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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>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><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div><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 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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 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—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SONOCO PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1968</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1968</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                        | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1968</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>SONOCO PRODUCTS COMPANY</u><br><br><u>1 NORTH SECOND STREET</u><br><u>EMP. BEN. A01</u><br><u>HARTSVILLE, SC 29551-0160</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>57-0248420</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>843-383-7000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>322100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>57-0248420</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>843-383-7000</u> | <b>2d</b> Business code (see instructions)<br><u>322100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>57-0248420</u>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>843-383-7000</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. | 10/11/2018 | MICHELLE BANKSON                                             |
|                  | 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                      |

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

Form 5500 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 3498                                                                                                                                                    |
| <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> ).                                                                                       |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 2277                                                                                                                                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 2128                                                                                                                                                |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b> 729                                                                                                                                                    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 574                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 3431                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 51                                                                                                                                                     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                               | <b>6f</b> 3482                                                                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b>                                                                                                                                                        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 49                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                                                                                                         |

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

1A 1E 3F 3H 3J

**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 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 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<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</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                         |                                                                                                                                                  |
| ▶ 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.            |                                                                                                                                                  |
| A Name of plan<br>SONOCO PENSION PLAN                                                                                              | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SONOCO PRODUCTS COMPANY                                       | D Employer Identification Number (EIN)<br>57-0248420                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2017                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 433254630                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 442115566                 |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 661                        | 141096884                 | 141096884                |
| b      | For terminated vested participants                                                                                                                                                               | 589                        | 52598278                  | 52598278                 |
| c      | For active participants                                                                                                                                                                          | 2258                       | 281867755                 | 284613676                |
| d      | Total                                                                                                                                                                                            | 3508                       | 475562917                 | 478308838                |
| 4      | 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                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 6.01 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               | 6                          | 19369476                  |                          |

**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.

|                                                    |  |                                        |
|----------------------------------------------------|--|----------------------------------------|
| <div>SIGN<br/>HERE</div>                           |  |                                        |
| Signature of actuary                               |  | 09/24/2018                             |
| NECIA K. CRLENJAK                                  |  | Date                                   |
| Type or print name of actuary                      |  | 17-06193                               |
| AON CONSULTING, INC.                               |  | Most recent enrollment number          |
| Firm name                                          |  | 770-956-7777                           |
| 3550 LENOX ROAD NE SUITE 1700<br>ATLANTA, GA 30326 |  | Telephone number (including area code) |
| Address of the firm                                |  |                                        |

**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                     | 992795                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 992795                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>7.86</u> % .....                                                                                 | 0                     | 0                      |
| <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>6.20</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <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 .....                                                                                                      |                       | 0                      |
| <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                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 92.43% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 92.43% |
| <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> | 96.30% |
| <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****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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/17/2017               | 16855137                          | 0                               |                          |                                   |                                 |
| 10/25/2017               | 50000000                          | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 66855137                          | <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> | 64493066 |

**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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age.....                                                                                                                                               |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <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>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <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 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 19369476           |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 36193272            |                    | 6251139       |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <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>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 25620615           |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 25620615           |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 64493066           |               |
| <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>          | 38872451           |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <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                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <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>2017</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>SONOCO PENSION PLAN</b>                                             | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SONOCO PRODUCTS COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>57-0248420</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>HEWITT FINANCIAL SERVICES LLC</b><br><br><b>36-3943169</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>ALIGHT FINANCIAL SOLUTIONS, LLC</b><br><br><b>82-1061233</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <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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**(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)

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13-4263716

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 50                         | TRUSTEE                                                                                                  | 3784000                                                                       | 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)

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input 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)

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input 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)

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input 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)

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input 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)

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input 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:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>        |  |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| A Name of plan<br>SONOCO PENSION PLAN                                                                                                                                                        |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 001                                                                   |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>SONOCO PRODUCTS COMPANY                                                                                                     |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>57-0248420                                                   |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SONOCO PRODUCTS CO. MASTER TRUST                                                                                                                     |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): SONOCO PRODUCTS COMPANY                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 57-0248420-010                                                                                                                                                                      |  | d Entity code M                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 571526000 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</         |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**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><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>Financial 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 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>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <b>01/01/2017</b> and ending <b>12/31/2017</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>SONOCO PENSION PLAN</b>                                                                                                                                                                                                                      | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SONOCO PRODUCTS COMPANY</b>                                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><b>57-0248420</b>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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>    | 8715000               | 0               |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <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>   | 433712000             | 571526000       |
| <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>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (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>             | 442427000 571526000 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 337000 555000       |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 337000 555000       |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 442090000 570971000 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 66855000  |
|          | <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>    | 66855000  |
| <b>b</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> |           |
|          | <b>(G)</b> 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> |           |
|          | <b>(D)</b> 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)  |            | 79205000  |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income .....                                                                           | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 146060000 |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 14754000 |          |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |          |          |
| (3) Other .....                                                                     | 2e(3) |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |          | 14754000 |
| 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) | 3784000  |          |
| (2) Contract administrator fees .....                                               | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) |          |          |
| (4) Other .....                                                                     | 2i(4) |          |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |          | 3784000  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 18538000 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 127522000 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  | 1359000   |
| (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: GRANT THORNTON, LLP

(2) EIN: 36-6055558

**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> |     |    |          |

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

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

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

**5c** 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 4080962. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<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</div>                                                                                                                                 | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>SONOCO PENSION PLAN                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SONOCO PRODUCTS COMPANY                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>57-0248420                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                          | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 13-4263716                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 17                                                                                            |
| Part II                                                                                                                                                                                                                                                                                                                                                         | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                        | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                         | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 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) 2017 v. 170203                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

- 14** 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> |  |

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

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <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> |  |

- 16** 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> |  |

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 51.4% Investment-Grade Debt: 34.6% High-Yield Debt: 0.0% Real Estate: 6.2% Other: 7.8%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# **Sonoco Pension Plan**

**Financial Statements**

**December 31, 2017 and 2016**

# Sonoco Pension Plan

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### Financial Statements

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



## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Grant Thornton LLP  
1320 Main Street  
Columbia, SC 29201  
T 803.231.3100  
F 803.231.3057  
[www.GrantThornton.com](http://www.GrantThornton.com)

To the Participants and Employee Benefits Committee of  
Sonoco Pension Plan:

### Report on the financial statements

We were engaged to audit the accompanying financial statements of **Sonoco Pension Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2016, the statement of changes in accumulated plan benefits for the year 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 certified information described in Note 6, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from this entity as of December 31, 2017 and 2016, and for the years then ended, stating that the certified information provided to the Plan administrator 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. Accordingly, we do not express an opinion on these financial statements.

**Report on form and content in compliance with DOL rules and regulations**

The form and content of the information included in the financial statements, other than that derived from the certified information described in Note 6, 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.

*Grant Thornton LLP*

Columbia, South Carolina

October 9, 2018

**Sonoco Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2017 and 2016**

---

| <i>(in thousands of dollars)</i>                         | <u>2017</u>       | <u>2016</u>       |
|----------------------------------------------------------|-------------------|-------------------|
| <b>Assets</b>                                            |                   |                   |
| Plan Interest in Sonoco Products Company Master Trust    | \$ 571,526        | \$ 433,712        |
| Contribution receivable - employer                       | -                 | 8,715             |
| Total assets                                             | <u>571,526</u>    | <u>442,427</u>    |
| <b>Liabilities</b>                                       |                   |                   |
| Amounts related to obligation of 401(h) account (Note 7) | 10,676            | 9,137             |
| Accrued administrative expenses                          | 555               | 337               |
| Total liabilities                                        | <u>11,231</u>     | <u>9,474</u>      |
| Net assets available for benefits                        | <u>\$ 560,295</u> | <u>\$ 432,953</u> |

The accompanying notes are an integral part of these financial statements.

## Sonoco Pension Plan

### Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

| <i>(in thousands of dollars)</i>                                        | <u>2017</u>       | <u>2016</u>       |
|-------------------------------------------------------------------------|-------------------|-------------------|
| Additions to net assets attributed to:                                  |                   |                   |
| Investment income                                                       |                   |                   |
| Plan Interest in Sonoco Products Company Master Trust Investment income | \$ 77,611         | \$ 32,157         |
| Employer contributions (Note 4)                                         | <u>66,855</u>     | <u>22,715</u>     |
| Total additions                                                         | <u>144,466</u>    | <u>54,872</u>     |
| Deductions to net assets attributed to:                                 |                   |                   |
| Benefits paid to participants                                           | 14,754            | 11,654            |
| Trustee fees and other expenses                                         | <u>3,729</u>      | <u>3,041</u>      |
| Total deductions                                                        | <u>18,483</u>     | <u>14,695</u>     |
| Net increase before transfer                                            | 125,983           | 40,177            |
| Transfer from Sonoco Pension Plan for Inactive Participants (Note 1)    | <u>1,359</u>      | <u>321</u>        |
| Net increase after transfer                                             | 127,342           | 40,498            |
| Net assets available for pension benefits:                              |                   |                   |
| Beginning of year                                                       | <u>432,953</u>    | <u>392,455</u>    |
| End of year                                                             | <u>\$ 560,295</u> | <u>\$ 432,953</u> |

The accompanying notes are an integral part of these financial statements.

**Sonoco Pension Plan**  
**Statement of Accumulated Plan Benefits**  
**December 31, 2016**

---

*(in thousands of dollars)*

| <b>Actuarial present value of accumulated plan benefits</b> | <b>2016</b>            |
|-------------------------------------------------------------|------------------------|
| Vested benefits:                                            |                        |
| Participants currently receiving benefits                   | \$ 123,847             |
| Other participants                                          | 278,111                |
|                                                             | <hr/> 401,958          |
| Nonvested benefits                                          | 2,249                  |
| Total actuarial present value of accumulated plan benefits  | <hr/> \$ 404,207 <hr/> |

The accompanying notes are an integral part of this financial statement.

## Sonoco Pension Plan

### Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2016

|                                                                           | 2016                     |
|---------------------------------------------------------------------------|--------------------------|
| <i>(in thousands of dollars)</i>                                          |                          |
| Actuarial present value of accumulated plan benefits, Beginning of Period | <u>\$ 364,982</u>        |
| Increase/(decrease) during the year attributed to:                        |                          |
| Increase for interest due to the decrease in the discount period          | 27,483                   |
| Benefits paid                                                             | (11,654)                 |
| Plan amendments (Note 1)                                                  | 506                      |
| Assumption changes (Note 2)                                               | 5,770                    |
| Benefits accumulated and other (Note 2)                                   | <u>17,120</u>            |
| Net increase                                                              | <u>39,225</u>            |
| Actuarial present value of accumulated plan benefits, End of Period       | <u><u>\$ 404,207</u></u> |

The accompanying notes are an integral part of this financial statement.

## **Sonoco Pension Plan**

### **Notes to Financial Statements (amounts in thousands of dollars)**

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#### **Note 1. Description of the Plan**

The following brief description of the Sonoco Pension Plan provides only general information. Participants should refer to the Plan document for more complete information.

##### **General**

The Sonoco Pension Plan (the "Active Plan" or the "Plan") is a defined benefit pension plan covering substantially all active domestic employees of Sonoco Products Company (the "Company" and "Plan Sponsor" and "Plan Administrator") hired on or before December 31, 2003, whose benefits were not frozen as of January 1, 2011. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

On February 4, 2009, the Plan was amended to freeze plan benefits for all active participants effective December 31, 2018. Remaining active participants in the Plan will become eligible for retirement contributions under the Sonoco Retirement and Savings Plan (the "Savings Plan"), a defined contribution benefit plan sponsored by the Company, effective January 1, 2019.

##### **Plan Spinoff**

On January 1, 2011, the assets and liabilities of the Sonoco Pension Plan attributable to inactive participants were transferred into a new plan – the Sonoco Pension Plan for Inactive Participants (the "Inactive Plan"). The assets and liabilities attributable to active participants remained in the Sonoco Pension Plan, the name of which remained the Sonoco Pension Plan.

