting Service. The employee must be a "covered employee."</p> |
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|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Service considered</li> </ul> | <p>An employee will receive Benefit Service and Vesting Service for the period of employment.</p> <p>Packaging Services Group employees will receive Vesting Service for employment with the prior employer. Benefit Service will begin on the later of date of hire or September 1, 2002.</p> <p>MeadWestvaco employees will receive Vesting Service for employment with the prior employer. Benefit Service will begin on the later of date of hire or October 1, 2002.</p> <p>ECC, IPC and GRAFX employees will receive Benefit Service and Vesting Service for the period of employment by the Stone Container Corporation commencing with the later of date of hire or June 1, 2000.</p> <p>For certain Cameo Container Plant employees, Benefit Service includes service as an hourly employee before transferring to salaried status.</p> <p>Service for benefit accrual purposes ends at the earlier of termination or December 31, 2008.</p> |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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- |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Annual earnings</li> </ul> | <p>Total cash compensation including base pay, overtime pay, commissions, bonuses and any other form of additional cash compensation paid during a plan year. Annual Earnings shall not include deferred and acquisition bonuses or incentive payments under the Management Incentive Plan or the Containerboard Mill Division Incentive Plan, any long term incentive programs or an employment contract.</p> |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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- |                                                                            |                                                                                                                                                                                 |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Final average earnings</li> </ul> | <p>The average of the highest 5 consecutive calendar years' Annual Earnings received during the 10 calendar years prior to the earlier of termination or December 31, 2008.</p> |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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*Schedule SB, Part V – Summary of Plan Provisions*

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- Covered compensation      Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security normal retirement age as defined in Section 401(l)(5)(E) of the Internal Revenue Code. Wage base in year of determination is assumed to continue for years after determination. This amount is determined at the earlier of termination or December 31, 2008.
- 

**Normal retirement**

- 
- Eligibility      Normal Retirement Date is the first day of the month coincident with or next following the month in which the participant attains age 65.
- 
- Benefit      A participant who retires on his Normal Retirement Date will receive a monthly pension benefit equal to one-twelfth of 0.9% of Final Average Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation multiplied by years of Benefit Service (not in excess of 30 years).

The benefit calculated under this section for a certain Cameo Container Plant employee will be offset by the company-provided benefit under a multiemployer plan.

All benefit accruals cease effective December 31, 2008.

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**Early retirement**

- 
- Eligibility      A participant may elect to retire early at any time after his 55th birthday and completion of 10 years of Vesting Service.
- 
- Benefit      Such monthly income shall be an amount based on Benefit Service and Final Average Earnings at the earlier of the participant's Early Retirement Date or December 31, 2008 and calculated in accordance with the Normal Retirement Benefit provisions. Such monthly income shall be reduced by 0.5% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.

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**Late retirement**

- 
- Eligibility      A participant's Late Retirement Date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.
- 
- Benefit      The amount of a participant's Late Retirement Benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008.

All benefit accruals cease effective December 31, 2008.

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*Schedule SB, Part V – Summary of Plan Provisions***Deferred vested**

- **Eligibility** A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit.
- **Deferred vested benefit** The benefit is calculated based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008 in accordance with the Normal Retirement Benefit provisions.  
  
The monthly benefit payable shall commence on the earlier of
  1. Normal Retirement Date
  2. Elected Early Retirement Date
 The amount of such monthly benefit under (2) above shall be reduced in accordance with the Early Retirement Benefit provisions.  
  
All benefit accruals cease effective December 31, 2008.

**Disability**

- **Eligibility** A participant is eligible for disability retirement in the event of total and permanent disability prior to December 31, 2008 at any age after the completion of 10 years of Vesting Service.
- **Benefit** The amount of a disability pension is determined as if the employee had continued to work to the earlier of age 65 or December 31, 2008 and is payable at age 65. Earnings are credited at the last regular pay rate prior to disability and Covered Compensation is determined at the disability date.  
  
All benefit accruals cease effective December 31, 2008.

**Pre-retirement death**

- **Eligibility** A married participant who dies with 5 years of Vesting Service shall be eligible for a death benefit.
- **Benefit** The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the Qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the participant's Normal Retirement Date, or the later of the date of death or the participant's earliest retirement age.  
  
All benefit accruals cease effective December 31, 2008.

*Schedule SB, Part V – Summary of Plan Provisions*

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**Form of benefits**

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- |                                             |                     |
|---------------------------------------------|---------------------|
| • Automatic form for unmarried participants | Single life annuity |
|---------------------------------------------|---------------------|
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- |                                            |                                      |
|--------------------------------------------|--------------------------------------|
| • Automatic forms for married participants | Qualified joint and survivor annuity |
|--------------------------------------------|--------------------------------------|
- 

- |                  |  |
|------------------|--|
| • Optional forms |  |
|------------------|--|

|  |                                        |
|--|----------------------------------------|
|  | 1. 100%, 75% or 50% Contingent Annuity |
|--|----------------------------------------|

|  |                                      |
|--|--------------------------------------|
|  | 2. 10 Years Certain and Life Annuity |
|--|--------------------------------------|

|  |                                                   |
|--|---------------------------------------------------|
|  | 3. Single Life Annuity (for married participants) |
|--|---------------------------------------------------|

|  |                                                                                                                                                                                                   |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected. |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|  |                                                                                                          |
|--|----------------------------------------------------------------------------------------------------------|
|  | For married participants, written spousal consent is required if an Optional Form of payment is elected. |
|--|----------------------------------------------------------------------------------------------------------|

*Schedule SB, Part V – Summary of Plan Provisions***Summary of Major Plan Provisions for RKT Plan**

Effective September 30, 2010, the Rock-Tenn Company Pension Plan for Certain Employees Covered Under Collectively Bargained Agreements and the Rock-Tenn Company Pension Plan were merged into the Rock-Tenn Company Pension Plan for Certain Wage Hour Employees and the name of the merged plan was changed to the Rock-Tenn Company Consolidated Pension Plan. Effective March 31, 2015, the Rock-Tenn Company Consolidated Pension Plan merged with the Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC) and the Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC). The resulting plan was named the Rock-Tenn Company Consolidated Pension Plan.

After each plan merger, current and future plan participants will accrue benefits under the component plan in which they participated or would have participated prior to the merger. Shown below is a summary of the major plan provisions of each component plan.

**RockTenn Company Consolidated Pension Plan – Benefit Multiplier Component**

|                                                  |                                                                                                                                                                                                                  |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | October 1, 2010 as amended effective March 31, 2015 to incorporate plan merger and effective December 31, 2015 to incorporate plan freeze for certain participants.<br>Plan year: October 1 through September 30 |
| Status of the plan                               | The plan has ongoing benefit accruals for certain union participants, and new employees are eligible to participate in the plan once they satisfy the participation requirements.                                |
| Significant events that occurred during the year | None.                                                                                                                                                                                                            |

*Schedule SB, Part V – Summary of Plan Provisions***Definitions****Covered employees**

- Cincinnati Mill Hourly paid employees of the Specialty Paperboard Mill Division NCF&O Local #7 or the Specialty Paperboard Mill Division, PACE Local #5-0518 in the Cincinnati Mill beginning January 1, 1988. Closed effective October 24, 2014.
- Lynchburg Mill Hourly paid employees of the Lynchburg Mill beginning January 1, 1988.
- Missisquoi Mill Hourly paid employees of the Missisquoi Mill beginning May 1, 1991.
- Eutaw Folding Hourly paid employees of the Eutaw Folding Plant beginning October 1, 1991.
- Dallas Mill Hourly paid plant production or maintenance Employees in the Dallas Mill.
- Chattanooga Mill Employees who are paid on a weekly, hourly or piece work basis or who are truck drivers at the Chattanooga Mill plant or who are carried on the Chattanooga Mill's payroll under its usual personnel policy.
- Stroudsburg Mill Hourly paid production, maintenance or truck driver Employees, other than Employees hired after December 1, 2010 or rehired after May 19, 2011, at the Stroudsburg Mill Plant who are subject to either a collective bargaining agreement between WestRock Company and (1) the PACE, Local 1130 or (2) the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, Local 773 and who did not elect to participate only in WestRock Company 401(k) Retirement Savings Plan beginning June 1, 2011.
- Aurora Converting Hourly paid employees of Aurora Converting beginning July 9, 1997.
- Demopolis Specifically identified employees who were employed at the Gulf States Demopolis Plant on June 5, 2005 and remain continuously employed with the company.
- The following are covered under the plan, but have no active employees as of the valuation date:
  - Ostego Mill Hourly paid employees of the Otsego Mill beginning January 1, 1988.
  - Macon Plant Hourly paid employees at the Macon Plant and hourly paid employees at Macon Partition.
  - Dallas Partition Hourly paid employees of the Dallas Partition.
  - Dallas Specialty Hourly paid plant production or maintenance employees in the Dallas Specialty Product Plant.
  - Milwaukee Partition Plant Hourly paid participants of the Milwaukee Partition Plan who terminated employment or retired on or before October 31, 1993.
  - Jersey City Mill Hourly paid employees of the Jersey City Mill.

*Schedule SB, Part V – Summary of Plan Provisions*

- Vineland Converting Plant Hourly paid employees of the Vineland Converting Plant.
- Lynchburg Converting Hourly paid employees of the Lynchburg converting facility.
- Ostego Converting Hourly paid employees of the Ostego Converting facility.
- Madison Hourly paid employees of the Madison Wisconsin Folding Carton Plant.
- Wright City Converting Hourly paid employees of Wright City Converting beginning November 1, 2002.

|               |                                                                                                                     |
|---------------|---------------------------------------------------------------------------------------------------------------------|
| Participation | Covered employees are eligible on the April 1 or October 1 following the completion of one year of vesting service. |
|---------------|---------------------------------------------------------------------------------------------------------------------|

|                 |                           |
|-----------------|---------------------------|
| Vesting service | Service from date of hire |
|-----------------|---------------------------|

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited service | <p><u>Lynchburg Mill, Cincinnati Mill, Otsego Mill, Macon Plant and Macon Converting:</u> Service from the later of date of hire or January 1, 1988. There is a maximum of 40 years of credited service for the Cincinnati Mill.</p> <p><u>Eutaw Folding:</u> Service from the later of date of hire or January 1, 1985. For retirements before January 1, 2015, there is a maximum of 30 years of credited service for this location.</p> <p><u>Missisquoi Mill:</u> Service from the later of date of hire or January 1, 1991.</p> <p><u>Dallas Mill:</u> Service from date of hire.</p> <p><u>Dallas Specialty, Chattanooga Mill and Stroudsburg Mill:</u> Service from the later of date of hire or October 1, 1973. There is a maximum of 30 years of credited service for Stroudsburg Mill Participants subject to Teamsters Agreement.</p> <p><u>Aurora Converting:</u> Service from the later of date of hire or July, 1997.</p> <p><u>Wright City Converting:</u> Service from the later of date of hire or November 1, 2002.</p> <p><u>Demopolis:</u> Service from the later of date of hire or June 6, 2005.</p> <p><u>Cincinnati Mill:</u> Closed effective October 24, 2014.</p> |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Benefit unit | Lynchburg Mill | Date of termination | Benefit Unit |
|--------------|----------------|---------------------|--------------|
|              |                | 09/16/06 – 12/31/08 | \$36.70      |
|              |                | 01/01/09 – 12/21/09 | \$37.70      |
|              |                | 01/01/10 – 12/31/10 | \$38.70      |
|              |                | 01/01/11 – 12/31/13 | \$39.70      |
|              |                | 01/01/14 – 12/31/14 | \$40.70      |
|              |                | 01/01/15 – 12/31/16 | \$43.20      |
|              |                | 01/01/17 –          | \$44.70      |

*Schedule SB, Part V – Summary of Plan Provisions*

|                             |                  |                     |         |
|-----------------------------|------------------|---------------------|---------|
| Benefit unit<br>(continued) | Cincinnati Mill  | 04/21/03 – 04/20/04 | \$29.00 |
|                             | (NCF&O)          | 04/21/04 – 04/20/05 | \$29.50 |
|                             | Closed 10/24/14  | 04/21/05 – 10/29/06 | \$30.50 |
|                             |                  | 10/30/06 – 12/02/13 | \$31.50 |
|                             |                  | 12/03/13 – 12/02/14 | \$32.50 |
|                             |                  | 12/03/14 –          | \$33.50 |
|                             | Cincinnati Mill  | 04/21/03 – 04/20/04 | \$29.00 |
|                             | (USW)            | 04/21/04 – 04/20/05 | \$29.50 |
|                             | Closed 10/24/14  | 04/21/05 – 10/29/06 | \$30.50 |
|                             |                  | 10/30/06 – 12/02/12 | \$31.50 |
|                             |                  | 12/03/12 – 12/02/13 | \$32.50 |
|                             |                  | 12/03/13 –          | \$33.50 |
|                             | Otsego Mill      | 08/01/03 –          | \$31.00 |
|                             | Macon Converting | 12/01/02 – 11/30/03 | \$26.00 |
|                             |                  | 12/01/03 – 11/30/04 | \$27.00 |
|                             |                  | 12/01/04 – 08/15/06 | \$28.00 |
|                             |                  | 08/16/06 –          | \$29.00 |
|                             | Eutaw Folding    | 10/01/03 – 09/30/07 | \$22.00 |
|                             |                  | 10/01/07 – 01/31/12 | \$23.00 |
|                             |                  | 02/01/12 – 01/31/13 | \$23.50 |
|                             |                  | 02/01/13 – 01/31/14 | \$24.00 |
|                             |                  | 02/01/14 – 12/31/14 | \$24.50 |
|                             |                  | 01/01/15 – 12/31/16 | \$26.00 |
|                             |                  | 01/01/17 –          | \$27.50 |

## Schedule SB, Part V – Summary of Plan Provisions

| Benefit unit<br>(continued) | Dallas Mill                     | <b>Date of termination</b> | <b>Benefit Unit</b> |
|-----------------------------|---------------------------------|----------------------------|---------------------|
|                             |                                 | 02/01/03 – 01/31/04        | \$30.00             |
|                             |                                 | 02/01/04 – 01/31/05        | \$30.50             |
|                             |                                 | 02/01/05 – 01/31/06        | \$31.00             |
|                             |                                 | 02/01/06 – 01/31/07        | \$32.00             |
|                             |                                 | 02/01/07 – 03/29/10        | \$33.00             |
|                             |                                 | 03/30/10 – 03/31/11        | \$33.50             |
|                             |                                 | 04/01/11 – 3/31/12         | \$34.00             |
|                             |                                 | 04/01/12 – 3/31/13         | \$34.50             |
|                             |                                 | 04/01/13 – 12/31/14        | \$35.00             |
|                             |                                 | 01/01/15 – 12/31/16        | \$36.50             |
|                             |                                 | 01/01/17 –                 | \$38.00             |
|                             | Dallas Specialty                | 09/19/03 –                 | \$29.00             |
|                             | Chattanooga Mill<br>(#519)      | 02/28/09 – 06/30/09        | \$36.00             |
|                             |                                 | 07/01/09 – 06/30/10        | \$36.50             |
|                             |                                 | 07/01/10 – 06/30/11        | \$37.00             |
|                             |                                 | 07/01/11 – 09/30/12        | \$38.00             |
|                             |                                 | 10/01/12 – 08/31/13        | \$39.00             |
|                             |                                 | 09/01/13 –                 | \$40.00             |
|                             | Chattanooga Mill<br>(#362)      | 01/09/09 – 08/31/09        | \$36.00             |
|                             |                                 | 09/01/09 – 08/31/10        | \$36.50             |
|                             |                                 | 09/01/10 – 08/31/11        | \$37.00             |
|                             |                                 | 09/01/11 – 07/22/12        | \$38.00             |
|                             |                                 | 07/23/12 – 07/21/13        | \$39.00             |
|                             |                                 | 07/22/13 – 12/31/14        | \$40.00             |
|                             |                                 | 01/01/15 – 12/31/16        | \$41.50             |
|                             |                                 | 01/01/17 –                 | \$43.00             |
|                             | Stroudsburg Mill<br>(Teamsters) | 11/01/02 – 10/31/03        | \$29.00             |
|                             |                                 | 11/01/03 – 10/31/04        | \$30.00             |
|                             |                                 | 11/01/04 – 10/31/05        | \$31.00             |
|                             |                                 | 11/01/05 – 10/31/06        | \$32.00             |
|                             |                                 | 11/01/06 – 01/17/08        | \$33.00             |
|                             |                                 | 01/18/08 –                 | \$34.00             |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                   | Stroudsburg Mill<br>(USW) | Date of termination | Benefit Unit |
|-----------------------------------|---------------------------|---------------------|--------------|
|                                   |                           | 10/13/02 – 10/12/03 | \$29.00      |
|                                   |                           | 10/13/03 – 10/12/04 | \$30.00      |
|                                   |                           | 10/13/04 – 10/12/05 | \$31.00      |
|                                   |                           | 10/13/05 – 10/12/06 | \$32.00      |
|                                   |                           | 10/13/06 – 10/31/07 | \$33.00      |
|                                   |                           | 11/01/07 – 11/17/10 | \$34.00      |
|                                   |                           | 11/18/10 – 10/12/11 | \$34.50      |
|                                   |                           | 10/13/11 – 10/12/12 | \$35.00      |
|                                   |                           | 10/13/12 – 12/31/14 | \$35.50      |
|                                   |                           | 01/01/15 – 12/31/16 | \$37.00      |
|                                   |                           | 01/01/17 –          | \$38.50      |
| Benefit unit ( <i>continued</i> ) | Aurora Converting         | 06/01/02 – 07/22/07 | \$21.00      |
|                                   |                           | 07/23/07 – 07/15/10 | \$22.00      |
|                                   |                           | 07/16/10 – 05/30/11 | \$23.00      |
|                                   |                           | 05/31/11 – 12/31/14 | \$23.75      |
|                                   |                           | 01/01/15 – 05/31/15 | \$25.25      |
|                                   |                           | 06/01/15 – 05/31/16 | \$26.25      |
|                                   |                           | 06/01/16 – 12/31/16 | \$27.25      |
|                                   |                           | 01/01/17 –          | \$28.75      |
|                                   | Wright City<br>Converting | 11/01/02 –          | \$12.00      |

*Schedule SB, Part V – Summary of Plan Provisions*

|                 |                     |         |
|-----------------|---------------------|---------|
| Missisquoi Mill | 05/01/05 – 12/08/06 | \$34.00 |
|                 | 12/09/06 – 04/30/07 | \$35.00 |
|                 | 05/01/07 – 12/20/09 | \$36.00 |
|                 | 12/21/09 – 12/10/10 | \$37.00 |
|                 | 12/11/10 – 12/10/14 | \$37.75 |
|                 | 12/11/14 – 12/31/14 | \$38.75 |
|                 | 01/01/15 – 12/10/15 | \$40.25 |
|                 | 12/11/15 – 12/31/16 | \$41.25 |
|                 | 01/01/17 –          | \$42.75 |

Former PIUMPF employees who were not vested in the PIUMPF plan as of 5/01/1991 are further entitled to an additional \$17.00 per month for each year of credited service prior to 5/01/1991, but not to exceed \$85.00.

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|           |                                               |         |
|-----------|-----------------------------------------------|---------|
| Demopolis | Applicable to service beginning June 6, 2005: |         |
|           | 01/07/09 – 01/06/10                           | \$42.00 |
|           | 01/07/10 – 01/06/11                           | \$43.00 |
|           | 01/07/11 – 01/06/13                           | \$44.00 |
|           | 01/07/13 – 12/31/14                           | \$45.00 |
|           | 01/01/15 – 12/31/16                           | \$46.50 |
|           | 01/01/17 –                                    | \$48.00 |

|                                              |                     |        |
|----------------------------------------------|---------------------|--------|
| Applicable to service prior to June 6, 2005: |                     |        |
|                                              | 01/07/09 – 01/06/10 | \$3.00 |
|                                              | 01/07/10 – 01/06/11 | \$4.00 |
|                                              | 01/07/11 – 01/06/13 | \$5.00 |
|                                              | 01/07/13 – 12/31/14 | \$6.00 |
|                                              | 01/01/15 – 12/31/16 | \$7.50 |
|                                              | 01/01/17 –          | \$9.00 |

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- |   |                                                          |                                                                                                                                                  |
|---|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| • | Accrued benefit                                          | Applicable Benefit Unit multiplied by years of credited service.                                                                                 |
| • | Actuarial equivalence for non-lump sum forms of payments | Based on an interest rate of 5% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries. |
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*Schedule SB, Part V – Summary of Plan Provisions*

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- |                                                                |                                      |
|----------------------------------------------------------------|--------------------------------------|
| • Actuarial<br>equivalence for<br>lump sum forms<br>of payment | Based on Section 417(e) of the Code. |
|----------------------------------------------------------------|--------------------------------------|
- 

**Normal retirement**

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|             |                                                                                                                                                                                                            |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | <u>Chattanooga Mill:</u> Retirement from active service at age 62 (age 65 if participant's date of employment is after July 1, 1988)<br><u>All other groups:</u> Retirement from active service at age 65. |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|         |                                        |
|---------|----------------------------------------|
| Benefit | Accrued benefit at date of retirement. |
|---------|----------------------------------------|

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*Schedule SB, Part V – Summary of Plan Provisions*

|                         |                                                                                                                                                                                                                                                                                                                         |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement</b> |                                                                                                                                                                                                                                                                                                                         |
| Eligibility             | <u>Stroudsburg Mill:</u> Age 55 and 10 years of vesting service.<br><u>Demopolis:</u> Age 55 and 15 years of vesting service.<br><u>All other groups:</u> Age 55 and 20 years of vesting service.                                                                                                                       |
| Benefit                 | <u>Demopolis:</u> Accrued benefit and date of termination reduced by 3% per year that retirement precedes age 65 or without reduction if employee has attained age 62 and completed 25 years vesting service.<br><u>All other groups:</u> Accrued benefit at date of termination actuarially reduced for early payment. |
| <b>Late retirement</b>  |                                                                                                                                                                                                                                                                                                                         |
| Eligibility             | Retirement from active service after normal retirement age.                                                                                                                                                                                                                                                             |
| Benefit                 | Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.                                                                                                                                                                  |
| <b>Deferred vested</b>  |                                                                                                                                                                                                                                                                                                                         |
| Eligibility             | The earlier of the completion of 5 years of vesting service or the attainment of age 65.                                                                                                                                                                                                                                |
| Benefit                 | Accrued benefit at date of termination payable at normal retirement date.                                                                                                                                                                                                                                               |

## Schedule SB, Part V – Summary of Plan Provisions

| <b>Disability</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                        |        |          |         |          |         |          |            |          |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|--------|----------|---------|----------|---------|----------|------------|----------|
| Eligibility              | <p><u>Missisquoi Mill</u>: Five years of vesting service.</p> <p><u>Demopolis</u>: Immediately if disability is work related or after 12 years of vesting service if disability is not work related.</p> <p><u>All other groups</u>: Immediately</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                        |        |          |         |          |         |          |            |          |
| Benefit                  | <p><u>Lynchburg Mill</u>: The greater of a monthly benefit of \$300.00 and the accrued benefit payable upon disability and actuarially reduced if less than 15 years of vesting service.</p> <p><u>Cincinnati Mill</u>: The greater of a monthly benefit of \$225.00 and the accrued benefit payable upon disability.</p> <p><u>Otsego Mill</u>: The greater of a monthly benefit of \$150.00 and the accrued benefit payable upon disability.</p> <p><u>Macon Converting</u>: The greater of a monthly benefit of \$150.00 and the accrued Benefit payable upon disability and actuarially reduced if less than 15 years of vesting service.</p> <p><u>Missisquoi Mill</u>: Accrued benefit payable upon disability. For participants employed at May 1, 1991 who participated in the PIUMPF plan at April 30, 1991, there is a minimum disability benefit as follows:</p> <table> <tr> <th>Years of vesting service</th><th>Minimum monthly amount</th></tr> <tr> <td>5 – 10</td><td>\$170.00</td></tr> <tr> <td>11 – 15</td><td>\$255.00</td></tr> <tr> <td>16 – 20</td><td>\$340.00</td></tr> <tr> <td>21 or more</td><td>\$425.00</td></tr> </table> <p><u>Demopolis</u>: Benefit amount if work related - Benefit unit times benefit service as follows:</p> <ul style="list-style-type: none"> <li>i. if employed before age 53, the greater of actual benefit service or 12 years; or</li> <li>ii. if employed on or after age 53, the number of years from employment date to normal retirement date.</li> </ul> <p>Benefit amount if not work related - Accrued benefit payable upon disability.</p> <p><u>All other groups</u>: Accrued benefit payable upon disability. Not available to groups without active participants.</p> | Years of vesting service | Minimum monthly amount | 5 – 10 | \$170.00 | 11 – 15 | \$255.00 | 16 – 20 | \$340.00 | 21 or more | \$425.00 |
| Years of vesting service | Minimum monthly amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                        |        |          |         |          |         |          |            |          |
| 5 – 10                   | \$170.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                        |        |          |         |          |         |          |            |          |
| 11 – 15                  | \$255.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                        |        |          |         |          |         |          |            |          |
| 16 – 20                  | \$340.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                        |        |          |         |          |         |          |            |          |
| 21 or more               | \$425.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                        |        |          |         |          |         |          |            |          |

## Schedule SB, Part V – Summary of Plan Provisions

| <b>Pre-retirement death</b>                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility                                                                                 | Five years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Benefit                                                                                     | <p><u>Dallas Mill &amp; Dallas Specialty</u>: 50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65. Also, if eligible, a \$1,500 lump sum death benefit (prorated for credited service at normal retirement).</p> <p><u>Chattanooga Mill</u>: 50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at his normal retirement age. Also, if eligible, a \$5,000 lump sum death benefit (prorated for credit service at normal retirement).</p> <p><u>All other groups</u>: 50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65.</p> <p>The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.</p> |
| <b>Form of benefits</b>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"> <li>Automatic form for unmarried participants</li> </ul> | Single life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul style="list-style-type: none"> <li>Automatic form for married participants</li> </ul>   | Joint and 50% survivor annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"> <li>Optional forms</li> </ul>                            | Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, five or ten year installment annuity, social security level income annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>Optional form conversion factors</li> </ul>          | All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Miscellaneous</b>                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"> <li>Maximum benefits</li> </ul>                          | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## Schedule SB, Part V – Summary of Plan Provisions