##### **Transfer of Assets**

The Sonoco Products Company Master Trust (the "Master Trust") was established for the investment of assets of both the Active Plan and the Inactive Plan. Periodically, net assets in the Master Trust are reviewed to ensure proper allocation of shares to the Active Plan and Inactive Plan. The value of those shares transferred between the plans to ensure proper allocation is presented on the "Statements of Changes in Net Assets Available for Benefits." For the years ended December 31, 2017 and 2016, these amounts were \$1,359 and \$321.

##### **Pension Benefits**

Participants with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The Plan permits early retirement at ages 55-64. Participants may elect to receive their pension benefits in various forms, including joint and survivor annuities. If a participant terminates before rendering 5 years of service or reaching their earliest retirement age (55), they forfeit the right to receive their accumulated pension benefits.

##### **Death and Disability Benefits**

If an active participant dies at age 55 or older, a death benefit equal to the value of the participant's accumulated pension benefits is paid to the participant's surviving spouse. If a participant does not have a surviving spouse, the participant's accumulated pension benefits are forfeited. Active participants who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid when the employee reaches the earliest retirement age and are computed as though they had been employed to the retirement age with their annual compensation remaining the same as at the time they become disabled.

##### **Plan Changes and Amendments**

Effective for 2017, there was an increase in the annual pay limit and maximum benefit limit. The annual pay limit increased under IRC Section 401(a)(17) from \$265 in 2016 to \$270 in 2017. The maximum benefit limit was \$210 in 2016 and increased to \$215 in 2017. There were no Plan changes or amendments in regard to the 2016 Plan year.

## **Sonoco Pension Plan**

### **Notes to Financial Statements (amounts in thousands of dollars)**

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

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

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

##### **Accounting Estimates**

The preparation of financial statements in conformity with US 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. Actual results could differ from those estimates.

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

The Plan's investment in the Master Trust is based on the Plan's relative aggregate contributions, benefit payments, and other relevant factors. The Plan's sole investment consists of an interest in the Master Trust (see Note 3). The individual investments in the Master Trust are as follows: common/collective trusts, real estate funds, investments in hedge funds of funds, and short-term investments. Investments in real estate funds, common/collective trusts, and hedge funds of funds are stated at net asset value of shares held at year end. Short-term investments are composed of money market funds and are recorded at fair value as traded in active markets or at net asset value.

Plan interest in the Master Trust is presented in the Statements of Changes in Net Assets Available for Benefits and consists of realized gains and losses and unrealized appreciation and depreciation in the fair value of investments and interest and dividend income on Master Trust investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

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

Benefit payments to participants are recorded upon distribution.

##### **Administrative Expenses**

The Plan Administrator will determine, in its sole discretion, whether the expenses incurred in administering the Plan will be paid by the Company or by the Plan. The Bank of New York Mellon ("BONY") serves as the Trustee of the Master Trust, and will pay all expenses incurred by the Plan in connection with the investments of the Plan and/or administration of the Plan. The Plan Administrator may direct the Trustee to reimburse the Company for expenses they have paid directly on behalf of the Plan.

## Sonoco Pension Plan

### Notes to Financial Statements (amounts in thousands of dollars)

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#### Note 2. Summary of Accounting Policies (Continued)

##### Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits under the Plan are based on participants' highest five years compensation since 1983. The accumulated plan benefits for active participants are based on their average compensation during the last five years as of December 31, 2016, the date used by the Plan's consulting actuaries to calculate the Plan's present value of accumulated plan benefits. Benefits payable because of the 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 actuarial present value of accumulated plan benefits is determined by Aon Hewitt (the Plan's actuary) and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, termination or retirement) between the valuation date and the expected date of payment.

On the Statement of Changes in Accumulated Plan Benefits, 'Assumption Changes' reflects the changes of the discount rate from 7.65% as of December 31, 2015 to 7.45% as of December 31, 2016; changes in the interest rate assumption for lump sum payments from segment rates from 1.69%, 4.11%, and 5.07% for 2017 and beyond as of December 31, 2016 to 1.47%, 3.34%, and 4.30% as of December 31, 2016; and changes in the mortality assumption scales from the RP-2014 Mortality Tables projected with Scale MP-2015 to the RP-2014 Mortality Tables projected with Scale MP-2016. "Other" consists of human resources changes and pay increases for active participants, the addition of participants to the Plan from certain plants, and benefits that have been accrued by new participants or calculated for new retirees and terminated vested participants that are different from expected.

The significant assumptions underlying the actuarial computations as of December 31, 2016 and 2015 are as follows:

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate   | – 7.45% and 7.65%, respectively                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Mortality basis | – The RP-2014 Mortality Tables with Blue Collar Adjustments projected with Scale MP-2016 for Annuitants and Non-Annuitants (Nondisabled Lives)<br>The RP-2014 Disabled Retiree Mortality Tables with Blue Collar Adjustments projected with Scale MP-2016 (Disabled Lives);<br>The RP-2014 Mortality Tables with Blue Collar Adjustments projected with Scale MP-2015 for Annuitants and Non-Annuitants (Nondisabled Lives)<br>The RP-2014 Disabled Retiree Mortality Tables with Blue Collar Adjustments projected with Scale MP-2015 (Disabled Lives), respectively |
| Retirement      | – Average age of 62.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## Sonoco Pension Plan

### Notes to Financial Statements (amounts in thousands of dollars)

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#### Note 2. Summary of Accounting Policies (Continued)

##### New Accounting Pronouncements

In February 2017, the Financial Accounting Standards Board (FASB) issued ASU 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Employee Benefit Master Trust Reporting*, which requires that a plan's interest in a master trust and any change in that interest to be presented as separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits. The amendments under ASU 2017-06 are effective for fiscal years beginning after December 15, 2018, with early adoption permitted. The Company is still assessing the impact of ASU 2017-06 on the Plan's financial statements.

#### Note 3. Sonoco Pension Master Trust

At December 31, 2017 and 2016, the Plan had an undivided interest in the net assets of the Master Trust of approximately 50.24% and 42.66%, respectively, and a total reported net asset value of the Plan's undivided interests in the Master Trust of \$571,526 and \$433,712, respectively. Net investment income, gains and losses, and related investment expenses are allocated to the individual participating plans based upon beginning monthly balances of each Plan. Net assets and investment income of the Master Trust for the years 2017 and 2016 are presented below in Note 6.

#### Note 4. Funding Policy

The Company contributes actuarially determined amounts to provide for normal costs plus amortization of any unfunded liability equal to or greater than the minimum funding requirements of ERISA. These contributions provide assets to pay benefits to Plan participants. The yield (interest, dividends and net realized and unrealized gains and losses) on Plan investments affects future contributions that would otherwise be required to provide funds for these benefits. Employee contributions are neither required nor permitted. There are no participant directed investments.

In January 2017 the Company made a contribution to the Plan of \$25,570 of which \$16,855 was designated to the 2017 Plan Year and \$8,715 was designated to the 2016 Plan Year. In October 2017 the Company made a contribution to the Plan of \$50,000. In addition to the aforementioned contribution of \$8,715 made in January 2017, the Company also made a contribution of \$14,000 in January 2016 for the 2016 Plan Year.

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.

#### Note 5. Plan Termination

Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the rules set forth by the PBGC. 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 PBGC at that time. Some benefits may be fully or partially provided for by then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. The premiums paid to the PBGC are presented in the Statements of Changes in Net Assets Available for Benefits as "trustee fees and other expenses." A full description of the defined benefit plan termination priorities is available in the Summary Plan Description and Rules and Regulations.

## Sonoco Pension Plan

### Notes to Financial Statements (amounts in thousands of dollars)

#### Note 6. Investments Certified by The Bank of New York Mellon

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the Master Trust investments and investment income/loss certified by BONY, the Trustee, except for comparing such information certified by the Trustee to information included in the Plan's financial statements.

The Trustee also certified the Plan interest in Master Trust as presented in the Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016, and the Plan interest in Master Trust investment income/loss as presented in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2017 and 2016.

The following table presents the information certified complete and accurate by the Trustee. The amounts presented represent the net assets of the Master Trust, which include the net assets of both the Active Plan and Inactive Plan and the commingled 401(h) assets (see Note 7).

|                          | Master Trust<br>2017 | Master Trust<br>2016 |
|--------------------------|----------------------|----------------------|
| Common/Collective Trusts | 1,010,389            | 873,618              |
| Hedge funds of funds     | 69,500               | 72,841               |
| Real estate funds        | 56,693               | 63,427               |
| Short-term investments   | 1,052                | 6,719                |
| Subtotal Investments     | 1,137,634            | 1,016,605            |
| Receivables/(Payables)   | 7                    | (41)                 |
| Total investments        | 1,137,641            | 1,016,564            |

|                       | Master Trust<br>2017             |                                      | Master Trust<br>2016             |                                      |
|-----------------------|----------------------------------|--------------------------------------|----------------------------------|--------------------------------------|
|                       | Interest &<br>Dividend<br>Income | Net<br>Appreciation<br>in Fair Value | Interest &<br>Dividend<br>Income | Net<br>Appreciation<br>in Fair Value |
| Net investment income | \$ 42                            | \$ 169,738                           | \$ 14                            | \$ 77,385                            |

## Sonoco Pension Plan

### Notes to Financial Statements (amounts in thousands of dollars)

#### Note 7. Retiree Health Benefits

Pursuant to the provisions of Section 401(h) of the Internal Revenue Code ("IRC"), the Company sets aside a percentage of assets to pay for retiree health care claims. In accordance with IRC Section 401(h), the Master Trust's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Any assets transferred to the 401(h) account from a defined benefit pension plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the pension plan. The related obligations for health benefits are not included in this Plan's obligations in the statement of accumulated plan benefits but are reflected as obligations in the financial statements of the Sonoco Health and Group Benefits Plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined as needed and are at the discretion of the Plan Sponsor.

#### Note 8. Fair Value Measurements

The following tables set forth information regarding the Master Trust's financial assets as of December 31, 2017 and 2016 that are measured at fair value in a three-tier value hierarchy to prioritize the inputs in measuring fair value as follows:

Level 1 – Observable inputs such as quoted market prices in active markets;

Level 2 – Inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and

Level 3 – Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions

| Description                  | December 31, 2017 | Master Trust               |          |         |         |
|------------------------------|-------------------|----------------------------|----------|---------|---------|
|                              |                   | Assets measured at NAV (e) | Level 1  | Level 2 | Level 3 |
| Common/Collective Trusts (a) | \$ 998,616        | \$ 998,616                 | \$ -     | \$ -    | \$ -    |
| Short-Term Investments (b)   | 1,040             | -                          | 1,040    | -       | -       |
| Hedge Funds of Funds (c)     | 68,690            | 68,690                     | -        | -       | -       |
| Real Estate Funds (d)        | 56,033            | 56,033                     | -        | -       | -       |
| Subtotal Pension Assets      | 1,124,379         | 1,123,339                  | 1,040    | -       | -       |
| Common/Collective Trusts (a) | 11,773            | 11,773                     | -        | -       | -       |
| Short-Term Investments (b)   | 12                | -                          | 12       | -       | -       |
| Hedge Funds of Funds (c)     | 810               | 810                        | -        | -       | -       |
| Real Estate Funds (d)        | 660               | 660                        | -        | -       | -       |
| Subtotal 401(h) Assets       | 13,255            | 13,243                     | 12       | -       | -       |
| Total Master Trust Assets    | \$ 1,137,634      | \$1,136,582                | \$ 1,052 | \$ -    | \$ -    |

# Sonoco Pension Plan

## Notes to Financial Statements (amounts in thousands of dollars)

### Note 8. Fair Value Measurements (Continued)

| Description                  | December 31, 2016 | Master Trust                     |         |         |         |
|------------------------------|-------------------|----------------------------------|---------|---------|---------|
|                              |                   | Assets<br>measured<br>at NAV (e) | Level 1 | Level 2 | Level 3 |
| Common/Collective Trusts (a) | \$ 863,432        | \$ 863,432                       | \$ -    | \$ -    | \$ -    |
| Short-Term Investments (b)   | 6,642             | 6,088                            | 554     | -       | -       |
| Hedge Funds of Funds (c)     | 72,003            | 72,003                           | -       | -       | -       |
| Real Estate Funds (d)        | 62,697            | 62,697                           | -       | -       | -       |
| Subtotal Pension Assets      | 1,004,774         | 1,004,220                        | 554     | -       | -       |
| Common/Collective Trusts (a) | 10,186            | 10,186                           | -       | -       | -       |
| Short-Term Investments (b)   | 77                | 71                               | 6       | -       | -       |
| Hedge Funds of Funds (c)     | 838               | 838                              | -       | -       | -       |
| Real Estate Funds (d)        | 730               | 730                              | -       | -       | -       |
| Subtotal 401(h) Assets       | 11,831            | 11,825                           | 6       | -       | -       |
| Total Master Trust Assets    | \$ 1,016,605      | \$ 1,016,045                     | \$ 560  | \$ -    | \$ -    |

(a) Common/Collective Trusts: underlying investments consist of domestic and international large and mid-capitalization equities, including emerging markets and funds invested in both short-term and long-term bonds. Underlying investments are valued at unit values or net asset values provided by the investment managers, which are generally based on the fair value of the underlying investments. For those common/collective trusts funds with redemption restrictions, redemption notices are required 1 month prior to liquidation.