**RockTenn Company Consolidated Pension Plan – Career Average Benefits Component**

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | October 1, 2010<br>Plan year: October 1 through September 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Status of the plan                               | The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.<br>The benefit accruals of Hourly employees of the Conway plant were frozen effective December 31, 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Significant events that occurred during the year | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Definitions</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Covered employees                              | Union employees of WestRock Company who are covered by a collective bargaining agreement which provides for participation in the plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Participation                                  | Covered employees are eligible on the entry date following attainment of age 21 and completion of one year of service. Entry dates are October 1, January 1, April 1 and July 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Vesting service                                | Service from date of hire. An employee will receive credit for a month of vesting service if at least one hour of service is earned in a calendar month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Pensionable earnings                           | Base pay for salaried employees and total pay for hourly paid employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Accrued benefit                                | <p>The sum of the Waldorf Portion and the Formula Portion.</p> <p><u>Waldorf:</u> The frozen accrued benefit under the Waldorf pension plan that transferred to this plan on December 31, 1997.</p> <p><u>Formula:</u> The sum of a and b, as follows:</p> <p>a. 1.2% of pensionable earnings for each year after 1997, and</p> <p>b. 0.5% of pensionable earnings in excess of 50% of the social security wage base (if any) for each year after 1997.</p> <p><u>Battle Creek</u> – The sum of the Waldorf Pension, the Formula portion determined as of February 28, 2014 and 1.0% of pensionable earnings earned on or after March 1, 2014.</p> <p><u>Conway</u> – Pensionable earnings do not include compensation earned on or after December 31, 2015.</p> |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Actuarial equivalence for non-lump sum forms of payments | Based on an interest rate of 7% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries. Participants with a Waldorf Plan benefit as of December 31, 1997 will have the actuarial equivalent factors under the Waldorf Plan as of December 31, 1997 applied to the accrued benefit at December 31, 1997 if it produces a higher benefit. |
| • Actuarial equivalence for lump sum forms of payment      | Based on Section 417(e) of the Code.                                                                                                                                                                                                                                                                                                                                                             |
| <b>Normal retirement</b>                                   |                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Eligibility                                              | Retirement from active service at age 65.                                                                                                                                                                                                                                                                                                                                                        |
| • Benefit                                                  | Accrued benefit at normal retirement date.                                                                                                                                                                                                                                                                                                                                                       |
| <b>Early retirement</b>                                    |                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Eligibility                                              | Age 55 and 10 years of vesting service.                                                                                                                                                                                                                                                                                                                                                          |
| • Benefit                                                  | The accrued benefit at date of retirement reduced by 5% per year prior to age 65.                                                                                                                                                                                                                                                                                                                |
| <b>Late retirement</b>                                     |                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Eligibility                                              | Retirement from active service after age 65.                                                                                                                                                                                                                                                                                                                                                     |
| • Benefit                                                  | Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.                                                                                                                                                                                                                                           |
| <b>Deferred vested</b>                                     |                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Eligibility                                              | Termination of employment after completing five years of vesting service or attaining age 65.                                                                                                                                                                                                                                                                                                    |
| • Benefit                                                  | Accrued benefit at date of termination payable at normal retirement date. Participants with at least 10 years of vesting service at termination may elect to begin payments as early as age 55, in which case the benefit amount is reduced to the actuarial equivalent of the benefit payable at age 65.                                                                                        |
| <b>Disability</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Eligibility                                              | Immediate upon disability.                                                                                                                                                                                                                                                                                                                                                                       |
| • Benefit                                                  | Benefit accruals continue during the period of disability until age 65 at the rate of compensation in effect at the time of disability. Participant may elect commencement of a disability pension before age 65, in which case, benefit accruals will stop. Payment before age 65 is not reduced to reflect early commencement of benefit.                                                      |
| <b>Pre-retirement death</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Eligibility                                              | Eligible for vested termination benefits.                                                                                                                                                                                                                                                                                                                                                        |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                             |                                                                                                                                                                                                                                                                                        |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit                                   | 50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant. |
| <b>Form of benefits</b>                     |                                                                                                                                                                                                                                                                                        |
| • Automatic form for unmarried participants | Single life annuity.                                                                                                                                                                                                                                                                   |
| • Automatic form for married participants   | 50% joint and survivor annuity.                                                                                                                                                                                                                                                        |
| • Optional forms                            | Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, social security level income annuity.                                                                                                                                      |
| • Optional form conversion factors          | All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.                                                                                                                                                    |
| <b>Miscellaneous</b>                        |                                                                                                                                                                                                                                                                                        |
| • Maximum compensation                      | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2016, the limit is \$265,000.                               |
| • Maximum benefits                          | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.                                                                                                                                                        |

*Schedule SB, Part V – Summary of Plan Provisions***RockTenn Company Consolidated Pension Plan – Salaried/Nonunion Hourly Employees Component**

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | October 1, 2010<br>Plan year: October 1 through September 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Status of the plan                               | The plan has ongoing benefit accruals for employees who were older than 35 or had 5 years of vesting service as of December 31, 2004 and who have not elected to stop benefit accruals in order to participate in an alternative retirement program. Employees hired after December 31, 2004, are not eligible to participate in the plan.<br>Effective December 31, 2015, the accruals for all participants were frozen.                                                                                                                                                                                                                                                                                         |
| Significant events that occurred during the year | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Definitions</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Covered employees                              | Nonunion employees of WestRock Company who: <ul style="list-style-type: none"> <li>i. Are not eligible to participate in any other pension plan maintained by an affiliate, and</li> <li>ii. Satisfied the eligibility for participation conditions below by December 31, 2004.</li> </ul> All benefit accruals under this plan were frozen effective December 31, 2004 for covered employees who were under age 35 or had less than 5 years of vesting service as of December 31, 2004, unless covered by a bargaining agreement.<br>Periodically, all other covered employees have been given the choice to stop benefit accruals under this plan in order to participate in an alternative retirement program. |
| • Participation                                  | Covered employees are eligible on the entry date following attainment of age 21 and completion of one year of service. Entry dates are October 1, January 1, April 1 and July 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Vesting service                                | Service from date of hire. An employee will receive credit for a month of vesting service if at least one hour of service is earned in a calendar month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • Credited service                               | Service while a covered employee, but only prior to December 31, 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • Pensionable earnings                           | Base pay for salaried employees and total pay for hourly paid employees. Pay after December 31, 2015 is disregarded.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • Primary social security benefit                | The estimated monthly social security benefit payable at age 65 assuming level future earnings after termination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Average compensation                           | The highest average monthly compensation for any five years out of the last ten year of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Grandfathered employees                                  | Grandfathered employees are covered employees who attained age 55 and completed at least 10 years of vesting service as of January 1, 1998.                                                                                                                                                                                                                                                                                                                                                                       |
| • Accrued benefit                                          | For grandfathered employees, the greater of the new benefit formula or the old benefit formula described below. For all other covered employees, only the new benefit formula applies.<br><br>In all cases, the accrued benefit is frozen for covered employees who have ceased benefit accruals under the plan.                                                                                                                                                                                                  |
| • New benefit formula                                      | The sum of a, b, and c as follows:<br>a. The old benefit formula frozen as of December 31, 1997 or the frozen Sonoco accrued benefit, if applicable.<br>b. 1.2% of pensionable earnings for each year after 1997 until March 1, 2005 and 1.0% of compensation for each year after March 1, 2005.<br>a. 0.5% of pensionable earnings in excess of 50% of the social security wage base (if any) for each year after 1997 until March 1, 2005.<br><br>The c. portion does not apply to service after March 1, 2005. |
| • Old benefit formula                                      | The greater of:<br>a. 0.75% of average compensation times benefit service.<br>b. \$12.00 per month per year of benefit service.<br>c. The product of:<br>i. 50% of average compensation minus 50% of the primary social security benefit, and<br>ii. benefit service up to 25 years divided by 25.<br>b. accrued benefit as of September 30, 1985.                                                                                                                                                                |
| • Actuarial equivalence for non-lump sum forms of payments | Based on an interest rate of 7% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries.                                                                                                                                                                                                                                                                                                                                                                  |
| • Actuarial equivalence for lump sum forms of payment      | Based on Section 417(e) of the Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Normal retirement</b>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Eligibility                                              | Retirement from active service at age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Benefit                                                  | Accrued benefit at date of retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Early retirement</b>                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Eligibility                                              | Age 55 and 10 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Benefit                                                  | Accrued benefit reduced by 1/180 for each month prior to age 65 down to age 60 and 1/360 for each month prior to age 60.                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Late retirement</b>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Eligibility                                              | Retirement from active service after age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

*Schedule SB, Part V – Summary of Plan Provisions*

|                             |                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit                   | Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.                                                                                                                                                                                      |
| <b>Deferred vested</b>      |                                                                                                                                                                                                                                                                                                                                             |
| • Eligibility               | Termination of employment after completing five years of vesting service or attaining age 65.                                                                                                                                                                                                                                               |
| • Benefit                   | Accrued benefit at date of termination payable at normal retirement date. Participants with at least 10 years of vesting service at termination may elect to commence benefits as early as age 55, in which case the benefit amount is reduced to the actuarial equivalent of the benefit payable at age 65.                                |
| <b>Disability</b>           |                                                                                                                                                                                                                                                                                                                                             |
| • Eligibility               | Upon permanent disability for covered employees who have opted to continue accruals under the plan.                                                                                                                                                                                                                                         |
| • Benefit                   | Benefit accruals continue during the period of disability until age 65 at the rate of compensation in effect at the time of disability. Participant may elect commencement of a disability pension before age 65, in which case, benefit accruals will stop. Payment before age 65 is not reduced to reflect early commencement of benefit. |
| <b>Pre-retirement death</b> |                                                                                                                                                                                                                                                                                                                                             |
| • Eligibility               | Eligible for vested termination benefits.                                                                                                                                                                                                                                                                                                   |
| • Benefit                   | 50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% Joint and Survivor annuity at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.                                                      |

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Form of benefits</b>                     |                                                                                                                                                                                                                                                          |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Automatic form for unmarried participants | Single life annuity.                                                                                                                                                                                                                                     |
| • Automatic form for married participants   | Joint and 50% survivor annuity.                                                                                                                                                                                                                          |
| • Optional forms                            | Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, Social Security level income annuity.                                                                                                        |
| • Optional form conversion factors          | All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.                                                                                                                      |
| <b>Miscellaneous</b>                        |                                                                                                                                                                                                                                                          |
| • Maximum compensation                      | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2016, the limit is \$265,000. |
| • Maximum benefits                          | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.                                                                                                                          |

*Schedule SB, Part V – Summary of Plan Provisions***Summary of Major Plan Provisions for MWRP Plan**

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | Original plan: March 31, 2002<br>Restated plan: January 1, 2013 and amended effective July 2, 2015 to incorporate plan merger and effective December 31, 2015 to incorporate plan freeze for certain participants.<br>Plan Year: October 1 to September 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Status of the plan                               | As of October 1, 2016 the plan has ongoing benefit accruals for certain participants. The plan was closed to new participants effective August 1, 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Significant events that occurred during the year | Rock-Tenn Company merged with MeadWestvaco Corporation to form WestRock Company on July 1, 2015. On July 2, 2015, the plan merged with the MeadWestvaco Corporation Retirement Plan for Bargained Hourly Employees, the MeadWestvaco Corporation Envelope Division Retirement Plan for Salaried and Non-Bargained Hourly Employees and the Rock-Tenn Company Consolidated Pension Plan to form the WestRock Company Consolidated Pension Plan.<br><br>After the plan merger, current plan participants will accrue benefits under the component plan in which they participated or would have participated prior to the merger.<br><br>Effective December 31, 2015, benefit accruals were frozen for all plan participants except those who are grandfathered. Benefit accruals for grandfathered participants will be frozen as of December 31, 2020. |
| <b>Definitions</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Covered employees                              | All salaried and non-union employees who are not eligible to participate in the Bargained Plan or the Envelope Plan. The plan was closed to new participants effective August 1, 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Participation                                  | Participation commences immediately for covered employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Grandfathering                                 | A participant who had reached age 50 and has combined age and years of vesting service equal to 75 or more by December 31, 2015 (Rule of 75).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

*Schedule SB, Part V – Summary of Plan Provisions*


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- Cash balance participants

New Hires

New hires and rehires on or after January 1, 2007 participate once becoming a covered employee.

Calmar Participants

Active employees at a Calmar Location immediately after the Saint Gobain Calmar acquisition became cash balance participants as of July 1, 2006. Other Calmar employees or transfers participate once becoming covered employees.

Choice-Eligible Participants

Choice-Eligible participants must be a covered employee, and not a cash balance participant, on December 31, 2006 and for at least one day during election period from August 1, 2007 – September 30, 2007 and must be born before January 1, 1968. If these requirements were met, participation commenced as of January 1, 2008 if election to participate was made during the election period.

Conversion Participants

Conversion participants that are Choice-Eligible Participants above, and also covered employees who are not cash balance participants as of December 31, 2007 and not Choice-Eligible Participants will participate as of January 1, 2008.

---

|                                |                                                                                                                                                                                                                             |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Retirement Plus participants | All active participants as of January 1, 2015.                                                                                                                                                                              |
| • Vesting service              | Elapsed time from date of hire, counted in years and months, where any partial month counts as a whole month.                                                                                                               |
| • Credited service             | Elapsed time from date of hire as eligible employee, counted in years and months, where any partial month counts as a whole month. Credited service does not include service under the Bargained Plan or the Envelope Plan. |
| • Compensation                 | Base pay plus overtime, performance bonuses, sales commissions, incentive compensation awards (excluding long-term awards), deferrals and deferred compensation.                                                            |
| • Final Average Pay            | Average annual compensation during the highest five years out of the last ten years preceding the earlier of the participant's date of termination or the date the participant became a cash balance participant.           |

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*Schedule SB, Part V – Summary of Plan Provisions*

|                                            |                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Social Security Primary Insurance Amount | The estimated Social Security benefit payable at age 65 determined as of the earlier of the participant's date of termination or the date the participant became a cash balance participant. For retirement ages over 55, the estimated amounts payable at age 65 assume zero earnings to age 65. For deferred vested benefits, level future earnings to age 65 are used. |
| <b>Final Average Pay Benefit Formulas</b>  |                                                                                                                                                                                                                                                                                                                                                                           |
| • All-Service New Formula                  | (1.6% of Final Average Pay minus 1.25% of Social Security Primary Insurance Amount) times benefit service, where benefit service does not include years of service as a cash balance participant.                                                                                                                                                                         |
| • All-Service Minimum Formula              | 1.0% of Final Average Pay times benefit service, where benefit service does not include years of service as a cash balance participant.                                                                                                                                                                                                                                   |
| • Post-December 31, 2002 Formula           | (1.6% of Final Average Pay minus 1.25% of Social Security Primary Insurance Amount) times benefit service after December 31, 2002, where benefit service does not include years of service as a cash balance participant.                                                                                                                                                 |
| • Pay Update Formula                       | 1.5% of Final Average Pay times benefit service as of December 31, 2002 minus 50% of Social Security Primary Insurance Amount times a fraction equal to (benefit service as of December 31, 2002 / greater of 30 or benefit service if participant had remained in service until age 65).                                                                                 |
| • Benefit Service                          | Limited to 40 years less service as of December 31, 2002 for 1.6% formula for Salaried Legacy groups, and limited to 40 years for other Salaried formulas.                                                                                                                                                                                                                |
| • Benefit Accrual Freeze                   | A participant who is not grandfathered shall have his benefit determined using his pay history and service as of December 31, 2015. A participant who is grandfathered shall have his benefit determined as of December 31, 2020.                                                                                                                                         |
| <b>Cash Balance Formula</b>                |                                                                                                                                                                                                                                                                                                                                                                           |
| • Interest credits                         | Added as of the last day of the calendar year, based on the greater of i) rate of interest on 30-year securities for the preceding November, or ii) 2.57%.                                                                                                                                                                                                                |

*Schedule SB, Part V – Summary of Plan Provisions*

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- **Pay credits** Added as of the last day of each calendar year, where the pay credit percentage is based on sum of age (rounded to next highest month) and benefit service years as follows:

| <u>Points</u> | <u>Percentage</u> |
|---------------|-------------------|
| <40           | 4%                |
| 40 – 50       | 5%                |
| 50 – 60       | 6%                |
| 60 – 70       | 7%                |
| 70+           | 8%                |

Pro-rata pay and interest credits are added in year of benefit commencement.

A participant who has not met the Rule of 75 as of December 31, 2015 shall receive no pay credits after December 31, 2015.

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**Retirement Plus Formula**


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- **Interest credits** Added as of the last day of the calendar year, based on total rate of return on an investment fund chosen by the Benefit Plans Investment Policy Committee as of December 31 for the calendar year.
  - **Pay credits** Added as of the last day of each calendar year, equal to 4%. Pro-rata pay and interest credits are added in year of benefit commencement. No pay credits are issued for any participant after December 31, 2015.
- 

**Hourly Westvaco Benefit Multipliers**


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|                                    | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|------------------------------------|----------------------------|---------------------------|
| • Summerville Lumber Mill (closed) | 04/01/00 – 03/31/01        | \$21.00                   |
|                                    | 04/01/01 – 03/31/02        | \$22.00                   |
|                                    | 04/01/02 – 03/31/03        | \$23.00                   |
|                                    | 04/01/03 – 03/31/04        | \$24.00                   |
|                                    | 04/01/04 – 03/31/05        | \$25.00                   |
|                                    | 04/01/05 – 03/31/06        | \$26.00                   |
|                                    | 04/01/06 – 03/31/07        | \$27.00                   |
|                                    | 04/01/07 –                 | \$28.00                   |
| • Mebane Packaging Group           | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|                                    | 04/01/00 – 03/31/01        | \$22.50                   |
|                                    | 04/01/01 – 12/31/11        | \$23.50                   |
|                                    | 01/01/12 –                 | \$30.00                   |

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*Schedule SB, Part V – Summary of Plan Provisions*

|                                                                                           |                                                                                                                                                                                                    |                                                            |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| • AGI (closed)                                                                            | <b>Date of termination</b><br>04/01/02 –                                                                                                                                                           | <b>Benefit Multiplier</b><br>\$23.50                       |
| • Polymatrix – Pittsfield, MA (closed)                                                    | <b>Date of termination</b><br>04/01/02 –                                                                                                                                                           | <b>Benefit Multiplier</b><br>\$23.50                       |
| <b>Hourly Mead Benefit Multipliers</b>                                                    |                                                                                                                                                                                                    |                                                            |
| • Containerboard -- Covington, Georgia (Location 93P) (closed)                            | <b>Date of termination</b><br>01/01/98 –                                                                                                                                                           | <b>Benefit Multiplier</b><br>\$20.00                       |
|                                                                                           | Such amount shall be added to the product of \$16.50 multiplied by the participant's benefit service prior to January 1, 1998.                                                                     |                                                            |
| • Containerboard -- Lewisburg, Tennessee (Location 94P) (closed)                          | \$19.00 for all terminations.                                                                                                                                                                      |                                                            |
| • Packaging -- Lanett, Alabama (Location 138P) (closed)                                   | <b>Date of termination</b><br>01/01/03 – 12/31/04<br>01/01/04 – 12/31/11<br>12/31/11 –                                                                                                             | <b>Benefit Multiplier</b><br>\$20.00<br>\$23.50<br>\$30.00 |
|                                                                                           | Note that \$30.00 rate only applies to those who are still only eligible for Dollar times Service benefits; all others were frozen effective December 31, 2007 and the \$23.50 multiplier applies. |                                                            |
| • Consumer and Office Products Division -- Front Royal, Virginia (Location 161P) (closed) | \$20.50 for all terminations.                                                                                                                                                                      |                                                            |
| • Coated Board -- Cottonton, Alabama (Location 406P)                                      | <b>Date of termination</b><br>Prior to 09/30/02<br>10/01/02 – 12/31/11                                                                                                                             | <b>Benefit Multiplier</b><br>\$17.00<br>\$18.00            |
| • Containerboard -- Stevenson, Alabama (Location 44P) (closed)                            | 0.83% of Final Average Pay for all terminations. Annual benefit calculated as a single life annuity may not exceed \$16,000.                                                                       |                                                            |
| <b>Accrued benefit</b>                                                                    |                                                                                                                                                                                                    |                                                            |
| • Frozen December 31, 2002 Accrued Benefit                                                | Participant's accrued benefit as of December 31, 2002, prior to merger.                                                                                                                            |                                                            |
| • Salaried Non-Legacy Participants hired on or after December 31, 2002                    | The greater of:<br>a.) All-Service New Formula<br>b.) All-Service Minimum Formula                                                                                                                  |                                                            |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                         |                                                                                                                                                                                                                          |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Salaried Westvaco Legacy Participants | The greater of:<br>a.) Frozen December 31, 2002 Accrued Benefit plus Post-December 31, 2002 Formula<br>b.) All-Service New Formula<br>c.) All-Service Minimum Formula                                                    |
| • Salaried Mead Legacy Participants     | The greater of:<br>a.) Pay Update Formula plus Post-December 31, 2002 Formula<br>b.) All-Service Minimum Formula<br>c.) Frozen December 31, 2002 Accrued Benefit                                                         |
| • Hourly Participants                   | 12 times Benefit Multiplier times benefit service, where benefit service does not include years of service as a cash balance participant.                                                                                |
| • Cash Balance Participants             | Sum of pre-cash balance accrued benefit and cash balance account.                                                                                                                                                        |
| • Retirement Plus Participants          | Retirement Plus account balance.                                                                                                                                                                                         |
| • Benefit Accrual Freeze                | In general, a participant's benefit is frozen effective December 31, 2015. This rule does not apply if the participants had reached age 50 and his combined age and years of service totaled 75 as of December 31, 2015. |
| <b>Normal retirement</b>                |                                                                                                                                                                                                                          |
| • Eligibility                           | Retirement from active service at age 65.                                                                                                                                                                                |
| • Benefit                               | Accrued benefit at normal retirement date.                                                                                                                                                                               |
| <b>Early retirement</b>                 |                                                                                                                                                                                                                          |
| • Eligibility                           | Age 55 and 5 years of vesting service.                                                                                                                                                                                   |

*Schedule SB, Part V – Summary of Plan Provisions*


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- **Benefit**

Accrued benefit reduced by 3% per year for each year prior to age 65 down to age 62 and 6% per year for each year prior to age 62. Participants with at least 20 years of benefit service only have reductions of 6% per year for each year prior to age 62.

For Salaried Westvaco Legacy Participants, the Legacy plan reduction factors apply to the Frozen December 31, 2002 Accrued Benefit.

For Salaried Mead Legacy Participants employed at the packaging facility in Lanett, AL or the coated board facility in Cottonton, AL, the Legacy plan reduction factors apply regardless of formula.

For all other Salaried Mead Legacy Participants, the Legacy plan reduction factors apply to the Pay Update Formula and the Frozen December 31, 2002 Accrued Benefit.

For Hourly Mead Legacy Participants employed at the packaging facility in Lanett, AL or the coated board facility in Cottonton, AL, the Legacy plan reduction factors apply to the entire accrued benefit.

For Hourly Westvaco Legacy Participants and all other Hourly Mead Legacy Participants, benefit cannot be less than the Legacy plan reduction factors applied to the Frozen December 31, 2002 Accrued Benefit.

The Legacy plan reduction factors are:

| <b>Sum of Age and<br/>Years of<br/>Employment<br/>Service at<br/>Retirement</b> | <b>Percentage<br/>Reduction Per<br/>year</b> | <b>Age from which<br/>the Percentage<br/>reduction per<br/>Year Applies</b> |
|---------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------|
| 92 or More                                                                      | 2.00%                                        | 61                                                                          |
| 90 or 91                                                                        | 3.00%                                        | 62                                                                          |
| 88 or 89                                                                        | 4.00%                                        | 63                                                                          |
| Under 88                                                                        | 5.00%                                        | 64                                                                          |

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*Schedule SB, Part V – Summary of Plan Provisions*

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Late retirement</b> |                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Eligibility          | Retirement from active service after age 65.                                                                                                                                                                                                                                                                                                                                                                     |
| • Benefit              | Accrued benefit calculated at late retirement date, including actuarial adjustments for those over 70 ½.                                                                                                                                                                                                                                                                                                         |
| <b>Deferred vested</b> |                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Eligibility          | Termination of employment after completing five years of vesting service or attaining age 65.<br>For cash balance participants, termination of employment after completing three years of vesting service or attaining age 65.<br>For Retirement Plus participants, immediate.                                                                                                                                   |
| • Benefit              | Accrued benefit at date of termination payable at normal retirement date. Participants may elect to begin payments as early as age 55, in which case the benefit amount is reduced by 6% per year for each year prior to age 65.<br>For cash balance and Retirement Plus participants, benefit equals cash balance account at date of termination.                                                               |
| <b>Disability</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Eligibility          | Immediate upon total and permanent disability after completing 5 years of vesting service.<br>For cash balance participants, three years of vesting service or attaining age 65.<br>For Retirement Plus participants, immediate.                                                                                                                                                                                 |
| • Benefit              | Accrued benefit at earlier of benefit commencement date or date of termination. Benefit is not reduced for commencement prior to age 65.<br>For cash balance and Retirement Plus participants, benefit equals cash balance account at date of disability, or participant may elect to defer benefits until age 65 and continue accruing pay and interest credits based on rate of pay in effect upon disability. |