(b) Short-Term Investments: includes several money market funds used for managing overall liquidity. Underlying investments are generally valued at closing prices from national exchanges. Commingled funds are valued at unit values provided by the investment managers. For those short-term investments with redemption restrictions, redemption notices are required 95 business days prior to liquidation.

(c) Hedge Funds of Funds: includes investments in a number of funds representing a variety of strategies intended to diversify risks and reduce volatility. It includes event-driven credit and equity investments targeted at economic policy decisions, long and short positions in U.S. and international equities, arbitrage investments, and emerging market equity investments. Redemption notices that must be written are required 95 business days prior to liquidation for certain investments within hedge funds of funds.

(d) Real Estate Funds: includes investments in real estate funds (including office, industrial, residential, and retail) primarily throughout the United States. Underlying real estate securities are generally valued at closing prices from national exchanges. Commingled funds, private securities, and limited partnerships are valued at unit values or net asset values provided by the investment managers. For those real estate funds with redemption restrictions, quarterly redemption notices are required with 45 day notice prior to quarter end.

(e) Certain assets that are measured at fair value using the net asset value (NAV) per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. Investments are generally valued at closing prices from national exchanges.

## **Sonoco Pension Plan**

### **Notes to Financial Statements (amounts in thousands of dollars)**

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#### **Note 8. Fair Value Measurements (Continued)**

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

The Master Trust currently has no nonfinancial assets or liabilities that are recognized or disclosed at fair value on a recurring basis. None of the Master Trust's financial assets or liabilities is measured at fair value using significant unobservable inputs. There were no transfers in or out of Level 1, Level 2, or Level 3 fair value measurements during the years ended December 31, 2017 or 2016.

#### **Note 9. Tax Status**

The Internal Revenue Service has determined and informed the Company by letter dated March 27, 2017 that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has been amended since the submission for a determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

US 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 Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## Sonoco Pension Plan

### Notes to Financial Statements (amounts in thousands of dollars)

#### Note 10. Party-in-Interest

The Bank of New York Mellon oversees the distribution of Master Trust funds to participants. The Bank of New York Mellon is the Trustee as defined by the Active Plan and qualifies as a party-in-interest. The Master Trust does not invest in the common stock of the Company.

#### Note 11. Risks and Uncertainties

The Master Trust invests in various investments. Investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the investment securities will occur in near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

#### Note 12. Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 9, 2018, the date these financial statements were available to be issued.

#### Note 13. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

|                                                                      | 2017              | 2016              |
|----------------------------------------------------------------------|-------------------|-------------------|
| Net assets available for benefits per the financial statements       | \$ 560,295        | \$ 432,953        |
| Net assets held in 401(h) account included as<br>assets on form 5500 | 10,676            | 9,137             |
| Net assets available for benefits per the Form 5500                  | <u>\$ 570,971</u> | <u>\$ 442,090</u> |

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500:

|                                          | Period Ended<br>December 31, 2017     |                   |                            |
|------------------------------------------|---------------------------------------|-------------------|----------------------------|
|                                          | Amount Per<br>Financial<br>Statements | 401(h)<br>Account | Amount<br>Per<br>Form 5500 |
| Plan Interest in Sonoco Products Company |                                       |                   |                            |
| Master Trust Investment Income           | \$ 77,611                             | \$ 1,594          | \$ 79,205                  |
| Trustee fees and other expenses          | 3,729                                 | 55                | 3,784                      |

Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
EIN: 57-0248420 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

**Participants with a Final Average Earnings Benefit**

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service |     |     |                 |                 |                 |                  |                 |                |     |
|--------------|---------------------------|-----|-----|-----------------|-----------------|-----------------|------------------|-----------------|----------------|-----|
|              | <1                        | 1-4 | 5-9 | 10-14           | 15-19           | 20-24           | 25-29            | 30-34           | 35-39          | 40+ |
| <25          |                           |     |     |                 |                 |                 |                  |                 |                |     |
| 25-29        |                           |     |     |                 |                 |                 |                  |                 |                |     |
| 30-34        |                           |     |     | 6               |                 |                 |                  |                 |                |     |
| 35-39        |                           |     |     | 25<br>\$74,984  | 25<br>\$70,552  | 1               |                  |                 |                |     |
| 40-44        |                           |     | 1   | 30<br>\$85,798  | 93<br>\$85,228  | 31<br>\$86,055  | 4                |                 |                |     |
| 45-49        |                           |     | 2   | 38<br>\$94,004  | 95<br>\$97,294  | 112<br>\$88,380 | 55<br>\$91,805   |                 |                |     |
| 50-54        |                           |     |     | 32<br>\$100,583 | 120<br>\$97,706 | 93<br>\$94,629  | 119<br>\$121,202 | 36<br>\$96,165  | 1              |     |
| 55-59        |                           |     |     | 22<br>\$88,993  | 102<br>\$88,521 | 68<br>\$89,652  | 93<br>\$92,111   | 99<br>\$116,665 | 9              | 1   |
| 60-64        |                           |     |     | 19              | 56<br>\$80,907  | 42<br>\$80,219  | 54<br>\$89,845   | 27<br>\$93,442  | 43<br>\$95,125 | 16  |
| 65-69        |                           |     |     | 4               | 10              | 5               | 15               | 5               | 3              | 13  |
| 70+          |                           |     |     |                 |                 |                 | 1                |                 |                | 3   |

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Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
EIN: 57-0248420 PN: 001

**Participants with a Dollar Multiplier Benefit**

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service |                |                |       |                |                |                |       |       |     |
|--------------|---------------------------|----------------|----------------|-------|----------------|----------------|----------------|-------|-------|-----|
|              | <2                        | 1-5            | 5-10           | 10-15 | 15-20          | 20-25          | 25-30          | 30-35 | 35-40 | 40+ |
| <26          | 5                         | 17             |                |       |                |                |                |       |       |     |
| 25-30        | 5                         | 36<br>\$51,093 | 9              |       |                |                |                |       |       |     |
| 30-35        | 1                         | 24<br>\$52,668 | 27<br>\$54,983 | 12    |                |                |                |       |       |     |
| 35-40        | 1                         | 9              | 24<br>\$52,192 | 17    | 11             |                |                |       |       |     |
| 40-45        | 2                         | 11             | 13             | 8     | 15             | 7              | 1              |       |       |     |
| 45-50        | 1                         | 8              | 17             | 10    | 18             | 27<br>\$67,211 | 8              |       |       |     |
| 50-55        | 1                         | 12             | 16             | 13    | 24<br>\$71,060 | 15             | 20<br>\$65,873 | 14    | 1     |     |
| 55-60        |                           | 5              | 6              | 10    | 14             | 13             | 12             | 16    | 14    | 1   |
| 60-65        | 2                         |                | 2              | 7     | 2              | 8              | 5              | 11    | 12    | 14  |
| 65-70        |                           |                | 2              | 2     | 2              | 1              | 1              | 3     | 3     | 1   |
| 70+          |                           |                |                |       |                |                |                |       |       |     |

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Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
EIN: 57-0248420 PN: 001

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

|                                                |                                                                                                                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes    | Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor. |
| 1st Segment Rate                               | 4.16%                                                                                                                                                                      |
| 2nd Segment Rate                               | 5.72%                                                                                                                                                                      |
| 3rd Segment Rate                               | 6.48%                                                                                                                                                                      |
| Interest Rates for Maximum Tax Purposes        | Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization.                                                   |
| 1st Segment Rate                               | 1.52%                                                                                                                                                                      |
| 2nd Segment Rate                               | 3.80%                                                                                                                                                                      |
| 3rd Segment Rate                               | 4.79%                                                                                                                                                                      |
| Salary Increases                               |                                                                                                                                                                            |
| Minimum Funding Target Normal Cost             | See Table 1.                                                                                                                                                               |
| Maximum Tax Expected Benefit Increase          | See Table 1.                                                                                                                                                               |
| Social Security Wage Base Increases            | Future wage indices are based on a national wage increase of 3.50% per year.                                                                                               |
| Social Security COLA Increases                 | 2.50%.                                                                                                                                                                     |
| Optional Payment Form Election Percentage      |                                                                                                                                                                            |
| Crellin Participants                           | 100% elect a lump sum payment of their pre-1995 accrued benefit.                                                                                                           |
| Hayes Participants                             | 100% elect a lump sum payment of their pre-2002 accrued benefit.                                                                                                           |
| Hutchinson, KS Participants                    | 50% elect a life annuity and 50% elect a joint and 50% survivor annuity.                                                                                                   |
| All Other Participants                         | 53% elect a life annuity, 22% elect a joint and 50% survivor annuity, and 25% elect a joint and 100% survivor annuity.                                                     |
| Optional Payment Form Conversion Interest Rate | Same as funding interest rates above for lump sums.                                                                                                                        |

Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
EIN: 57-0248420 PN: 001

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optional Payment Form Conversion Mortality | Current IRC section 417(e) table for lump sums.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Retirement Age                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Active Participants                        | See Table 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Terminated Vested Participants             | Age 60.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Mortality Rates                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Healthy                                    | 2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Disabled                                   | Revenue Ruling 96-7 mortality table for disability after December 31, 1994.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Withdrawal Rates                           | See Tables 3–4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Disability Rates                           | See Table 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Decrement Timing                           | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Surviving Spouse Benefit                   | It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are two years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Benefit and Compensation Limits            | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$215,000 and the IRC section 401(a)(17) compensation limit of \$270,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                   | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |

Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
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Expected Return on Assets

|                |                          |
|----------------|--------------------------|
| 2015 Plan Year | 7.85%, limited to 6.81%. |
| 2016 Plan Year | 7.65%, limited to 6.65%. |
| 2017 Plan Year | 7.00%, limited to 6.48%. |

Trust Expenses Included in Target Normal Cost

Prior year non-PBGC administrative expenses plus estimated current year PBGC premiums.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2017.

Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
EIN: 57-0248420 PN: 001

Table 1

**Salary Merit Increase Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 7.75%       | 45         | 3.75%       |
| 16         | 7.75%       | 46         | 3.55%       |
| 17         | 7.75%       | 47         | 3.55%       |
| 18         | 7.75%       | 48         | 3.55%       |
| 19         | 7.75%       | 49         | 3.35%       |
| 20         | 7.75%       | 50         | 3.35%       |
| 21         | 7.75%       | 51         | 3.35%       |
| 22         | 7.75%       | 52         | 3.15%       |
| 23         | 7.75%       | 53         | 3.15%       |
| 24         | 7.75%       | 54         | 3.15%       |
| 25         | 7.25%       | 55         | 2.95%       |
| 26         | 7.25%       | 56         | 2.95%       |
| 27         | 7.25%       | 57         | 2.95%       |
| 28         | 7.25%       | 58         | 2.75%       |
| 29         | 6.75%       | 59         | 2.75%       |
| 30         | 6.25%       | 60         | 2.75%       |
| 31         | 6.05%       | 61         | 2.55%       |
| 32         | 5.85%       | 62         | 2.50%       |
| 33         | 5.65%       | 63         | 2.50%       |
| 34         | 5.35%       | 64         | 2.50%       |
| 35         | 5.15%       | 65+        | 2.50%       |
| 36         | 4.95%       |            |             |
| 37         | 4.75%       |            |             |
| 38         | 4.75%       |            |             |
| 39         | 4.35%       |            |             |
| 40         | 4.35%       |            |             |
| 41         | 4.15%       |            |             |
| 42         | 4.05%       |            |             |
| 43         | 3.95%       |            |             |
| 44         | 3.75%       |            |             |

Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
EIN: 57-0248420 PN: 001

Table 2

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 5.00%              |
| 56                | 5.00%              |
| 57                | 5.00%              |
| 58                | 5.00%              |
| 59                | 8.00%              |
| 60                | 8.00%              |
| 61                | 12.00%             |
| 62                | 25.00%             |
| 63                | 20.00%             |
| 64                | 20.00%             |
| 65                | 40.00%             |
| 66                | 50.00%             |
| 67                | 20.00%             |
| 68                | 35.00%             |
| 69+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
EIN: 57-0248420 PN: 001

Table 3

**Withdrawal Rates—Hourly Plans**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 13.00%      | 45         | 8.00%       |
| 16         | 13.00%      | 46         | 8.00%       |
| 17         | 13.00%      | 47         | 8.00%       |
| 18         | 13.00%      | 48         | 8.00%       |
| 19         | 13.00%      | 49         | 8.00%       |
| 20         | 13.00%      | 50         | 8.00%       |
| 21         | 13.00%      | 51         | 8.00%       |
| 22         | 13.00%      | 52         | 7.00%       |
| 23         | 13.00%      | 53         | 7.00%       |
| 24         | 13.00%      | 54         | 7.00%       |
| 25         | 13.00%      | 55+        | 0.00%       |
| 26         | 13.00%      |            |             |
| 27         | 13.00%      |            |             |
| 28         | 13.00%      |            |             |
| 29         | 13.00%      |            |             |
| 30         | 12.00%      |            |             |
| 31         | 11.00%      |            |             |
| 32         | 11.00%      |            |             |
| 33         | 11.00%      |            |             |
| 34         | 10.00%      |            |             |
| 35         | 10.00%      |            |             |
| 36         | 10.00%      |            |             |
| 37         | 10.00%      |            |             |
| 38         | 10.00%      |            |             |
| 39         | 10.00%      |            |             |
| 40         | 9.00%       |            |             |
| 41         | 9.00%       |            |             |
| 42         | 8.00%       |            |             |
| 43         | 8.00%       |            |             |
| 44         | 8.00%       |            |             |

Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
EIN: 57-0248420 PN: 001

Table 4

**Withdrawal Rates—Salaried and Nonunion Hourly**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 12.00%      | 45         | 5.50%       |
| 16         | 12.00%      | 46         | 5.50%       |
| 17         | 12.00%      | 47         | 5.50%       |
| 18         | 12.00%      | 48         | 5.50%       |
| 19         | 12.00%      | 49         | 5.50%       |
| 20         | 12.00%      | 50         | 5.50%       |
| 21         | 12.00%      | 51         | 5.50%       |
| 22         | 12.00%      | 52         | 5.50%       |
| 23         | 12.00%      | 53         | 5.50%       |
| 24         | 12.00%      | 54         | 5.50%       |
| 25         | 12.00%      | 55+        | 0.00%       |
| 26         | 12.00%      |            |             |
| 27         | 12.00%      |            |             |
| 28         | 12.00%      |            |             |
| 29         | 12.00%      |            |             |
| 30         | 12.00%      |            |             |
| 31         | 12.00%      |            |             |
| 32         | 11.00%      |            |             |
| 33         | 11.00%      |            |             |
| 34         | 10.00%      |            |             |
| 35         | 9.00%       |            |             |
| 36         | 8.00%       |            |             |
| 37         | 7.00%       |            |             |
| 38         | 6.00%       |            |             |
| 39         | 6.00%       |            |             |
| 40         | 5.50%       |            |             |
| 41         | 5.50%       |            |             |
| 42         | 5.50%       |            |             |
| 43         | 5.50%       |            |             |
| 44         | 5.50%       |            |             |

Schedule SB Attachment (Form 5500)—2017 Plan Year  
Sonoco Pension Plan  
EIN: 57-0248420 PN: 001

Table 5

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.1200%     | 0.1800%       | 45         | 0.1975%     | 0.2965%       |
| 16         | 0.1200%     | 0.1800%       | 46         | 0.2210%     | 0.3315%       |
| 17         | 0.1200%     | 0.1800%       | 47         | 0.2490%     | 0.3735%       |
| 18         | 0.1200%     | 0.1800%       | 48         | 0.2805%     | 0.4210%       |
| 19         | 0.1200%     | 0.1800%       | 49         | 0.3150%     | 0.4725%       |
| 20         | 0.1200%     | 0.1800%       | 50         | 0.3565%     | 0.5350%       |
| 21         | 0.1200%     | 0.1800%       | 51         | 0.4050%     | 0.6075%       |
| 22         | 0.1200%     | 0.1800%       | 52         | 0.4625%     | 0.6940%       |
| 23         | 0.1200%     | 0.1800%       | 53         | 0.5225%     | 0.7840%       |
| 24         | 0.1200%     | 0.1800%       | 54         | 0.5925%     | 0.8890%       |
| 25         | 0.1200%     | 0.1800%       | 55         | 0.6810%     | 1.0215%       |
| 26         | 0.1200%     | 0.1800%       | 56         | 0.7910%     | 1.1865%       |
| 27         | 0.1200%     | 0.1800%       | 57         | 0.9295%     | 1.3945%       |
| 28         | 0.1200%     | 0.1800%       | 58         | 1.1100%     | 1.6650%       |
| 29         | 0.1200%     | 0.1800%       | 59         | 1.2600%     | 1.8900%       |
| 30         | 0.1200%     | 0.1800%       | 60         | 1.3800%     | 2.0700%       |
| 31         | 0.1210%     | 0.1815%       | 61         | 1.4705%     | 2.2060%       |
| 32         | 0.1220%     | 0.1830%       | 62         | 1.5420%     | 2.3130%       |
| 33         | 0.1235%     | 0.1855%       | 63         | 1.5980%     | 2.3970%       |
| 34         | 0.1255%     | 0.1885%       | 64+        | 1.6400%     | 2.4600%       |
| 35         | 0.1275%     | 0.1915%       |            |             |               |
| 36         | 0.1300%     | 0.1950%       |            |             |               |
| 37         | 0.1330%     | 0.1995%       |            |             |               |
| 38         | 0.1370%     | 0.2055%       |            |             |               |
| 39         | 0.1420%     | 0.2130%       |            |             |               |
| 40         | 0.1470%     | 0.2205%       |            |             |               |
| 41         | 0.1530%     | 0.2295%       |            |             |               |
| 42         | 0.1590%     | 0.2385%       |            |             |               |
| 43         | 0.1690%     | 0.2535%       |            |             |               |
| 44         | 0.1830%     | 0.2745%       |            |             |               |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2017****This Form is Open to Public  
Inspection**For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017▶ **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>SONOCO PENSION PLAN                                                        | <b>B</b> Three-digit plan number (PN) ▶<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SONOCO PRODUCTS COMPANY | <b>D</b> Employer Identification Number (EIN)<br>57-0248420 |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b>                  | 433,254,630               |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 442,115,566               |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 661                        | 141,096,884               | 141,096,884              |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 589                        | 52,598,278                | 52,598,278               |
| <b>c</b> For active participants .....                                                                                                                                                                          | 2,258                      | 281,867,755               | 284,613,676              |
| <b>d</b> Total .....                                                                                                                                                                                            | 3,508                      | 475,562,917               | 478,308,838              |
| <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>                   | 6.01%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 19,369,476                |                          |

**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>              | NECIA K. CRLENJAK  | 09/24/2018                             |
| Signature of actuary          |                                                                                                       | Date                                   |
| NECIA K. CRLENJAK             |                                                                                                       | 1706193                                |
| Type or print name of actuary |                                                                                                       | Most recent enrollment number          |
| Aon Consulting, Inc.          |                                                                                                       | 770-956-7777                           |
| Firm name                     |                                                                                                       | Telephone number (including area code) |
| 3550 Lenox Road NE Suite 1700 |                                                                                                       |                                        |
| ATLANTA                       | GA 30326                                                                                              |                                        |
| 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 ☐

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

Schedule SB (Form 5500) 2017

**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                     | 992,795                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 992,795                |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>7.86%</u> .....                                                                                 | 0                     | 0                      |
| <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>6.20%</u> ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       | 0                      |
| <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.....                                                                                                      |                       | 0                      |
| <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                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 92.43% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 92.43% |
| <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> | 96.30% |
| <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****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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/17/2017               | 16,855,137                        | 0                               |                          |                                   |                                 |
| 10/25/2017               | 50,000,000                        | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 66,855,137                        | <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> | 64,493,066 |

**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 |
|---------|---------|---------|---------|
| 0       | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <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>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <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 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 19,369,476         |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | Outstanding Balance | Installment        |               |
|                                                                                                                                                                                      | 36,193,272          | 6,251,139          |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <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>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 25,620,615         |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 25,620,615         |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 64,493,066         |               |
| <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>          | 38,872,451         |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <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                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <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>                                                                                                               |

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

| <b>Date</b>        | <b>Amount</b>     | <b>Days to<br/>Discount to<br/>1/1/2017 at<br/>6.01%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|-------------------|----------------------------------------------------------|-----------------------------------------------|
| January 17, 2017   | \$ 16,855,137     | 16                                                       | \$ 16,812,070                                 |
| October 25, 2017   | <u>50,000,000</u> | 297                                                      | <u>47,680,996</u>                             |
| Total Contribution | \$ 66,855,137     |                                                          | \$ 64,493,066                                 |

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 5.00%       | 1.0000        | 2.78                              |
| 56.5             | 5.00%       | 0.9500        | 2.68                              |
| 57.5             | 5.00%       | 0.9025        | 2.59                              |
| 58.5             | 5.00%       | 0.8574        | 2.51                              |
| 59.5             | 8.00%       | 0.8145        | 3.88                              |
| 60.5             | 8.00%       | 0.7493        | 3.63                              |
| 61.5             | 12.00%      | 0.6894        | 5.09                              |
| 62.5             | 25.00%      | 0.6067        | 9.48                              |
| 63.5             | 20.00%      | 0.4550        | 5.78                              |
| 64.5             | 20.00%      | 0.3640        | 4.70                              |
| 65.5             | 40.00%      | 0.2912        | 7.63                              |
| 66.5             | 50.00%      | 0.1747        | 5.81                              |
| 67.5             | 20.00%      | 0.0874        | 1.18                              |
| 68.5             | 35.00%      | 0.0699        | 1.68                              |
| 69               | 100.00%     | 0.0454        | 3.13                              |
| Weighted Average |             |               | 62.55                             |

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

|                                                |                                                                                                                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes    | Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor. |
| 1st Segment Rate                               | 4.16%                                                                                                                                                                      |
| 2nd Segment Rate                               | 5.72%                                                                                                                                                                      |
| 3rd Segment Rate                               | 6.48%                                                                                                                                                                      |
| Interest Rates for Maximum Tax Purposes        | Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization.                                                   |
| 1st Segment Rate                               | 1.52%                                                                                                                                                                      |
| 2nd Segment Rate                               | 3.80%                                                                                                                                                                      |
| 3rd Segment Rate                               | 4.79%                                                                                                                                                                      |
| Salary Increases                               |                                                                                                                                                                            |
| Minimum Funding Target Normal Cost             | See Table 1.                                                                                                                                                               |
| Maximum Tax Expected Benefit Increase          | See Table 1.                                                                                                                                                               |
| Social Security Wage Base Increases            | Future wage indices are based on a national wage increase of 3.50% per year.                                                                                               |
| Social Security COLA Increases                 | 2.50%.                                                                                                                                                                     |
| Optional Payment Form Election Percentage      |                                                                                                                                                                            |
| Crellin Participants                           | 100% elect a lump sum payment of their pre-1995 accrued benefit.                                                                                                           |
| Hayes Participants                             | 100% elect a lump sum payment of their pre-2002 accrued benefit.                                                                                                           |
| Hutchinson, KS Participants                    | 50% elect a life annuity and 50% elect a joint and 50% survivor annuity.                                                                                                   |
| All Other Participants                         | 53% elect a life annuity, 22% elect a joint and 50% survivor annuity, and 25% elect a joint and 100% survivor annuity.                                                     |
| Optional Payment Form Conversion Interest Rate | Same as funding interest rates above for lump sums.                                                                                                                        |