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Pre-retirement death</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility                                      | Married participants eligible for deferred vested benefits. For cash balance and Retirement Plus participants, immediately eligible upon death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • Benefit prior to early retirement                | Survivor portion of the 50% joint and survivor annuity that would have been payable if participant had commenced benefits at age 55. Accrued benefit is calculated as of the earlier of date of termination or date of death.<br>For cash balance and Retirement Plus participants, non-spouse beneficiaries receive the account balance as a lump sum and spouse beneficiaries may elect to receive account balance as either a lump sum payment or an actuarial equivalent single life annuity. Spouse beneficiaries may elect immediate commencement or defer up to participant's normal retirement date.                  |
| • Benefit after early but before normal retirement | Survivor portion of the 75% joint and survivor annuity that would have been payable if participant had commenced benefits immediately prior to death. Accrued benefit is calculated as of the earlier of date of termination or date of death.<br>For cash balance and Retirement Plus participants, non-spouse beneficiaries receive the account balance as a lump sum and spouse beneficiaries may elect to receive account balance as either a lump sum payment or an actuarial equivalent single life annuity. Spouse beneficiaries may elect immediate commencement or defer up to participant's normal retirement date. |
| <b>Form of benefits</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • Automatic form for unmarried participants        | Single life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • Automatic form for married participants          | 50% joint and survivor annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Optional forms                   | <p>For disability, automatic form is a single life annuity. If married, optional forms include 50%, 75%, or 100% joint and survivor annuities with or without pop-up benefits.</p> <p>Otherwise, the optional forms of benefits include:</p> <ul style="list-style-type: none"> <li>• Single life annuity</li> <li>• 25%, 50%, 66.67%, 75%, or 100% joint and survivor annuities with or without pop-up benefits, excluding pop-up option for 66.67%</li> <li>• 5CC, 10CC, 15CC, or 20CC</li> <li>• Modified cash refund annuity</li> <li>• Social Security Level Income Annuity</li> <li>• Increasing Annuity (3% COLA)</li> </ul> <p>In addition, Mead Legacy participants who were eligible to elect a lump sum distribution under the Pre-Merger Plan may elect to have the greater of</p> <p>(i) the Frozen December 31, 2002 Accrued Benefit,</p> <p>(ii) the portion of the accrued benefit based on the Pay Update Formula, paid as a lump sum.</p> <p>The lump sum is the actuarial equivalent of the greater of the accrued benefit reduced for early commencement using the current plan reduction factors or the accrued benefit payable at the normal retirement date. If the lump sum is based on the Pay Update Formula and the remaining Post- December 31, 2002 Formula accrued benefit is less than \$50 per month, the entire pension is payable as a lump sum. The Frozen December 31, 2002 Accrued Benefit is also payable to Mead Legacy participants under any other eligible optional forms allowed under the Pre-Merger Plan.</p> <p>For cash balance and Retirement Plus participants, optional forms of payment include single life annuity, 50% or 75% joint and survivor annuities or a lump sum.</p> |
| • Optional form conversion factors | <p>For lump sum payments and the Social Security Level Income Annuity, applicable interest rates and mortality tables set forth by Code Section 417(e). Interest rates determined using 5-month lookback from benefit commencement date.</p> <p>For all other payments, an interest rate of 7.5% and the applicable mortality table set forth in Revenue Ruling 2001-62.</p> <p>For cash balance and Retirement Plus participants, an interest rate equal to the interest credit percentage rate for cash balance benefits and the applicable mortality table set forth by Code Section 417(e).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Miscellaneous</b>   |                                                                                                                                                                                                                                                          |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2016, the limit is \$265,000. |
| • Maximum benefits     | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.                                                                                                                          |

*Schedule SB, Part V – Summary of Plan Provisions***Summary of Major Plan Provisions for ERP Plan**

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | Original plan: December 1, 1955<br>Restated plan: January 1, 2008 and amended effective July 2, 2015 to incorporate plan merger.<br>Plan Year: October 1 to September 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Status of the plan                               | The plan has ongoing benefit accruals; however MeadWestvaco Corporation sold the Envelope division in 2011 and the only remaining active participants are on long-term disability, and no new participants have entered the plan since then.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Significant events that occurred during the year | Rock-Tenn Company merged with MeadWestvaco Corporation to form WestRock Company on July 1, 2015. On July 2, 2015, the plan merged with the MeadWestvaco Corporation Retirement Plan for Bargained Hourly Employees, the MeadWestvaco Corporation Retirement Plan for Salaried and Non-Bargained Hourly Employees and the Rock-Tenn Company Consolidated Pension Plan to form the WestRock Company Consolidated Pension Plan.<br><br>After the plan merger, current plan participants will accrue benefits under the component plan in which they participated or could have participated prior to the merger.<br><br>Effective December 31, 2015, benefit accruals will be frozen for all participants under the plan. |
| <b>Definitions</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Covered employees                              | All salaried and non-union employees of the Envelope Division who are not eligible to participate in the Bargained Plan or the Non-Bargained Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| • Participation                                  | Participation commences immediately for covered employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Cash balance participants                | <p><u>New Hires</u><br/>New hires and rehires on or after January 1, 2007 participate once becoming a covered employee.</p> <p><u>Choice-Eligible Participants</u><br/>Choice-Eligible participants must be a covered employee, and not a cash balance participant, on December 31, 2006 and for at least one day during election period from August 1, 2007 – September 30, 2007 and must be born before January 1, 1968. If these requirements were met, participation commenced as of January 1, 2008 if election to participate was made during the election period.</p> <p><u>Conversion Participants</u><br/>Conversion participants that are Choice-Eligible Participants above, and also covered employees who are not cash balance participants as of December 31, 2007 and not Choice-Eligible Participants will participate as of January 1, 2008.</p> |
| • Vesting service                          | Elapsed time from date of hire, counted in years and months, where any partial month counts as a whole month; service continues to accrue while receiving LTD benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Credited service                         | Elapsed time from date of hire as eligible employee, counted in years and months, where any partial month counts as a whole month. Credited service does not include service under the Bargained Plan or the Non-Bargained Plan. Service continues to accrue while receiving LTD benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Compensation                             | Base pay plus overtime, performance bonuses, sales commissions, incentive compensation awards (excluding long-term awards), deferrals and deferred compensation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Final Average Pay                        | Average annual compensation during the highest five years out of the last ten years preceding the earlier of the participant's date of termination or the date the participant became a cash balance participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Social Security Primary Insurance Amount | The estimated Social Security benefit payable at age 65 determined as of the earlier of the participant's date of termination or the date the participant became a cash balance participant. For retirement ages over 55, the estimated amounts payable at age 65 assume zero earnings to age 65. For deferred vested benefits, level future earnings to age 65 are used.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

*Schedule SB, Part V – Summary of Plan Provisions***Final Average Pay Benefit Formulas**

- |                                  |                                                                                                                                                                                                                          |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • All-Service New Formula        | (1.6% of Final Average Pay minus 1.25% of Social Security Primary Insurance Amount) times benefit service, where benefit service does not include years of service as a cash balance participant                         |
| • All-Service Minimum Formula    | 1.0% of Final Average Pay times benefit service, where benefit service does not include years of service as a cash balance participant                                                                                   |
| • Post-December 31, 2002 Formula | (1.6% of Final Average Pay minus 1.25% of Social Security Primary Insurance Amount) times benefit service after December 31, 2002, where benefit service does not include years of service as a cash balance participant |
| • Benefit Service                | Limited to 40 years less service at December 31, 2002 for 1.6% formula for Salaried legacy groups, and limited to 40 years for other Salaried formulas.                                                                  |

**Cash Balance Formula**

- | • Interest credits | Added as of the last day of the calendar year, based on the rate of interest on 30-year securities for the preceding November.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |            |     |    |         |    |         |    |         |    |     |    |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|-----|----|---------|----|---------|----|---------|----|-----|----|
| • Pay credits      | <p>Added as of the last day of each calendar year, where the pay credit percentage is based on sum of age (rounded to next highest month) and benefit service years as follows:</p> <table border="1"> <thead> <tr> <th>Points</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>&lt;40</td> <td>4%</td> </tr> <tr> <td>40 – 50</td> <td>5%</td> </tr> <tr> <td>50 – 60</td> <td>6%</td> </tr> <tr> <td>60 – 70</td> <td>7%</td> </tr> <tr> <td>70+</td> <td>8%</td> </tr> </tbody> </table> <p>Pro-rata pay and interest credits are added in year of benefit commencement.</p> | Points | Percentage | <40 | 4% | 40 – 50 | 5% | 50 – 60 | 6% | 60 – 70 | 7% | 70+ | 8% |
| Points             | Percentage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |            |     |    |         |    |         |    |         |    |     |    |
| <40                | 4%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |            |     |    |         |    |         |    |         |    |     |    |
| 40 – 50            | 5%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |            |     |    |         |    |         |    |         |    |     |    |
| 50 – 60            | 6%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |            |     |    |         |    |         |    |         |    |     |    |
| 60 – 70            | 7%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |            |     |    |         |    |         |    |         |    |     |    |
| 70+                | 8%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |            |     |    |         |    |         |    |         |    |     |    |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accrued benefit</b>                                                 |                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Frozen December 31, 2002 Accrued Benefit                             | Participant's accrued benefit as of December 31, 2002, prior to merger.                                                                                                                                                                                                                                                                                                                                 |
| • Salaried Non-Legacy Participants hired on or after December 31, 2002 | The greater of:<br>c.) All-Service New Formula<br>d.) All-Service Minimum Formula                                                                                                                                                                                                                                                                                                                       |
| • Salaried Westvaco Legacy Participants                                | The greater of:<br>d.) Frozen December 31, 2002 Accrued Benefit plus Post-December 31, 2002 Formula<br>e.) All-Service New Formula<br>f.) All-Service Minimum Formula                                                                                                                                                                                                                                   |
| • Cash Balance Participants                                            | Sum of pre-cash balance accrued benefit and cash balance account.                                                                                                                                                                                                                                                                                                                                       |
| <b>Normal retirement</b>                                               |                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Eligibility                                                          | Retirement from active service at age 65.                                                                                                                                                                                                                                                                                                                                                               |
| • Benefit                                                              | Accrued benefit at normal retirement date.                                                                                                                                                                                                                                                                                                                                                              |
| <b>Early retirement</b>                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Eligibility                                                          | Age 55 and 5 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                  |
| • Benefit                                                              | Accrued benefit reduced by 3% per year for each year prior to age 65 down to age 62 and 6% per year for each year prior to age 62. Participants with at least 20 years of benefit service only have reductions of 6% per year for each year prior to age 62.<br><br>For Salaried Westvaco Legacy Participants, the Legacy plan reduction factors apply to the Frozen December 31, 2002 Accrued Benefit. |

The Legacy plan reduction factors are:

| Sum of Age and<br>Years of<br>Employment<br>Service at<br>Retirement | Percentage<br>Reduction Per<br>year | Age from which<br>the Percentage<br>reduction per<br>Year Applies |
|----------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|
| 92 or More                                                           | 2.00%                               | 61                                                                |
| 90 or 91                                                             | 3.00%                               | 62                                                                |
| 88 or 89                                                             | 4.00%                               | 63                                                                |
| Under 88                                                             | 5.00%                               | 64                                                                |

*Schedule SB, Part V – Summary of Plan Provisions*

|                             |                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Late retirement</b>      |                                                                                                                                                                                                                                                                                                                                                                                              |
| • Eligibility               | Retirement from active service after age 65.                                                                                                                                                                                                                                                                                                                                                 |
| • Benefit                   | Accrued benefit calculated at late retirement date, including actuarial adjustments for those over age 70 ½.                                                                                                                                                                                                                                                                                 |
| <b>Deferred vested</b>      |                                                                                                                                                                                                                                                                                                                                                                                              |
| • Eligibility               | Termination of employment after completing five years of vesting service or attaining age 65.<br>For cash balance participants, termination of employment after completing three years of vesting service or attaining age 65.                                                                                                                                                               |
| • Benefit                   | Accrued benefit at date of termination payable at normal retirement date. Participants may elect to begin payments as early as age 55, in which case the benefit amount is reduced by 6% per year for each year prior to age 65.<br>For cash balance participants, benefit equals cash balance account at date of termination.                                                               |
| <b>Disability</b>           |                                                                                                                                                                                                                                                                                                                                                                                              |
| • Eligibility               | Immediate upon total and permanent disability after completing 5 years of vesting service.<br>For cash balance participants, three years of vesting service or attaining age 65.                                                                                                                                                                                                             |
| • Benefit                   | Accrued benefit at earlier of benefit commencement date or date of termination. Benefit is not reduced for commencement prior to age 65.<br>For cash balance participants, benefit equals cash balance account at date of disability, or participant may elect to defer benefits until age 65 and continue accruing pay and interest credits based on rate of pay in effect upon disability. |
| <b>Pre-retirement death</b> |                                                                                                                                                                                                                                                                                                                                                                                              |
| • Eligibility               | Married participants eligible for deferred vested benefits.<br>For cash balance participants, immediately eligible upon death.                                                                                                                                                                                                                                                               |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Benefit prior to early retirement</li> </ul>                | <p>Survivor portion of the 50% joint and survivor annuity that would have been payable if participant had commenced benefits at age 55. Accrued benefit is calculated as of the earlier of date of termination or date of death.</p> <p>For cash balance participants, non-spouse beneficiaries receive the account balance as a lump sum and spouse beneficiaries may elect to receive account balance as either a lump sum payment or an actuarial equivalent single life annuity. Spouse beneficiaries may elect immediate commencement or defer up to participant's normal retirement date.</p>                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>Benefit after early but before normal retirement</li> </ul> | <p>Survivor portion of the 75% joint and survivor annuity that would have been payable if participant had commenced benefits immediately prior to death. Accrued benefit is calculated as of the earlier of date of termination or date of death.</p> <p>For cash balance participants, non-spouse beneficiaries receive the account balance as a lump sum and spouse beneficiaries may elect to receive account balance as either a lump sum payment or an actuarial equivalent single life annuity. Spouse beneficiaries may elect immediate commencement or defer up to participant's normal retirement date.</p>                                                                                                                                                        |
| <b>Form of benefits</b>                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>Automatic form for unmarried participants</li> </ul>        | Single life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>Automatic form for married participants</li> </ul>          | 50% joint and survivor annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>Optional forms</li> </ul>                                   | <p>For disability, automatic form is a single life annuity. If married, optional forms include 50%, 75%, or 100% joint and survivor annuities with or without pop-up benefits.</p> <p>Otherwise, the optional forms of benefits include:</p> <ul style="list-style-type: none"> <li>Single life annuity</li> <li>25%, 50%, 66.67%, 75%, or 100% joint and survivor annuities with or without pop-up benefits, excluding pop-up option for 66.67%</li> <li>5CC, 10CC, 15CC, or 20CC</li> <li>Modified cash refund annuity</li> <li>Social Security Level Income Annuity</li> <li>Increasing Annuity (3% COLA)</li> </ul> <p>For cash balance participants, optional forms of payment include single life annuity, 50% or 75% joint and survivor annuities or a lump sum.</p> |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Optional form conversion factors | <p>For lump sum payments and the Social Security Level Income Annuity, applicable interest rates and mortality tables set forth by Code Section 417(e). Interest rates determined using 5-month lookback from benefit commencement date.</p> <p>For all other payments, an interest rate of 7.5% and the applicable mortality table set forth in Revenue Ruling 2001-62.</p> <p>For cash balance participants, an interest rate equal to the interest credit percentage rate for cash balance benefits and the applicable mortality table set forth by Code Section 417(e).</p> |
| <b>Miscellaneous</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Maximum compensation             | <p>Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2016, the limit is \$265,000.</p>                                                                                                                                                                                                                                                                                                                 |
| • Maximum benefits                 | <p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                          |

*Schedule SB, Part V – Summary of Plan Provisions***Summary of Major Plan Provisions for MWRB Plan**

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | Original plan: December 31, 2003<br>Restated plan: January 1, 2015 and amended effective July 2, 2015 to incorporate plan merger.<br>Plan year: October 1 to September 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Status of the plan                               | As of October 1, 2016 the plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Significant events that occurred during the year | <p>Rock-Tenn Company merged with MeadWestvaco Corporation to form WestRock Company on July 1, 2015. On July 2, 2015, the plan merged with the MeadWestvaco Corporation Retirement Plan for Salaried and Non-Bargained Hourly Employees, the MeadWestvaco Corporation Envelope Division Retirement Plan for Salaried and Non-Bargained Hourly Employees and the Rock-Tenn Company Consolidated Pension Plan to form the WestRock Company Consolidated Pension Plan.</p> <p>After the plan merger, current plan participants will accrue benefits under the component plan in which they participated or would have participated prior to the merger.</p> <p>The Wickliffe Carbon Plant (Union 775) and Charleston Chemical Plant (Union 508, 152, 1753) were spun off to Ingevity effective May 15, 2016 and there are no longer any active participants in the plan from these locations.</p> |

**Definitions**

|                                    |                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Covered employees                | Union employees who are covered by a collective bargaining agreement which provides for participation in the plan.                                                                                                                                                                                                                                                   |
| • Active Legacy Mead Locations     | Location 40B, Local No. 527, Atlanta, GA (Union G05)<br>Location 86B, Local No. 415, Chicago, IL (Union G01)<br>Location 404B, Local No. 971, Phenix City, AL (Union 971)<br>Location 404B, Local No. 1471, Phenix City, AL (Union 1471)<br>Location 404B, Local No. 1972, Phenix City, AL (Union 1972)<br>Location 406B, Local No. 9-267, Cottonton, AL (Union 267) |
| • Active Legacy Westvaco Locations | Covington Mill-IBEW (Union 464)<br>Board Converting Low Moor, VA (Union 490)<br>Wickliffe Carbon Plant (Union 775)<br>Evadale Bleached Board Mill (Union 390, 801, 825)<br>Silsbee Extruder (Union P04)<br>Covington Mill-PACE (Union 675)<br>Charleston Chemical Plant (Union 508, 183, 1753)                                                                       |

*Schedule SB, Part V – Summary of Plan Provisions*

| <ul style="list-style-type: none"><li>Participation</li></ul>                                        | <p><u>Active Legacy Mead Locations</u><br/>First of the month on or after the completion of one year of vesting service for full-time employees.</p> <p>First of the month on or after the completion of 1,000 hours of service in any 12 consecutive-month period for part-time, temporary or seasonal employees.</p> <p><u>Active Legacy Westvaco Locations</u><br/>Participation commences immediately for covered employees.</p>                                                                                                                                                                                                                                                                               |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------------|---------|---------------------|---------|---------------------|---------|---------------------|---------|------------|---------|
| <ul style="list-style-type: none"><li>Vesting service</li></ul>                                      | <p>Elapsed time from date of hire, counted in years and months, where any partial month counts as a whole month.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| <ul style="list-style-type: none"><li>Credited service</li></ul>                                     | <p><u>Active Legacy Mead Locations</u><br/>Elapsed time from date of hire as eligible employee, counted in years and months, where any partial month counts as a whole month. Credited service does not include service under the Non-Bargained Plan or the Envelope Plan.<br/>For Local No.'s 971, 471 and 972, service continues to accrue if eligible for disability retirement until earlier of commencement or age 65.</p> <p><u>Active Legacy Westvaco Locations</u><br/>Elapsed time from date of hire as eligible employee, counted in years and months, where any partial month counts as a whole month. Credited service does not include service under the Non-Bargained Plan or the Envelope Plan.</p> |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| <b>Active Legacy Mead Benefit Multipliers</b>                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| <ul style="list-style-type: none"><li>Location 40B, Local No. 527, Atlanta, GA (Union G05)</li></ul> | <table><tr><th>Date of termination</th><th>Benefit Multiplier</th></tr><tr><td>01/01/11 – 12/31/11</td><td>\$28.00</td></tr><tr><td>01/01/12 – 12/31/12</td><td>\$29.00</td></tr><tr><td>01/01/13 – 12/31/13</td><td>\$30.00</td></tr><tr><td>01/01/14 – 12/31/14</td><td>\$31.00</td></tr><tr><td>01/01/15 –</td><td>\$32.00</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                    | Date of termination | Benefit Multiplier | 01/01/11 – 12/31/11 | \$28.00 | 01/01/12 – 12/31/12 | \$29.00 | 01/01/13 – 12/31/13 | \$30.00 | 01/01/14 – 12/31/14 | \$31.00 | 01/01/15 – | \$32.00 |
| Date of termination                                                                                  | Benefit Multiplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/11 – 12/31/11                                                                                  | \$28.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/12 – 12/31/12                                                                                  | \$29.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/13 – 12/31/13                                                                                  | \$30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/14 – 12/31/14                                                                                  | \$31.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/15 –                                                                                           | \$32.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| <ul style="list-style-type: none"><li>Location 86B, Local No. 415, Chicago, IL (Union G01)</li></ul> | <table><tr><th>Date of termination</th><th>Benefit Multiplier</th></tr><tr><td>01/01/11 – 12/31/11</td><td>\$30.00</td></tr><tr><td>01/01/12 – 12/31/12</td><td>\$31.00</td></tr><tr><td>01/01/13 – 12/31/13</td><td>\$32.00</td></tr><tr><td>01/01/14 – 12/31/14</td><td>\$33.00</td></tr><tr><td>01/01/15 –</td><td>\$34.00</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                    | Date of termination | Benefit Multiplier | 01/01/11 – 12/31/11 | \$30.00 | 01/01/12 – 12/31/12 | \$31.00 | 01/01/13 – 12/31/13 | \$32.00 | 01/01/14 – 12/31/14 | \$33.00 | 01/01/15 – | \$34.00 |
| Date of termination                                                                                  | Benefit Multiplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/11 – 12/31/11                                                                                  | \$30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/12 – 12/31/12                                                                                  | \$31.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/13 – 12/31/13                                                                                  | \$32.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/14 – 12/31/14                                                                                  | \$33.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |
| 01/01/15 –                                                                                           | \$34.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |                     |         |                     |         |                     |         |                     |         |            |         |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                                             |                            |                           |
|-------------------------------------------------------------|----------------------------|---------------------------|
| • Location 404B, Local No. 971, Phenix City, AL (Union 971) | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|                                                             | 11/01/04 – 10/31/05        | \$39.00                   |
|                                                             | 11/01/05 – 10/31/06        | \$41.00                   |
|                                                             | 11/01/06 – 10/31/07        | \$43.00                   |
|                                                             | 11/01/07 – 10/31/09        | \$46.00                   |
|                                                             | 11/01/09 – 05/31/15        | \$50.00                   |
|                                                             | 06/01/15 – 12/31/16        | \$52.00                   |
|                                                             | 01/01/17 – 12/31/18        | \$53.00                   |
|                                                             | 01/01/19 – 12/31/19        | \$54.00                   |
|                                                             | 01/01/20 -                 | \$55.00                   |
| • Location 404B, Local No. 471, Phenix City, AL (Union 471) | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|                                                             | 11/01/04 – 10/31/05        | \$39.00                   |
|                                                             | 11/01/05 – 10/31/06        | \$41.00                   |
|                                                             | 11/01/06 – 10/31/07        | \$43.00                   |
|                                                             | 11/01/07 – 10/31/09        | \$46.00                   |
|                                                             | 11/01/09 – 05/31/15        | \$50.00                   |
|                                                             | 06/01/15 – 12/31/16        | \$52.00                   |
|                                                             | 01/01/17 – 12/31/18        | \$53.00                   |
|                                                             | 01/01/19 – 12/31/19        | \$54.00                   |
|                                                             | 01/01/20 -                 | \$55.00                   |
| • Location 404B, Local No. 972, Phenix City, AL (Union 972) | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|                                                             | 11/01/04 – 10/31/05        | \$39.00                   |
|                                                             | 11/01/05 – 10/31/06        | \$41.00                   |
|                                                             | 11/01/06 – 10/31/07        | \$43.00                   |
|                                                             | 11/01/07 – 10/31/09        | \$46.00                   |
|                                                             | 11/01/09 – 05/31/15        | \$50.00                   |
|                                                             | 06/01/15 – 12/31/16        | \$52.00                   |
|                                                             | 01/01/17 – 12/31/18        | \$53.00                   |
|                                                             | 01/01/19 – 12/31/19        | \$54.00                   |
|                                                             | 01/01/20 -                 | \$55.00                   |
| • Location 406B, Local No. 9-267, Cottonton, AL (Union 267) | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|                                                             | 11/01/06 – 10/31/07        | \$22.00                   |
|                                                             | 11/01/07 – 10/31/09        | \$24.00                   |
|                                                             | 11/01/09 – 10/31/10        | \$26.00                   |
|                                                             | 11/01/10 – 02/28/13        | \$27.00                   |
|                                                             | 03/01/13 –                 | \$29.00                   |

*Schedule SB, Part V – Summary of Plan Provisions***Active Legacy Westvaco  
Benefit Multipliers**

| • Covington Mill-IBEW (Union 464) | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|-----------------------------------|----------------------------|---------------------------|
|                                   | 04/01/11 – 03/31/12        | \$52.00                   |
|                                   | 04/01/12 – 03/31/13        | \$54.00                   |
|                                   | 04/01/13 – 03/31/14        | \$56.00                   |
|                                   | 04/01/14 – 03/31/15        | \$57.00                   |
|                                   | 04/01/15 – 03/31/16        | \$58.00                   |
|                                   | 04/01/16 -                 | \$59.00                   |

| • Board Converting Low Moor, VA (Union 490) | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|---------------------------------------------|----------------------------|---------------------------|
|                                             | 04/01/06 – 03/31/07        | \$28.50                   |
|                                             | 04/01/07 – 03/31/08        | \$29.50                   |
|                                             | 04/01/08 – 03/31/12        | \$33.50                   |
|                                             | 04/01/12 – 03/31/13        | \$35.00                   |
|                                             | 04/01/13 – 06/30/15        | \$36.00                   |
|                                             | 07/01/15 – 12/31/16        | \$38.00                   |
|                                             | 01/01/17 – 12/31/18        | \$39.00                   |
|                                             | 01/01/19 – 12/31/19        | \$40.00                   |
|                                             | 01/01/20 -                 | \$41.00                   |

| • Wickliffe Carbon Plant (Union 775) | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|--------------------------------------|----------------------------|---------------------------|
|                                      | 04/01/11 – 03/31/12        | \$34.50                   |
|                                      | 04/01/12 – 03/31/13        | \$35.50                   |
|                                      | 04/01/13 – 03/31/14        | \$36.50                   |
|                                      | 04/01/14 – 03/31/15        | \$38.00                   |
|                                      | 04/01/15 –                 | \$39.00                   |

| • Evadale Bleached Board Mill (Union 390, 801, 825) | <b>Date of termination</b> | <b>Benefit Multiplier</b> |
|-----------------------------------------------------|----------------------------|---------------------------|
|                                                     | 04/01/02 – 03/31/03        | \$34.00                   |
|                                                     | 04/01/03 – 07/31/04        | \$35.00                   |
|                                                     | 08/01/04 – 07/31/08        | \$42.00                   |
|                                                     | 08/01/08 – 07/31/10        | \$45.00                   |
|                                                     | 08/01/10 – 05/31/15        | \$49.00                   |
|                                                     | 06/01/15 – 12/31/16        | \$51.00                   |
|                                                     | 01/01/17 – 12/31/18        | \$52.00                   |
|                                                     | 01/01/19 – 12/31/19        | \$53.00                   |
|                                                     | 01/01/20 -                 | \$54.00                   |