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|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optional Payment Form Conversion Mortality | Current IRC section 417(e) table for lump sums.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Retirement Age                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Active Participants                        | See Table 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Terminated Vested Participants             | Age 60.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Mortality Rates                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Healthy                                    | 2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Disabled                                   | Revenue Ruling 96-7 mortality table for disability after December 31, 1994.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Withdrawal Rates                           | See Tables 3–4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Disability Rates                           | See Table 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Decrement Timing                           | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Surviving Spouse Benefit                   | It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are two years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Benefit and Compensation Limits            | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$215,000 and the IRC section 401(a)(17) compensation limit of \$270,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                   | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |

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Expected Return on Assets

|                |                          |
|----------------|--------------------------|
| 2015 Plan Year | 7.85%, limited to 6.81%. |
| 2016 Plan Year | 7.65%, limited to 6.65%. |
| 2017 Plan Year | 7.00%, limited to 6.48%. |

Trust Expenses Included in Target Normal Cost

Prior year non-PBGC administrative expenses plus estimated current year PBGC premiums.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2017.

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Table 1

**Salary Merit Increase Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 7.75%       | 45         | 3.75%       |
| 16         | 7.75%       | 46         | 3.55%       |
| 17         | 7.75%       | 47         | 3.55%       |
| 18         | 7.75%       | 48         | 3.55%       |
| 19         | 7.75%       | 49         | 3.35%       |
| 20         | 7.75%       | 50         | 3.35%       |
| 21         | 7.75%       | 51         | 3.35%       |
| 22         | 7.75%       | 52         | 3.15%       |
| 23         | 7.75%       | 53         | 3.15%       |
| 24         | 7.75%       | 54         | 3.15%       |
| 25         | 7.25%       | 55         | 2.95%       |
| 26         | 7.25%       | 56         | 2.95%       |
| 27         | 7.25%       | 57         | 2.95%       |
| 28         | 7.25%       | 58         | 2.75%       |
| 29         | 6.75%       | 59         | 2.75%       |
| 30         | 6.25%       | 60         | 2.75%       |
| 31         | 6.05%       | 61         | 2.55%       |
| 32         | 5.85%       | 62         | 2.50%       |
| 33         | 5.65%       | 63         | 2.50%       |
| 34         | 5.35%       | 64         | 2.50%       |
| 35         | 5.15%       | 65+        | 2.50%       |
| 36         | 4.95%       |            |             |
| 37         | 4.75%       |            |             |
| 38         | 4.75%       |            |             |
| 39         | 4.35%       |            |             |
| 40         | 4.35%       |            |             |
| 41         | 4.15%       |            |             |
| 42         | 4.05%       |            |             |
| 43         | 3.95%       |            |             |
| 44         | 3.75%       |            |             |

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Table 2

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 5.00%              |
| 56                | 5.00%              |
| 57                | 5.00%              |
| 58                | 5.00%              |
| 59                | 8.00%              |
| 60                | 8.00%              |
| 61                | 12.00%             |
| 62                | 25.00%             |
| 63                | 20.00%             |
| 64                | 20.00%             |
| 65                | 40.00%             |
| 66                | 50.00%             |
| 67                | 20.00%             |
| 68                | 35.00%             |
| 69+               | 100.00%            |

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Table 3

**Withdrawal Rates—Hourly Plans**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 13.00%      | 45         | 8.00%       |
| 16         | 13.00%      | 46         | 8.00%       |
| 17         | 13.00%      | 47         | 8.00%       |
| 18         | 13.00%      | 48         | 8.00%       |
| 19         | 13.00%      | 49         | 8.00%       |
| 20         | 13.00%      | 50         | 8.00%       |
| 21         | 13.00%      | 51         | 8.00%       |
| 22         | 13.00%      | 52         | 7.00%       |
| 23         | 13.00%      | 53         | 7.00%       |
| 24         | 13.00%      | 54         | 7.00%       |
| 25         | 13.00%      | 55+        | 0.00%       |
| 26         | 13.00%      |            |             |
| 27         | 13.00%      |            |             |
| 28         | 13.00%      |            |             |
| 29         | 13.00%      |            |             |
| 30         | 12.00%      |            |             |
| 31         | 11.00%      |            |             |
| 32         | 11.00%      |            |             |
| 33         | 11.00%      |            |             |
| 34         | 10.00%      |            |             |
| 35         | 10.00%      |            |             |
| 36         | 10.00%      |            |             |
| 37         | 10.00%      |            |             |
| 38         | 10.00%      |            |             |
| 39         | 10.00%      |            |             |
| 40         | 9.00%       |            |             |
| 41         | 9.00%       |            |             |
| 42         | 8.00%       |            |             |
| 43         | 8.00%       |            |             |
| 44         | 8.00%       |            |             |

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Table 4

**Withdrawal Rates—Salaried and Nonunion Hourly**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 12.00%      | 45         | 5.50%       |
| 16         | 12.00%      | 46         | 5.50%       |
| 17         | 12.00%      | 47         | 5.50%       |
| 18         | 12.00%      | 48         | 5.50%       |
| 19         | 12.00%      | 49         | 5.50%       |
| 20         | 12.00%      | 50         | 5.50%       |
| 21         | 12.00%      | 51         | 5.50%       |
| 22         | 12.00%      | 52         | 5.50%       |
| 23         | 12.00%      | 53         | 5.50%       |
| 24         | 12.00%      | 54         | 5.50%       |
| 25         | 12.00%      | 55+        | 0.00%       |
| 26         | 12.00%      |            |             |
| 27         | 12.00%      |            |             |
| 28         | 12.00%      |            |             |
| 29         | 12.00%      |            |             |
| 30         | 12.00%      |            |             |
| 31         | 12.00%      |            |             |
| 32         | 11.00%      |            |             |
| 33         | 11.00%      |            |             |
| 34         | 10.00%      |            |             |
| 35         | 9.00%       |            |             |
| 36         | 8.00%       |            |             |
| 37         | 7.00%       |            |             |
| 38         | 6.00%       |            |             |
| 39         | 6.00%       |            |             |
| 40         | 5.50%       |            |             |
| 41         | 5.50%       |            |             |
| 42         | 5.50%       |            |             |
| 43         | 5.50%       |            |             |
| 44         | 5.50%       |            |             |

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Table 5

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.1200%     | 0.1800%       | 45         | 0.1975%     | 0.2965%       |
| 16         | 0.1200%     | 0.1800%       | 46         | 0.2210%     | 0.3315%       |
| 17         | 0.1200%     | 0.1800%       | 47         | 0.2490%     | 0.3735%       |
| 18         | 0.1200%     | 0.1800%       | 48         | 0.2805%     | 0.4210%       |
| 19         | 0.1200%     | 0.1800%       | 49         | 0.3150%     | 0.4725%       |
| 20         | 0.1200%     | 0.1800%       | 50         | 0.3565%     | 0.5350%       |
| 21         | 0.1200%     | 0.1800%       | 51         | 0.4050%     | 0.6075%       |
| 22         | 0.1200%     | 0.1800%       | 52         | 0.4625%     | 0.6940%       |
| 23         | 0.1200%     | 0.1800%       | 53         | 0.5225%     | 0.7840%       |
| 24         | 0.1200%     | 0.1800%       | 54         | 0.5925%     | 0.8890%       |
| 25         | 0.1200%     | 0.1800%       | 55         | 0.6810%     | 1.0215%       |
| 26         | 0.1200%     | 0.1800%       | 56         | 0.7910%     | 1.1865%       |
| 27         | 0.1200%     | 0.1800%       | 57         | 0.9295%     | 1.3945%       |
| 28         | 0.1200%     | 0.1800%       | 58         | 1.1100%     | 1.6650%       |
| 29         | 0.1200%     | 0.1800%       | 59         | 1.2600%     | 1.8900%       |
| 30         | 0.1200%     | 0.1800%       | 60         | 1.3800%     | 2.0700%       |
| 31         | 0.1210%     | 0.1815%       | 61         | 1.4705%     | 2.2060%       |
| 32         | 0.1220%     | 0.1830%       | 62         | 1.5420%     | 2.3130%       |
| 33         | 0.1235%     | 0.1855%       | 63         | 1.5980%     | 2.3970%       |
| 34         | 0.1255%     | 0.1885%       | 64+        | 1.6400%     | 2.4600%       |
| 35         | 0.1275%     | 0.1915%       |            |             |               |
| 36         | 0.1300%     | 0.1950%       |            |             |               |
| 37         | 0.1330%     | 0.1995%       |            |             |               |
| 38         | 0.1370%     | 0.2055%       |            |             |               |
| 39         | 0.1420%     | 0.2130%       |            |             |               |
| 40         | 0.1470%     | 0.2205%       |            |             |               |
| 41         | 0.1530%     | 0.2295%       |            |             |               |
| 42         | 0.1590%     | 0.2385%       |            |             |               |
| 43         | 0.1690%     | 0.2535%       |            |             |               |
| 44         | 0.1830%     | 0.2745%       |            |             |               |

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Schedule SB, Part V—Summary of Plan Provisions

The Sonoco Pension Plan consists of the following participating employees:

- Salaried and nonunion hourly employees, including the following groups:
  - Members of the Crellin, Inc. predecessor plan; and
  - Members of the Hayes Manufacturing Group, Inc. predecessor plan.
- Nonunion hourly employees, including the following groups:
  - Nonunion Hourly Employees at Baker Division, Hartselle, AL;
  - Nonunion Hourly Employees at Orlando, FL; and
  - Nonunion Hourly Employees at Puerto Rico.
- Hourly employees of the following collectively bargained groups:
  - Members of the Bargaining Unit at Carrollton, TX;
  - Members of the Bargaining Unit at City of Industry, CA;
  - Members of the Bargaining Unit at Forest Park, GA;
  - Members of the Bargaining Unit at Holyoke (Pioneer Valley), MA;
  - Members of the Bargaining Unit at Hutchinson, KS;
  - Members of the Bargaining Unit at Memphis, TN;
  - Members of the Bargaining Unit at New Albany, IN;
  - Members of the Bargaining Unit at Norwalk/Los Angeles, CA;
  - Members of the Bargaining Unit at Orrville, OH;
  - Members of the Bargaining Unit Sumner, WA.

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| Effective Date | Plan                         | Date       |
|----------------|------------------------------|------------|
|                | Salaried and Nonunion Hourly | 01/01/1968 |
|                | Holyoke, MA                  | 01/01/1968 |
|                | City of Industry, CA.        | 01/01/1968 |
|                | Sumner, WA                   | 02/15/1980 |
|                | Baker, AL                    | 01/01/1981 |
|                | Norwalk, CA                  | 01/01/1983 |
|                | Hutchinson, KS               | 01/01/1984 |
|                | Puerto Rico                  | 01/01/1985 |
|                | Memphis                      | 04/01/1987 |
|                | New Albany, IN               | 04/01/1987 |
|                | Orlando                      | 04/01/1987 |
|                | Carrollton, TX               | 04/01/1987 |
|                | Richmond, VA                 | 05/01/1988 |
|                | Orrville, OH                 | 10/01/2007 |

The Sonoco Pension Plan was last amended and restated effective January 1, 2015.