*Schedule SB, Part V – Summary of Plan Provisions*

|                                          |                                            |                                                     |
|------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| • Silsbee Extruder (Union P04)           | <b>Date of termination</b>                 | <b>Benefit Multiplier</b>                           |
|                                          | 04/01/11 – 02/29/12                        | \$29.00                                             |
|                                          | 03/01/12 – 12/31/12                        | \$30.50                                             |
|                                          | 11/01/09 – 05/31/15                        | \$31.50                                             |
|                                          | 06/01/15 – 12/31/16                        | \$33.50                                             |
|                                          | 01/01/17 – 12/31/18                        | \$34.50                                             |
|                                          | 01/01/19 – 12/31/19                        | \$35.50                                             |
|                                          | 01/01/20 -                                 | \$36.50                                             |
| • Covington Mill-PACE (Union 675)        | <b>Date of termination</b>                 | <b>Benefit Multiplier</b>                           |
|                                          | 04/01/11 – 03/31/12                        | \$52.00                                             |
|                                          | 04/01/12 – 03/31/13                        | \$54.00                                             |
|                                          | 04/01/13 – 03/31/14                        | \$56.00                                             |
|                                          | 04/01/14 – 03/31/15                        | \$57.00                                             |
|                                          | 04/01/15 – 03/31/16                        | \$58.00                                             |
|                                          | 04/01/16 –                                 | \$59.00                                             |
| • Charleston Chemical Plant (Union 508)  | <b>Date of termination</b>                 | <b>Benefit Multiplier</b>                           |
|                                          | 05/01/10 – 04/30/12                        | \$48.00                                             |
|                                          | 05/01/12 – 06/29/15                        | \$50.00                                             |
|                                          | 06/30/15 –                                 | \$51.00                                             |
| • Charleston Chemical Plant (Union 183)  | <b>Date of termination</b>                 | <b>Benefit Multiplier</b>                           |
|                                          | 08/01/10 – 06/30/12                        | \$48.00                                             |
|                                          | 07/01/12 – 06/29/15                        | \$50.00                                             |
|                                          | 06/30/15 –                                 | \$51.00                                             |
| • Charleston Chemical Plant (Union 1753) | <b>Date of termination</b>                 | <b>Benefit Multiplier</b>                           |
|                                          | 04/01/11 – 06/29/12                        | \$48.00                                             |
|                                          | 06/30/12 – 06/29/15                        | \$50.00                                             |
|                                          | 06/30/15 –                                 | \$51.00                                             |
| • Washington Courthouse (Union 774)      | <b>Date of termination</b>                 | <b>Benefit Multiplier</b>                           |
|                                          | 01/01/14 –                                 | \$25.00                                             |
| <b>Accrued benefit</b>                   |                                            | 12 times Benefit Multiplier times credited service. |
| <b>Normal retirement</b>                 |                                            |                                                     |
| • Eligibility                            | Retirement from active service at age 65.  |                                                     |
| • Benefit                                | Accrued benefit at normal retirement date. |                                                     |

*Schedule SB, Part V – Summary of Plan Provisions***Early retirement**

## • Eligibility

Active Legacy Mead Locations

Age 55. For Local No. 9-267, 1 year of vesting service is required.

Active Legacy Westvaco Locations

Age 55 and 5 years of vesting service.

## • Benefit

Active Legacy Mead Locations

For Local No. 527, if a participant is age 62 with 30 years of vesting service, then the benefit is unreduced. Else, the following reduction factors apply:

**Sum of Age and****Years of****Employment****Percentage****Service at****Reduction Per****Retirement****year**

92 or more

2.00%

90 or 91

3.00%

88 or 89

4.00%

Under 88

5.00%

For Local No.'s 415 and 9-267, if a participant is age 62 with 30 years of vesting service, then the benefit is unreduced. Else, accrued benefit is reduced by 5% per year for each year prior to age 65.

For Local No.'s 971, 471 and 972, if a participant is age 62 with 20 years of vesting service, then the benefit is unreduced. Else, accrued benefit is reduced by 3% per year for each year prior to age 65 down to age 62 and 5% per year for each year prior to age 62.

Active Legacy Westvaco Locations

Accrued benefit reduced by 3% per year for each year prior to age 65 down to age 62 and 6% per year for each year prior to age 62. Participants with at least 20 years of benefit service only have reductions of 6% per year for each year prior to age 62.

For Board Converting Low Moor, VA (Union 490), if a participant is age 62 with 20 years of benefit service, then the benefit is unreduced. Else, accrued benefit is reduced by 6% per year for each year prior to age 62.

*Schedule SB, Part V – Summary of Plan Provisions***Late retirement**

- |               |                                                                                                          |
|---------------|----------------------------------------------------------------------------------------------------------|
| • Eligibility | Retirement from active service after age 65.                                                             |
| • Benefit     | Accrued benefit calculated at late retirement date, including actuarial adjustments for those over 70 ½. |

**Deferred vested**

- |               |                                                                                                                                                                                                                                                             |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Termination of employment after completing five years of vesting service or attaining age 65.                                                                                                                                                               |
| • Benefit     | <p><u>Active Legacy Mead Locations</u><br/>Accrued benefit is reduced by 6% per year for each year prior to age 65.</p> <p><u>Active Legacy Westvaco Locations</u><br/>Accrued benefit is reduced under in accordance with early retirement reductions.</p> |

**Disability**

- |               |                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | <p><u>Active Legacy Mead Locations</u><br/>Immediate upon total and permanent disability, provided not eligible for early or normal retirement. For Local No. 9-267, 1 year of vesting service is required.</p> <p><u>Active Legacy Westvaco Locations</u><br/>Immediate upon total and permanent disability after completing 10 years of vesting service, provided not eligible for early or normal retirement.</p> |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Schedule SB, Part V – Summary of Plan Provisions*


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- Benefit

Active Legacy Mead Locations

For Local No. 527, if a participant has 15 years of benefit service, then the benefit is unreduced. Else, the accrued benefit is reduced in accordance with early retirement reductions, subject to a monthly minimum of \$250.00.

For Local No. 415, if a participant has 15 years of benefit service, then the benefit is unreduced. Else, the accrued benefit is reduced in accordance with early retirement reductions, subject to a monthly minimum of \$200.00.

For Local No.'s 971, 471 and 972, if a participant has 5 years of benefit service, then the benefit is unreduced. Else, the accrued benefit is actuarially reduced, subject to a monthly minimum of \$300.00.

For Local No. 9-267, if a participant has 10 years of benefit service, then the benefit is unreduced. Else, the accrued benefit is reduced in accordance with early retirement reductions, subject to a monthly minimum of \$100.00.

Active Legacy Westvaco Locations

Accrued benefit without reduction.

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**Pre-retirement death**

- 
- |                                                                                       |                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Eligibility</li> </ul>                       | Married participants eligible for deferred vested benefits.                                                                                                                                                                   |
| <ul style="list-style-type: none"> <li>• Benefit prior to early retirement</li> </ul> | Survivor portion of the 50% joint and survivor annuity that would have been payable if participant had commenced benefits at age 55. Accrued benefit is calculated as of the earlier of date of termination or date of death. |
-

*Schedule SB, Part V – Summary of Plan Provisions*

- Benefit after early but before normal retirement

Active Legacy Mead Locations

Survivor portion of the 75% joint and survivor annuity that would have been payable if participant had commenced benefits immediately prior to death. Accrued benefit is calculated as of the earlier of date of termination or date of death.

For Local No.'s 971, 471 and 972, if a participant's death occurs after age 60 with 30 years of benefit service, greater of the survivor portion of the 75% joint and survivor annuity or 50% of the accrued benefit reduced for early commencement.

Active Legacy Westvaco Locations

Survivor portion of the 50% joint and survivor annuity that would have been payable if participant had commenced benefits immediately prior to death. Accrued benefit is calculated as of the earlier of date of termination or date of death.

For Covington Mill-IBEW (Union 464), Board Converting Low Moor, VA (Union 490) and Covington Mill-PACE (Union 675), survivor portion of the 75% joint and survivor annuity that would have been payable if participant had commenced benefits immediately prior to death. Accrued benefit is calculated as of the earlier of date of termination or date of death.

**Form of benefits**

- |                                             |                                 |
|---------------------------------------------|---------------------------------|
| • Automatic form for unmarried participants | Single life annuity.            |
| • Automatic form for married participants   | 50% joint and survivor annuity. |

*Schedule SB, Part V – Summary of Plan Provisions*


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|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Optional forms</li> </ul>                   | <p>For disability, optional forms include single life annuity, 50% or 75% joint and survivor annuities.</p> <p>Otherwise, the optional forms of benefits include:</p> <ul style="list-style-type: none"> <li>Single life annuity</li> <li>25%, 50%, 66.67%, 75%, or 100% joint and survivor annuities with or without pop-up benefits, excluding pop-up option for 66.67%</li> <li>5CC, 10CC, 15CC, or 20CC</li> <li>Modified cash refund annuity</li> <li>Social Security Level Income Annuity</li> <li>Increasing Annuity (3% COLA)</li> </ul> <p>Additional optional forms include:</p> <p>Local No. 527 – Lump sum</p> <p>Local No. 415 – Lump sum</p> <p>Local No. 971 – Lump sum; all optional forms available to disability retirees with less than 10 years of benefit service, except lump sum is only available if less than 5 years of benefit service.</p> <p>Local No. 471 – Joint and survivor annuities are limited to 66.67%, 75% and 100% (pop-up benefits only available on 75% and 100%); all optional forms available to disability retirees with less than 10 years of benefit service, except lump sum is only available if less than 5 years of benefit service.</p> <p>Local No. 972 – Lump sum, joint and survivor annuities are limited to 66.67%, 75% and 100% (pop-up benefits only available on 75% and 100%); all optional forms available to disability retirees with less than 10 years of benefit service, except lump sum is only available if less than 5 years of benefit service.</p> |
| <ul style="list-style-type: none"> <li>Optional form conversion factors</li> </ul> | <p>For lump sum payments and the Social Security Level Income Annuity, greater of present value determined using 1) applicable interest rates and mortality tables set forth by Code Section 417(e) or 2) 30-year Treasury rates and mortality tables set forth by Code Section 417(e). Interest rates determined using 5-month lookback from benefit commencement date.</p> <p>For all other payments, an interest rate of 7.5% and the applicable mortality table set forth in Revenue Ruling 2001-62.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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*Schedule SB, Part V – Summary of Plan Provisions***Miscellaneous**

|                        |                                                                                                                                                                                                                                                          |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2016, the limit is \$265,000. |
| • Maximum benefits     | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2016, the limit is \$210,000.                                                                                                                          |

***Benefits Included or Excluded***

All benefits provided by the plan, as amended through the dates noted below for each legacy plan, are included in this valuation:

- **Most recent plan amendments included:**
  - Hourly: As last amended effective December 31, 2015
  - Salaried: As last amended effective March 31, 2015
  - RKT: As last amended effective December 31, 2015
  - MWRP: As last amended effective December 31, 2015
  - ERP: As last amended effective July 2, 2015
  - MWRB: As last amended effective July 2, 2015
- **Plan amendments excluded:**
  - For funding purposes, amendments, including bargaining increases, effective after the current plan year are excluded from the valuation.
  - For accounting purposes, amendments adopted after the measurement date are excluded from the valuation.
- **Late retirement increases:**
  - *Active participants:* For RKT participants, participants over normal retirement age are valued with the larger of the accrued benefit at the valuation date or the benefit at normal retirement age actuarially increased to the valuation date. For Hourly, Salaried, MWRP, ERP and MWRB participants, the plans provide benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. Additional benefit accruals are assumed to be greater than the actuarial increase for current participants over age 70.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase. For the Hourly and Salaried plans, current deferred vested participants over normal retirement age are valued including backpayments for payments missed from normal retirement date to the valuation date (with backpayments accumulated at an annual rate of 8%).
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

*Schedule SB, Part V – Summary of Plan Provisions*

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy based on the demographics of the plan population; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Plan Provisions Specific to Funding**  
***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of the anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target and target normal cost do not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases reflected in plan amendments after the valuation date and/or effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **Severance benefits:** Any severance benefits paid from the plan are recognized only as they are paid.

**Plan changes since prior valuation date:****Scheduled Benefit Increases**

The following tables detail scheduled changes in the benefit rates that were ratified or made known following the prior valuation date of October 1, 2015. The previously last known multiplier update is listed first, with all known increases following the prior valuation listed thereafter. Later in this section, the changes in rates applicable for ASC715, ASC 960, PPA minimum funding and AFTAP certification purposes, some of which are on account of multiplier increases known previously, are summarized as well.