Participation Date

Salaried and Nonunion Hourly  
Employees

The January 1 or July 1 following age 21 and completion of one year of vesting service. Employees hired on or after January 1, 2004 are not eligible to participate. Fox Valley employees participate the January 1 or July 1 following age 21 and completion of one year of vesting service, but not prior to October 1, 1984, and those hired on or after January 1, 2008 are not eligible to participate.

Nonunion Hourly Employees at Baker, AL

The January 1 or July 1 following age 21, and completion of one year of vesting service, but not prior to January 1, 1981. North Anson, Maine employees do not participate prior to January 1, 1991. Yuba City, California employees do not participate prior to January 1, 1993.

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Participation Date

Nonunion Hourly Employees at  
Orlando, FL

The January 1 or July 1 following age 21 and completion of one year of vesting service. Employees hired on or after January 1, 2004 are not eligible to participate.

Nonunion Hourly Employees  
at Puerto Rico

The January 1 or July 1 following age 21 and completion of one year of vesting service, but not prior to January 1, 1985.

Union Employees at Carrollton, TX

The January 1 or July 1 following age 21 and completion of one year of vesting service. Employees hired on or after January 1, 2004 are not eligible to participate.

Union Employees at City  
of Industry, CA

The January 1 or July 1 following age 21 and completion of one of year of vesting service. Plan closed to employees hired or rehired on or after January 1, 2010.

Union Employees at Forest Park, GA

Date of hire, but not prior to April 1, 1987.

Union Employees at  
Holyoke (Chicope), MA

The first day of the month following completion of 12 consecutive months of vesting service.

Union Employees at Hutchinson, KS

The first day of the month following completion of 12 consecutive months of vesting service.

Union Employees at Memphis, TN

Date of hire, but not prior to April 1, 1987.

Union Employees at New Albany, IN

Date of hire, but not prior to April 1, 1987.

Union Employees at Norwalk/  
Los Angeles, CA

The January 1 or July 1 following a 12-month period in which 1,000 hours of service are credited, but not prior to January 1, 1983. Plan closed to new employees hired on or after January 1, 2012.

Union Employees at Orrville, OH

Date of hire, but not prior to October 1, 2007.

Union Employees at Richmond, VA

Date of hire, but not prior to May 1, 1988. Employees hired on or after January 1, 2010 are not eligible to participate.

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Participation Date

Union Employees at Sumner, WA

The first day of the month following age 21, and the earlier of the first day of the month following completion of 12 consecutive months during which 1,000 hours were worked or the January 1 following completion of a plan year during which 1,000 hours were worked. Plan closed to new employees hired and rehired on or after January 13, 2016.

Benefit Formulas<sup>1</sup>

Salaried and Nonunion Hourly Employees

(a) plus (b) minus (c) plus (d):

- (a) \$42 multiplied by years of benefit service (maximum 30 years);
- (b) 1.67% of final average earnings multiplied by years of benefit service (maximum 30 years);
- (c) 1.67% of the Social Security benefit multiplied by years of benefit service (maximum 30 years);
- (d) 0.25% of final average earnings multiplied by years of benefit service in excess of 30 years.

For former participants of the Crellin, Inc. Pension Plan, the greater of (a) or (b):

- (a) 1.0% of Crellin final average earnings plus 0.3% of Crellin final average earnings in excess of covered compensation, multiplied by total years of Sonoco and Crellin benefit service.
- (b) The sum of (i) plus (ii):
  - (i) 1.0% of Crellin final average earnings plus 0.3% of Crellin final average earnings in excess of covered compensation, multiplied by Crellin benefit service as of December 31, 1994;

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<sup>1</sup> Annual.

Schedule SB Attachment (Form 5500)—2017 Plan Year  
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Benefit Formulas<sup>2</sup>

- (ii) The Salaried And Nonunion Hourly Employees formula based on Sonoco benefit service, except that the 30 year service limit will be based on total Crellin and Sonoco benefit service.

For former Hanover (Plant D010) participants, the former Master Plan formula is applied to all benefit service for participants who were active on March 1, 2001. These participants will receive the greater of the former hourly benefit earned as of February 28, 2001, or the former Master Plan benefit for all service.

For former participants of the Retirement Plan and Trust for Employees of Hayes Manufacturing Group, Inc., the sum of (a) plus (b), but no less than (c):

- (a) The greater of (i) or (ii):
  - (i) \$234 multiplied by years of Hayes benefit service as of December 31, 2001.
  - (ii) 0.3% of final average earnings up to the covered compensation limit, plus 0.55% of final average earnings above the covered compensation limit, all multiplied by Hayes benefit service as of December 31, 2001 (maximum 40 years).
- (b) The Salaried and Nonunion Hourly formula based on Sonoco benefit service beginning January 1, 2002.
- (c) \$234 multiplied by total benefit service.

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<sup>2</sup> Annual.

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Benefit Formulas<sup>3</sup>

For former Fox Valley (Plant C382) participants, the former Master Plan formula is applied to all benefit service for participants who were active on May 23, 2007. These participants will receive the greater of the former hourly benefit (\$420 times years of Sonoco service plus \$36 times years of past service) earned as of January 1, 2008 or the former Master Plan benefit for all service.

Salaried, Nonunion Hourly (except Puerto Rico), Crellin, and Hayes formula benefit accruals will be frozen as of December 31, 2018 and participants will enter the SIRP on January 1, 2019. An option was offered to participants to freeze accruals as of December 31, 2009 and enter the SIRP on January 1, 2010.

Nonunion Hourly Employees of  
Baker, AL

Effective January 1, 1981, \$120 times years of benefit service.

Nonunion Hourly Employees of  
Orlando, FL

The Salaried and Nonunion Hourly formula is applied to benefit service beginning April 1, 1987.

Participants with less than 10 years of vesting service as of April 1, 1987 receive \$210 times years of past service.

Participants with more than 10 years of vesting service as of April 1, 1987 receive \$42 times years of past service.

Nonunion Hourly Employees of  
Puerto Rico

Effective January 1, 1985, \$120 times years of benefit service.

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<sup>3</sup> Annual.

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Benefit Formulas<sup>4</sup>

Union Employees of Carrollton, TX

Transferred to the Master Plan on November 1, 1991. Recertified as a union. The Salaried and Nonunion Hourly formula is applied to benefit service beginning April 1, 1987.

Participants with less than 10 years of vesting service as of April 1, 1987 receive \$204 times years of past service.

Participants with more than 10 years of vesting service as of April 1, 1987 receive \$30 times years of past service.

Carrollton, TX formula benefit accruals will be frozen as of December 31, 2018 and participants will enter the SIRP on January 1, 2019. An option was offered to participants to freeze accruals as of December 31, 2009 and enter the SIRP on January 1, 2010.

Union Employees of City of Industry, CA

Effective February 1, 1999, \$324 times years of benefit service; effective February 7, 2000, \$336 times years of benefit service; effective February 5, 2001, \$360 times years of benefit service; effective February 3, 2004, \$384 times years of benefit service; effective January 1, 2006, \$408 times years of benefit service; effective January 1, 2008, \$432 times years of benefit service; effective February 3, 2009, \$456 times years of benefit service; effective January 1, 2010, \$468 times years of benefit service; effective January 1, 2011, \$480 times years of benefit service; effective February 3, 2012, \$492 times years of benefit service; effective January 1, 2013, \$504 times years of benefit service; effective January 1, 2014, \$516 times years of benefit service; effective February 3, 2015, \$528 times years of benefit service; effective January 1, 2016, \$540 times years of benefit service; effective January 1, 2017, \$552 times years of benefit service.

Effective January 1, 2010, City of Industry (Plant B355 and C342) was closed to new hires and an option was offered to participants to freeze accruals as of December 31, 2009 and enter the SIRP on January 1, 2010.

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<sup>4</sup> Annual.

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Benefit Formulas<sup>5</sup>

Union Employees of Forest Park, GA

Participants with less than 10 years of vesting service as of April 1, 1987:

Effective April 15, 1999, \$336 times years of past and Sonoco service; effective April 17, 2000, \$384 times years of past and Sonoco service; effective April 14, 2003, \$432 times years of past and Sonoco service; effective January 1, 2008, \$468 times years of past and Sonoco service; effective January 1, 2011, \$492 times years of past and Sonoco service; effective January 1, 2012, \$516 times years of past and Sonoco service; effective January 1, 2014, \$528 times years of past and Sonoco service; effective January 1, 2015, \$540 times years of past and Sonoco service; effective January 1, 2016, \$552 times years of past and Sonoco service; effective July 1, 2016, \$576 times years of past and Sonoco service.

Participants with more than 10 years of vesting service as of April 1, 1987:

Effective April 15, 1999, \$336 times years of Sonoco service plus \$174 times years of past service; effective April 17, 2000, \$384 times years of Sonoco service plus \$234 times years of past service; effective April 14, 2003, \$432 times years of Sonoco service plus \$282 times years of past service; effective January 1, 2008, \$468 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2011, \$492 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2012, \$516 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2014, \$528 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2015, \$540 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2016, \$552 times years of Sonoco service plus \$318 times years of past service; effective July 1, 2016, \$576 times years of Sonoco service plus \$318 times years of past service.

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<sup>5</sup> Annual.

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Benefit Formulas<sup>6</sup>

Union Employees of Holyoke  
(Pioneer Valley), MA

Effective June 29, 1999, \$318 times years of benefit service; effective June 28, 2000, \$324 times years of benefit service; effective June 28, 2001, \$348 times years of benefit service; effective June 28, 2002, \$360 times years of benefit service; effective June 28, 2003, \$372 times years of benefit service; effective June 29, 2004, \$396 times years of benefit service; effective June 27, 2005, \$420 times years of benefit service; effective June 26, 2006, \$444 times years of benefit service; effective June 28, 2007, \$468 times years of benefit service; effective June 28, 2008, \$492 times years of benefit service; effective June 28, 2009, \$516 times years of benefit service; effective June 28, 2010, \$540 times years of benefit service; effective June 28, 2011, \$552 times years of benefit service; effective June 28, 2012, \$564 times years of benefit service; effective June 28, 2013, \$576 times years of benefit service; effective June 28, 2014, \$588 times years of benefit service; effective June 28, 2015, \$600 times years of benefit service; effective June 29, 2016, \$612 times years of benefit service; effective June 29, 2017, \$624 times years of benefit service; effective June 29, 2018, \$636 times years of benefit service.

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<sup>6</sup> Annual.

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Benefit Formulas<sup>7</sup>

Union Employees of Hutchinson, KS

Effective September 9, 2001, \$282 times years of benefit service; effective September 8, 2002, \$288 times years of benefit service; effective September 7, 2003, \$300 times years of benefit service; effective September 6, 2004, \$324 times years of benefit service; effective September 5, 2005, \$348 times years of benefit service; effective September 4, 2006, \$360 times years of benefit service; effective September 3, 2007, \$372 times years of benefit service; effective October 6, 2008, \$396 times years of benefit service; effective October 5, 2009, \$420 times years of benefit service; effective October 4, 2010, \$432 times years of benefit service; effective October 3, 2011, \$456 times years of benefit service; effective October 1, 2012, \$474 times years of benefit service; effective October 7, 2013, \$486 times years of benefit service; effective October 6, 2014, \$498 times years of benefit service; effective October 5, 2015, \$510 times years of benefit service; effective October 3, 2016, \$522 times years of benefit service.

Benefit service maximum: 45 years for people who terminate after September 9, 1990. Benefit is reduced by prior plan offset.

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<sup>7</sup> Annual.

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Benefit Formulas<sup>8</sup>

Union Employees of Memphis, TN

Participants with less than 10 years of vesting service as of April 1, 1987:

Effective February 1, 1999, \$258 times years of past and Sonoco service; effective February 1, 2001, \$282 times years of past and Sonoco service; effective February 1, 2002, \$306 times years of past and Sonoco service; effective February 1, 2003, \$330 times years of past and Sonoco service; effective February 1, 2004, \$354 times years of past and Sonoco service; effective February 1, 2005, \$366 times years of past and Sonoco service; effective February 1, 2007, \$378 times years of past and Sonoco service; effective February 1, 2008, \$390 times years of past and Sonoco service; effective February 1, 2009, \$402 times years of past and Sonoco service; effective February 1, 2010, \$408 times years of past and Sonoco service; effective February 1, 2011, \$414 times years of past and Sonoco service; effective February 1, 2012, \$429 times years of past and Sonoco service; effective February 1, 2013, \$438 times years of past and Sonoco service; effective February 1, 2014, \$447 times years of past and Sonoco service; effective February 1, 2015, \$459 times years of past and Sonoco service; effective February 1, 2016, \$495 times years of past and Sonoco service.

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<sup>8</sup> Annual.

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Benefit Formulas<sup>9</sup>

Participants with more than 10 years of vesting service as of April 1, 1987:

Effective February 1, 1999, \$258 times years of Sonoco service plus \$54 times years of past service; effective February 1, 2001, \$282 times years of Sonoco service plus \$66 times years of past service; effective February 1, 2002, \$306 times years of Sonoco service plus \$78 times years of past service; effective February 1, 2003, \$330 times years of Sonoco service plus \$90 times years of past service; effective February 1, 2004, \$354 times years of Sonoco service plus \$114 times years of past service; effective February 1, 2005, \$366 times years of Sonoco service plus \$126 times years of past service; effective February 1, 2007, \$378 times years of Sonoco service plus \$138 times years of past service; effective February 1, 2008, \$390 times years of Sonoco service plus \$150 times years of past service; effective February 1, 2009, \$402 times years of Sonoco service plus \$162 times years of past service; effective February 1, 2010, \$408 times years of Sonoco service plus \$168 times years of past service; effective February 1, 2011, \$414 times years of Sonoco service plus \$174 times years of past service; effective February 1, 2012, \$429 times years of Sonoco service plus \$189 times years of past service; effective February 1, 2013, \$438 times years of Sonoco service plus \$201 times years of past service; effective February 1, 2014, \$447 times years of Sonoco service plus \$210 times years of past service; effective February 1, 2015, \$459 times years of Sonoco service plus \$213 times years of past service; effective February 1, 2016, \$495 times years of Sonoco service plus \$249 times years of past service.

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<sup>9</sup> Annual.

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Benefit Formulas<sup>10</sup>

Union Employees of New Albany, IN

Participants with less than 10 years of vesting service as of April 1, 1987:

Effective August 1, 1999, \$330 times years of past and Sonoco service; effective August 1, 2000, \$342 times years of past and Sonoco service; effective August 1, 2001, \$354 times years of past and Sonoco service; effective August 1, 2002, \$366 times years of past and Sonoco service; effective August 1, 2003, \$378 times years of past and Sonoco service; effective March 22, 2004, \$396 times years of past and Sonoco service; effective March 22, 2005, \$414 times years of past and Sonoco service; effective August 1, 2007, \$432 times years of past and Sonoco service; effective August 1, 2008, \$450 times years of past and Sonoco service; effective August 1, 2009, \$468 times years of past and Sonoco service; effective August 1, 2010, \$516 times years of past and Sonoco service; effective August 1, 2011, \$528 times years of past and Sonoco service; effective August 1, 2012, \$576 times years of past and Sonoco service; effective August 1, 2013, \$582 times years of past and Sonoco service; effective May 1, 2015, \$606 times years of past and Sonoco service.

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<sup>10</sup> Annual.

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Benefit Formulas<sup>11</sup>

Participants with more than 10 years of vesting service as of April 1, 1987:

Effective August 1, 1999, \$330 times years of Sonoco service plus \$90 times years of past service; effective August 1, 2000, \$342 times years of Sonoco service plus \$102 times years of past service; effective August 1, 2001, \$354 times years of Sonoco service plus \$114 times years of past service; effective August 1, 2002, \$366 times years of Sonoco service plus \$126 times years of past service; effective August 1, 2003, \$378 times years of Sonoco service plus \$138 times years of past service; effective March 22, 2004, \$396 times years of Sonoco service plus \$156 times years of past service; effective March 22, 2005, \$414 times years of Sonoco service plus \$174 times years of past service; effective August 1, 2007, \$432 times years of Sonoco service plus \$192 times years of past service; effective August 1, 2008, \$450 times years of Sonoco service plus \$210 times years of past service; effective August 1, 2009, \$468 times years of Sonoco service plus \$228 times years of past service; effective August 1, 2010, \$516 times years of Sonoco service plus \$276 times years of past service; effective August 1, 2011, \$528 times years of Sonoco service plus \$288 times years of past service; effective August 1, 2012, \$576 times years of Sonoco service plus \$336 times years of past service; effective August 1, 2013, \$582 times years of Sonoco service plus \$342 times years of past service; effective May 1, 2015, \$606 times years of Sonoco service plus \$366 times years of past service.

The New Albany, IN plant was closed and all employees were terminated in 2016.

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<sup>11</sup> Annual.

## Schedule SB Attachment (Form 5500)—2017 Plan Year

### Sonoco Pension Plan

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#### Benefit Formulas<sup>12</sup>

Union Employees of Norwalk/  
Los Angeles, CA

Effective February 16, 1998, \$336 times years of Sonoco service; effective February 16, 2001, \$348 times years of Sonoco service; effective February 16, 2002, \$384 times years of Sonoco service plus \$36 times years of past service; effective February 16, 2003, \$408 times years of Sonoco service plus \$36 times years of past service; effective February 16, 2005, \$420 times years of Sonoco service plus \$36 times years of past service; effective February 16, 2006, \$444 times years of Sonoco service plus \$60 times years of past service; effective January 1, 2008, \$468 times years of Sonoco service plus \$60 times years of past service; effective January 1, 2010, \$492 times years of Sonoco service plus \$60 times years of past service; effective February 16, 2011, \$504 times years of Sonoco service plus \$60 times years of past service; effective January 1, 2012, \$516 times years of Sonoco service plus \$60 times years of past service; effective January 1, 2013, \$528 times years of Sonoco service plus \$60 times years of past service; effective February 17, 2014, \$540 times years of Sonoco service plus \$60 times years of past service; effective February 16, 2015, \$552 times years of Sonoco service plus \$60 times years of past service; effective February 15, 2016, \$564 times years of Sonoco service plus \$60 times years of past service.

Effective January 1, 2012, Norwalk was closed to new hires and an option was offered to participants to freeze accruals as of December 31, 2011 and enter the SIRP on January 1, 2012.

Union Employees of Orrville, OH

Effective October 1, 2007, \$222 times years of benefit service; effective January 1, 2008, \$234 times years of benefit service; effective January 1, 2009, \$246 times years of benefit service; effective January 1, 2010, \$258 times years of benefit service; effective January 1, 2011, \$282 times years of benefit service.

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<sup>12</sup> Annual.

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Benefit Formulas<sup>13</sup>

Union Employees of Richmond, VA

Effective December 1, 1999, \$324 times years of Sonoco service plus \$132 times years of past service; effective December 1, 2000, \$336 times years of Sonoco service plus \$144 times years of past service; effective December 1, 2001, \$348 times years of Sonoco service plus \$156 times years of past service; effective December 1, 2002, \$360 times years of Sonoco service plus \$168 times years of past service; effective December 1, 2003, \$372 times years of Sonoco service plus \$180 times years of past service; effective December 1, 2004, \$384 times years of Sonoco service plus \$192 times years of past service; effective December 1, 2005, \$396 times years of Sonoco service plus \$204 times years of past service; effective December 1, 2006, \$408 times years of Sonoco service plus \$216 times years of past service; effective December 1, 2007, \$420 times years of Sonoco service plus \$228 times years of past service; effective December 1, 2008, \$432 times years of Sonoco service plus \$240 times years of past service; effective January 1, 2010, \$456 times years of Sonoco service plus \$264 times years of past service; effective January 1, 2011, \$468 times years of Sonoco service plus \$276 times years of past service; effective January 1, 2012, \$480 times years of Sonoco service plus \$288 times years of past service; effective January 1, 2013, \$492 times years of Sonoco service plus \$300 times years of past service; effective January 1, 2014, \$504 times years of Sonoco service plus \$312 times years of past service; effective January 1, 2015, \$516 times years of Sonoco service plus \$324 times years of past service; effective January 1, 2016, \$540 times years of Sonoco service plus \$348 times years of past service; effective January 1, 2017, \$552 times years of Sonoco service plus \$348 times years of past service; effective January 1, 2018, \$576 times years of Sonoco service plus \$348 times years of past service; effective January 1, 2019, \$588 times years of Sonoco service plus \$348 times years of past service.

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<sup>13</sup> Annual.

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Benefit Formulas<sup>14</sup>

Effective January 1, 2010, participation under the Richmond, VA provisions was closed to new hires and rehires. An option was offered to participants to freeze accruals as of December 31, 2010 and enter the SIRP on January 1, 2011.

Union Employees of Sumner, WA

(1) plus (2):

(1) Effective October 1, 1999, \$384 times years of Sonoco service; effective October 1, 2000, \$396 for years of Sonoco service; effective October 1, 2001, \$408 times years of Sonoco service; effective October 1, 2002, \$420 times years of Sonoco service; effective October 1, 2003, \$444 times years of Sonoco service; effective October 1, 2004, \$468 times years of Sonoco service; effective October 1, 2005, \$480 times years of Sonoco service; effective October 1, 2006, \$492 times years of Sonoco service; effective October 1, 2007, \$504 times years of Sonoco service; effective October 1, 2008, \$516 times years of Sonoco service; effective October 1, 2009, \$564 times years of Sonoco service; effective October 1, 2010, \$576 times years of Sonoco service; effective October 1, 2012, \$591 times years of Sonoco service; effective October 1, 2013, \$606 times years of Sonoco service; effective October 1, 2014, \$618 times years of Sonoco service; effective October 1, 2015, \$630 times years of Sonoco service; effective October 1, 2016, \$642 times years of Sonoco service; effective October 1, 2017, \$648 times years of Sonoco service.

(2) Prior to October 1, 2003, \$24 times years of past service; effective October 1, 2003, \$60 times years of past service; effective October 1, 2009, \$120 times years of past service; effective October 1, 2010, \$120 times years of past service.

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<sup>14</sup> Annual.

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Normal Retirement Date

Last day of the month in which age 65 is attained.

Early Retirement

Salaried and Nonunion Hourly Employees

Earliest retirement date is the last day of the month in which age 55 is attained. The accrued benefit is reduced 3.6% per year prior to age 65.

Union Employees of Carrollton, TX

Earliest retirement date is the last day of the month in which age 55 is attained. The accrued benefit is reduced 3.6% per year prior to age 65.

Union Employees of City of Industry, CA

Earliest retirement date is the last day of the month in which age 55 is attained and 15 years of vesting service is completed. The accrued benefit is reduced 3.6% per year prior to age 65.

Union Employees of Forest Park, GA

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced 4% per year between ages 60 and 65, and 6% per year between ages 55 and 60.

Union Employees of Holyoke  
(Pioneer Valley), MA

Earliest retirement date is the last day of the month in which age 55 is attained. The accrued benefit is reduced 4% per year prior to age 65.

Union Employees of Hutchinson, KS

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced by 7.2% per year prior to age 65.

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Early Retirement

Union Employees of Memphis, TN

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced as follows:

| Age Benefit<br>Payments Start | Fraction of<br>Accrued Benefit Payable |
|-------------------------------|----------------------------------------|
| 55                            | 0.4605                                 |
| 56                            | 0.4921                                 |
| 57                            | 0.5270                                 |
| 58                            | 0.5656                                 |
| 59                            | 0.6162                                 |
| 60                            | 0.6667                                 |
| 61                            | 0.7333                                 |
| 62                            | 0.8000                                 |
| 63                            | 0.8667                                 |
| 64                            | 0.9333                                 |
| 65                            | 1.0000                                 |

Union Employees of New Albany, IN

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced 3.6% per year prior to age 65. There is no reduction at age 62 with 20 years of vesting service.

Union Employees of Norwalk/  
Los Angeles, CA

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced 3.6% per year prior to age 65.

Union Employees of Orrville, OH

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced by actuarial equivalent reductions prior to age 65.