*Schedule SB, Part V – Summary of Plan Provisions*

With respect to the legacy MWRB plan:

| Business Unit                                           | Date Last Worked is After | Benefit Factor is |
|---------------------------------------------------------|---------------------------|-------------------|
| Location 40B, Local No. 527,<br>Atlanta, GA (Union G05) | 1/1/2015                  | \$32.00           |
|                                                         | 12/1/2015                 | 33.00             |
|                                                         | 12/1/2017                 | 34.00             |
| Covington Mill – IBEW (union<br>464)                    | 4/1/2015                  | \$58.00           |
|                                                         | 4/1/2016                  | 59.00             |

With respect to the legacy RKT plan:

| Business Unit         | Date Last Worked is After | Benefit Factor is |
|-----------------------|---------------------------|-------------------|
| Cincinnati Mill (USW) | 12/03/2013                | \$33.50           |
|                       | 6/20/2015                 | 34.50             |
|                       | 6/20/2016                 | 35.50             |

With respect to the legacy SSCC Hourly plan:

| Business Unit          | Date Last Worked is After | Benefit Factor is |
|------------------------|---------------------------|-------------------|
| B4306 (formerly B0610) | 1/1/2017                  | \$32.00           |
|                        | 1/1/2018                  | 33.00             |
| B4318 (formerly B0281) | 1/1/2015                  | \$30.50           |
|                        | 12/12/2017                | 31.50             |
|                        | 12/12/2018                | 32.50             |
| B4407 (formerly B0029) | 1/1/2015                  | \$18.00           |
|                        | 1/1/2018                  | 19.00             |
|                        | 1/1/2019                  | 20.00             |
| B4315 (formerly B0042) | 6/1/2015                  | \$29.50           |
|                        | 1/1/2019                  | 30.50             |
|                        | 1/1/2020                  | 31.50             |
| B4330 (formerly B0129) | 1/1/2015                  | \$22.50           |
|                        | 1/1/2017                  | 23.50             |
|                        | 1/1/2019                  | 24.50             |
| B4385 (formerly B0398) | 1/1/2016                  | \$29.50           |
|                        | 1/1/2019                  | 30.50             |
|                        | 1/1/2020                  | 31.50             |
| B4335 (formerly B0149) | 9/1/2013                  | \$38.00           |
|                        | 1/1/2016                  | 39.00             |

*Schedule SB, Part V – Summary of Plan Provisions*

| Business Unit                                                                                              | Date Last Worked is After | Benefit Factor is |
|------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|
| B4261 (formerly B0213)                                                                                     | 9/1/2013                  | \$38.00           |
|                                                                                                            | 1/1/2016                  | 39.00             |
| B4343 (formerly B0204)                                                                                     | 6/16/2013                 | \$38.00           |
|                                                                                                            | 1/1/2016                  | 39.00             |
| B4366 (formerly B0259)                                                                                     | 9/1/2013                  | \$38.00           |
|                                                                                                            | 1/1/2016                  | 39.00             |
| B4513                                                                                                      | 9/1/2013                  | \$51.00           |
|                                                                                                            | 12/14/2016                | 52.50             |
|                                                                                                            | 1/1/2019                  | 54.00             |
| B4345 (formerly B0223)<br>Increases previously ratified<br>under most recent USW<br>agreement were removed | 6/26/2016                 | \$35.50           |
| B4266 (formerly B0374)                                                                                     | 12/1/2014                 | 30.50             |
|                                                                                                            | 12/1/2017                 | 31.50             |
|                                                                                                            | 12/1/2018                 | 32.50             |
| B4375 (formerly B0319)                                                                                     | 7/1/2015                  | 21.50             |
|                                                                                                            | 1/1/2020                  | 22.00             |
| B4382 (formerly B0376)                                                                                     | 1/1/2015                  | \$33.00           |
|                                                                                                            | 10/31/2015                | 34.00             |
|                                                                                                            | 10/31/2016                | 35.00             |
|                                                                                                            | 1/1/2017                  | 36.50             |

**Plan Provisions Specific to ASC 715**

- For MWRB Plan:
  - The multiplier benefit increases for Atlanta were not previously known as of the 9/30/16 measurement date, but are included for purposes of the final FYE 2017 expense.
  - All updates with the exception of the Covington Mill – IBEW (union 464) and Mishawaka (B4382) multiplier increases were known as of the February 28, 2017 measurement date. These increases were shared subsequent to that, but are included for purposes of the final FYE 2017 expense.
- For RKT Plan:
  - The multiplier benefit increases for Cincinnati Mill were not previously known as of the 9/30/16 measurement date, but are included for purposes of the final FYE 2017 expense.

*Schedule SB, Part V – Summary of Plan Provisions*

- The following changes were made for the MWRP plan since the prior valuation:
  - Benefit accruals for 27 named grandfathered participants previously eligible to continue accruing benefits until December 31, 2010 were frozen as of December 31, 2016.
- No changes for Salaried or ERP.
- For the legacy Hourly plan:
  - The multiplier benefit increases for business units 4261, 4335, 4343 and 4366 were not previously known as of the 9/30/16 measurement date, but are included for purposes of the February 28, 2017 re-measurement and the final FYE 2017 expense.
  - The multiplier increases for business units 4315, 4330, 4385, and 4513 were not ratified as of the 9/30/16 measurement date. As such, they were first included in the updated FYE 17 expense determination as of the February 28, 2017 measurement date.
  - For all other business units included in the tables above, the ultimate multiplier increase was incorporated as of the 9/30/16 measurement date.
  - The ultimate multiplier for certain business units was updated per new documentation from plan sponsor.
    - Business units 4316 was updated from 37.00 to 36.50
    - Business unit 5300 was updated from 22.50 to 22.00
    - Business unit 4420 was updated from 20.00 to 10.00

### Plan Provision Changes Since Prior Valuation PPA Minimum Funding purposes

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2015 to 2016 for all plans as applicable.

- For the Hourly Plan:
  - The following table describes current changes in the benefit rates used since the prior valuations.

| Business Unit             | End of Year Rate in 10/1/2015 Valuation | End of Year Rate in 10/1/2016 Valuation |
|---------------------------|-----------------------------------------|-----------------------------------------|
| B4370<br>(formerly B0291) | \$34.25                                 | \$35.75                                 |
| B4504<br>(formerly B0410) | 43.00                                   | 44.50                                   |
| B4505<br>(formerly B0297) | 43.00                                   | 44.50                                   |
| B4503<br>(formerly B0366) | \$50.50                                 | \$52.00                                 |
| B4382<br>(formerly B0376) | 33.00                                   | 36.50                                   |

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Business Unit</b>      | <b>End of Year Rate in 10/1/2015<br/>Valuation</b> | <b>End of Year Rate in 10/1/2016<br/>Valuation</b> |
|---------------------------|----------------------------------------------------|----------------------------------------------------|
| B4507<br>(formerly B0325) | 38.50                                              | 40.00                                              |
| B4263<br>(formerly B0340) | 34.00                                              | 35.50                                              |
| B4374<br>(formerly B0310) | 37.75                                              | 39.25                                              |
| B4322<br>(formerly B0072) | 35.50                                              | 37.00                                              |
| B4380<br>(formerly B0357) | 32.00                                              | 33.50                                              |
| B4342<br>(formerly B0188) | 36.00                                              | 38.50                                              |
| B4360<br>(formerly B0226) | 32.75                                              | 34.25                                              |
| B4311<br>(formerly B0012) | 33.75                                              | 35.25                                              |
| B4316<br>(formerly B0039) | 35.00                                              | 36.50                                              |
| B4367<br>(formerly B0275) | 32.00                                              | 33.50                                              |
| B4317<br>(formerly B0062) | 36.00                                              | 37.50                                              |
| B4314<br>(formerly B0041) | 28.75                                              | 30.25                                              |
| B4355<br>(formerly B0643) | 32.50                                              | 34.00                                              |
| B4345<br>(formerly B0223) | 37.00                                              | 35.50                                              |
| B4353<br>(formerly B0071) | 36.50                                              | 38.00                                              |
| B4502<br>(formerly B0377) | 50.50                                              | 52.00                                              |
| B4365<br>(formerly B0257) | 31.00                                              | 32.50                                              |
| B5300<br>(formerly B0143) | 22.50                                              | 22.00                                              |
| B4340<br>(formerly B0185) | \$35.50                                            | \$37.00                                            |

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Business Unit</b>       | <b>End of Year Rate in 10/1/2015<br/>Valuation</b> | <b>End of Year Rate in 10/1/2016<br/>Valuation</b> |
|----------------------------|----------------------------------------------------|----------------------------------------------------|
| B4396<br>(formerly B0083)  | 37.00                                              | 38.50                                              |
| B4510<br>(formerly B0063)  | 46.50                                              | 49.00                                              |
| B4320<br>(formerly B0068)  | 35.50                                              | 37.00                                              |
| B4371<br>(formerly B0299)  | 26.50                                              | 28.00                                              |
| B5301<br>(formerly B0274)  | 40.50                                              | 43.00                                              |
| B4363<br>(formerly B0245)  | 35.00                                              | 37.50                                              |
| B4377<br>(formerly B0346)  | 34.50                                              | 37.00                                              |
| B4343<br>(formerly B0204)  | 38.00                                              | 39.00                                              |
| B4335<br>(formerly B0149)  | 38.00                                              | 39.00                                              |
| B4261<br>(formerly B0213)  | 38.00                                              | 39.00                                              |
| B4379<br>(formerly B0348)  | 30.00                                              | 31.00                                              |
| B44420<br>(formerly B0251) | 20.00                                              | 10.00                                              |
| B4366<br>(formerly B0259)  | 38.00                                              | 39.00                                              |
| B4306<br>(formerly B0610)  | 31.00                                              | 32.00                                              |

- For RKT Plan:
  - The following table describes current changes in the benefit rates used for PPA funding purposes since the prior valuation for the RKT plan.

| <b>Business Unit</b>  | <b>End of Year Rate in 10/1/2015<br/>Valuation</b> | <b>End of Year Rate in 10/1/2016<br/>Valuation</b> |
|-----------------------|----------------------------------------------------|----------------------------------------------------|
| Lynchburg Mill        | \$43.20                                            | \$44.70                                            |
| Eutaw Folding         | 26.00                                              | 27.50                                              |
| Dallas Mill           | 36.50                                              | 38.00                                              |
| Cincinnati Mill (USW) | 33.50                                              | 35.50                                              |

*Schedule SB, Part V – Summary of Plan Provisions*

| <b>Business Unit</b>                       | <b>End of Year Rate in 10/1/2015 Valuation</b> | <b>End of Year Rate in 10/1/2016 Valuation</b> |
|--------------------------------------------|------------------------------------------------|------------------------------------------------|
| Stroudsburg Mill (USW)                     | 37.00                                          | 38.50                                          |
| Aurora Converting                          | 27.25                                          | 28.75                                          |
| Missisquoi Mill                            | 41.25                                          | 42.75                                          |
| Demopolis (Service prior to June 6, 2005)  | 7.50                                           | 9.00                                           |
| Demopolis (Service beginning June 6, 2005) | 46.50                                          | 48.00                                          |

- The following changes were made for the MWRP plan since the prior valuation:
  - Benefit accruals for 27 named grandfathered participants previously eligible to continue accruing benefits until December 31, 2020 were frozen as of December 31, 2016.
- No changes for Salaried.
- The following table describes current changes in the benefit rates used for PPA funding and AFTAP certification purposes since the prior valuation for the MWRB plan.

| <b>Business Unit</b>                                        | <b>End of Year Rate in 10/1/2015 Valuation</b> | <b>End of Year Rate in 10/1/2016 Valuation</b> |
|-------------------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Location 404B, Local No. 971, Phenix City, AL (Union 971)   | \$52.00                                        | \$53.00                                        |
| Location 404B, Local No. 1471, Phenix City, AL (Union 1471) | 52.00                                          | 53.00                                          |
| Location 404B, Local No. 1972, Phenix City, AL (Union 1972) | 52.00                                          | 53.00                                          |
| Board Converting Low Moor, VA (Union 490)                   | 38.00                                          | 39.00                                          |
| Evadale Bleached Board Mill (Union 390, 801, 825)           | 51.00                                          | 52.00                                          |
| Silsbee Extruder (Union P04)                                | 33.50                                          | 34.50                                          |
| Location 40B, Local No. 527, Atlanta, GA (Union G05)        | 32.00                                          | 33.00                                          |

*Schedule SB, Part V – Summary of Plan Provisions*

## **Plan Provisions Specific to ASC 960**

- The same multiplier benefit increases described for funding purposes also apply for ASC 960 purposes.

## **Plan Provisions Specific to AFTAP Certification**

The following benefit increases were adopted after the October 1, 2016 valuation date, but are effective prior to the plan year ending September 30, 2017 and therefore must be reflected in the plan's October 1, 2016 AFTAP certification in addition to the multiplier increases listed in the tables above for PPA minimum funding purposes:

- For business unit 4330, increase to \$23.50 effective 1/1/2017
- For business unit 4513, increase to \$52.50 effective 12/14/2016
- For business unit 4345, increase to \$37.00 effective 6/13/2017

**WestRock Company Consolidated Pension Plan**  
**Schedule H, line 4i—Schedule of Assets (Held at End of Year)**

**(EIN/PN: #47-3335141/027)**

| (a)<br>Party-<br>in-<br>interest | (b)<br>Identity of issue, borrower, lessor,<br>or similar party | (c)<br>Description of investment including maturity<br>date, rate of interest, collateral, par, or<br>maturity value | (d)<br>Cost         | (e)<br>Current value |
|----------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
|                                  | AXA Equitable Life Assurance Society                            | AC 1370 Equitable Guaranteed Investment Contract                                                                     | \$ 215,842          | \$ 215,842           |
|                                  | AXA Equitable Life Assurance Society                            | AC 2047 Equitable Guaranteed Investment Contract                                                                     | 874,272             | 874,272              |
|                                  | John Hancock Life Insurance Company                             | GAC 191 Immediate Participation Guarantee Fund                                                                       | 1,407,224           | 1,407,224            |
|                                  | John Hancock Life Insurance Company                             | GAC 853 Immediate Participation Guarantee Fund                                                                       | 766,593             | 766,593              |
| <b>Total</b>                     |                                                                 |                                                                                                                      | <b>\$ 3,263,931</b> | <b>\$ 3,263,931</b>  |

\* Denotes party-in-interest

*Schedule SB, line 24 — Change in Actuarial Assumptions*

- The expense assumption included in normal cost changed from \$13,338,553 to \$9,110,575 to better reflect anticipated future experience for the 2016 plan year.
- The expected rate of return on assets was changed from 5.08% to 5.78%.
- Interest discounts (MAP-21 stabilized basis) and mortality rates were updated from 2015 to 2016 in accordance with PPA.
- Non-stabilized interest discounts were updated from those applicable to the plan year beginning October 1, 2015 to the plan year beginning October 1, 2016 in accordance with PPA and sponsor elections.
- The long-term interest accumulation rate for the Retirement Plus plan was changed from 6.60% to 6.45%.
- The rates and mortality used for lump sum conversion were updated to use those in effect under 417(e) for 2016.