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Early Retirement

Union Employees of Richmond, VA

Earliest retirement date is the last day of the month in which the earlier of (1) age 55 is attained and 20 years of vesting service is completed or (2) age 60 is attained and 10 years of vesting service is completed. The accrued benefit is reduced by 4.8% per year prior to age 65.

Union Employees of Sumner, WA

Earliest retirement date is the last day of the month in which age 55 is attained and 15 years of vesting service is completed. The accrued benefit is reduced 3% per year prior to age 65. There is no reduction at age 62 with 30 years of vesting service.

Vested Benefit

Salaried and Nonunion Hourly  
Employees

Eligibility is five years of vesting service or age 55. The accrued benefit at termination is payable at normal retirement date. A reduced benefit is payable at the earliest retirement date.

Union Employees of Holyoke  
(Pioneer Valley), MA

Eligibility is five years of vesting service or age 55. The accrued benefit at termination is payable at normal retirement date. A reduced benefit is payable at the earliest retirement date.

All Other Union Employees

Eligibility is five years of vesting service or age 65.

Disability Retirement

Salaried and Nonunion Hourly  
Employees

Eligible participants (except Crellin) must receive either Sonoco long-term disability plan benefits or Workers' Compensation disability benefits, or be eligible for Social Security disability benefits.

Crellin participants must be eligible for Social Security disability benefits, have attained age 45, and completed 10 years of vesting service.

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Disability Retirement

The disability retirement date is the first of any month following eligibility for early retirement. The accrued benefit at termination is payable at normal retirement date. A reduced benefit is payable at the earliest retirement date.

All Other Plans

Unless otherwise stated below, a participant's disability retirement date is the first of the month following: (1) The initial 26-week period of disability during which accident and sickness benefits are paid, (2) eligibility for Social Security disability benefits, and (3) any age or service requirements. Unless otherwise stated below, the disability benefit is the accrued benefit, payable immediately without reduction. If disabled prior to age 55, the benefit reverts to the normal retirement benefit at age 65.

Nonunion Hourly Employees of  
Baker, AL

Eligibility is age 50 and 15 years of benefit service.

Nonunion Hourly Employees of  
Puerto Rico

Eligibility is age 50 and 15 years of vesting service.

Union Employees of Carrollton, TX

Same as Salaried and Nonunion Hourly Employees.

Union Employees of City of  
Industry, CA

Eligibility is age 50 and 15 years of benefit service.  
Minimum benefit of \$50 per month.

Union Employees of Forest Park, GA

Eligibility is 10 years of vesting service. The accrued benefit is based on the total of past and Sonoco service at date of disability. If the participant was a vested member of the prior plan (with more than 10 years of vesting service as of April 1, 1987), then the disability benefit will be reduced at age 65 to reflect the benefit payable from the prior employer.

Union Employees of Holyoke  
(Pioneer Valley), MA

Eligibility is 10 years of benefit service. Minimum benefit of \$300 per month.

Union Employees of Hutchinson, KS

Eligibility is 15 years of vesting service.

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Disability Retirement

Union Employees of Memphis, TN

Eligibility is 10 years of vesting service. The accrued benefit is based on the total of past and Sonoco service at date of disability. If the participant was a vested member of the prior plan (with more than 10 years of vesting service as of April 1, 1987), then the disability benefit will be reduced at age 65 to reflect the benefit payable from the prior employer.

Union Employees of New Albany, IN

Eligibility is 10 years of vesting service. The accrued benefit is based on the total of past and Sonoco service at date of disability. If the participant was a vested member of the prior plan (with more than 10 years of vesting service as of April 1, 1987), then the disability benefit will be reduced at age 65 to reflect the benefit payable from the prior employer.

Union Employees of Norwalk/  
Los Angeles, CA

Effective February 16, 2006, eligibility is age 45 and 10 years of vesting service. Minimum benefit of \$250 per month until age 65.

Union Employees of Orrville, OH

Eligibility is 10 years of vesting service.

Union Employees of Richmond, VA

Eligibility is 10 years of vesting service. Prior to age 65, the disability benefit is \$400 per month, reduced by any Workers' Compensation benefits. At age 65, the accrued benefit based on benefit service and the benefit factor in effect as of the date of termination is payable.

Union Employees of Sumner, WA

Eligibility is 10 years of vesting service. (Special provisions apply for former participants of Fibreboard Retirement Group A employed on or before February 15, 1980.)

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Preretirement Death Benefit

All married participants with a vested benefit are eligible. The benefit is the amount the eligible spouse would have received had the participant terminated on the date of his death, chosen the 50% joint and survivor form of payment to commence at his earliest retirement date, and then died the day after benefits commenced. A minimum death benefit equal to the employee's accumulated contributions is provided, whether or not the participant was married or vested.

Definitions

Vesting Service

Service is credited in years and completed months from the date of hire, unless otherwise stated below.

Salaried and Nonunion Hourly  
Employees

Service prior to age 18 is not included in vesting service.

Nonunion Hourly Employees of  
Baker, AL

Service under prior pension plan is included in vesting service.

Union Employees of Norwalk, Orrville,  
Richmond, and Sumner

A year of vesting service is earned for each calendar year in which 1,000 hours are worked.

Union Employees of Hutchinson, KS

Service is credited in years and days/365 from date of hire.

Union Employees of Forest Park,  
Memphis, New Albany, Norwalk,  
Richmond, and Sumner

Service under prior pension plan is included in vesting service.

Benefit Service

Service is credited in years and completed months from the date of hire, unless otherwise stated below.

Salaried and Nonunion Hourly  
Employees

Service from date of hire to date of participation in the plan is not credited as benefit service. Benefit Service for Salaried and Nonunion Hourly (except Puerto Rico) Employees will be frozen as of December 31, 2018.

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Benefit Service

Nonunion Hourly Employees of  
Baker, AL

Service prior to the effective date is not credited as  
benefit service.

Baker Division (Plant A804)—Service prior to January 1,  
1991 is not credited as benefit service.

Baker Division (Plant A842)—Service prior to January 1,  
1993 is not credited as benefit service.

Nonunion Hourly Employees of  
Puerto Rico

Service prior to the effective date is not credited as  
benefit service.

Union Employees of Forest Park,  
Memphis, and New Albany

Service on and after April 1, 1987, or date of hire, if  
later, is considered Sonoco service. Service between  
date of hire with Boise Cascade and April 1, 1987 is  
considered past service if vested as of April 1, 1987.  
Otherwise, this service is included with Sonoco service.

A year of benefit service is earned for each calendar  
year in which 1,500 hours are worked (three-quarter  
year for 1,000 hours). Participants at Memphis (Plant  
D018) earn a year of benefit service for 1,200 hours (one  
half year for 800 hours). Participants at New Albany  
(Plant D020) earn a year of benefit service for 1,000  
hours.

Union Employees of Hutchinson, KS

Service is credited in years and days/365 from the date  
of hire.

Union Employees of Norwalk/  
Los Angeles, CA

Service prior to the effective date is not credited as  
benefit service. A year of benefit service is earned for  
each calendar year in which 1,000 hours are worked.

Union Employees of Orrville, OH

Service on and after October 1, 2007, or date of hire, if  
later, is considered benefit service.

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Benefit Service

Union Employees of Richmond, VA

Service on and after May 1, 1988, or date of hire, if later, is considered Sonoco service. Service credited under the Federal Paper Board Hourly Wage Employees' Pension Plans as of April 30, 1988 is considered past service.

benefit service is credited based on hours of service in each plan year, based on the following schedule:

| Hours        | Benefit Service |
|--------------|-----------------|
| Less than 85 | None            |
| 85–254       | 0.1000          |
| 255–424      | 0.2000          |
| 425–594      | 0.3000          |
| 595–764      | 0.4000          |
| 765–934      | 0.5000          |
| 935–1,104    | 0.6000          |
| 1,105–1,274  | 0.7000          |
| 1,275–1,444  | 0.8000          |
| 1,445–1,614  | 0.9000          |
| 1,615+       | 1.0000          |

Union Employees of Sumner, WA

Service prior to the effective date is not credited as benefit service. A year of benefit service is earned for each calendar year in which 1,000 hours are worked. If less than 1,000 hours are worked in a calendar year, then one twelfth year is credited for each month in which at least 85 hours are worked.

Union Employees of Carrollton, TX

Benefit Service for Union Employees of Carrollton, TX will be frozen as of December 31, 2018.

Former Crellin and Hayes

Benefit Service for former Crellin and Hayes participants will be frozen as of December 31, 2018.

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|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Compensation              | Salaried and Nonunion Hourly—Taxable earnings as reported on Form W 2, plus any pre-tax deductions for the 401(k) plan or the medical plan. Does not include any bonus paid after termination, severance payments, reimbursements for educational or moving expenses, or automobile or tax counsel allowance. Crellin compensation is base pay.                                                                                                                                 |
| Final Average Earnings    | Salaried and Nonunion Hourly—The average of the highest five plan years of compensation. For Hayes, use the average of the highest consecutive three plan years of compensation (applies to formula (a)(ii) only). Final Average Earnings will be frozen as of December 31, 2018 (except Puerto Rico).                                                                                                                                                                          |
| Social Security Benefit   | Salaried and Nonunion Hourly—The projected amount of the employee's primary Social Security benefit at normal retirement date, based on the law in effect on the date of determination, assuming continuation of current earnings to age 65.                                                                                                                                                                                                                                    |
| Covered Compensation      | Former Crellin and Hayes—The 35 year average of Social Security wage bases ending in the year in which Social Security retirement age is attained. Covered Compensation will be frozen as of December 31, 2018.                                                                                                                                                                                                                                                                 |
| Accumulated Contributions | Salaried and Nonunion Hourly—The aggregate contribution made by a participant under the group annuity contract prior to January 1, 1972, with interest computed and payable as provided under the plan in effect at the time the contributions were made, plus interest after January 1, 1976 and before December 3, 1987 at the rate of 5.0% per year, plus interest thereafter, at the rate of 120% of the federal mid-term rate as required under the Internal Revenue Code. |
| Normal Form of Annuity    | <p>For single participants, a straight life annuity; for married participants, an actuarially equivalent 50% joint and survivor annuity.</p> <p>For former Hayes participants, the normal form is a 10 year certain and life for the formula (a) accrued benefit as of December 31, 2001.</p>                                                                                                                                                                                   |

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Optional Forms of Annuity

A straight life annuity, 50%, 75%, or 100% joint and survivor annuity, level income to age 62 or 65 (Salaried and Nonunion Hourly only), 5-year (Salaried, Nonunion Hourly, Crellin, and Orrville only) or 10-year (Salaried, Nonunion Hourly, Crellin and Orrville only) certain and life annuity, lump sums of former Crellin or Hayes Plan benefits, lump sums for Salaried and Nonunion Hourly participants who elected to freeze accruals as of December 31, 2009, and Orrville participants terminated on or after November 15, 2009.

Optional Form Conversion Factors

Actuarial equivalent annuities: UP84 with no age setback for participants and three-year age setback for beneficiaries, 9.0% interest (unless otherwise stated below).

Crellin prior plan: 10-year certain and life—92% at age 65 with adjustment of plus (minus) 1% for each year younger (older), maximum 98%. 5-year certain and life—96% at age 65 with adjustment of plus (minus) 1% for each year younger (older), maximum 99%.

Hayes prior plan: 1951 GAM Male Mortality Table, 6.0% interest.

Hutchinson, KS: 75 GAM unisex rate 100% male participant and 100% female beneficiary, 7.0% interest.

For lump sum calculations: IRC section 417(e) mortality table for the applicable year and interest based on three-segment yield curve for September look back.

Payment of Small Amounts

Non-elective lump sum payment if the actuarial equivalent single sum of the accrued benefit does not exceed \$5,000.

Plan Year

Calendar year.

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

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Plan Changes for the January 1, 2017 Valuation

The funding, financial accounting, and plan reporting valuations reflected the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$265,000 in 2016 to \$270,000 in 2017.
- An increase in the annual maximum benefit limit from \$210,000 in 2016 to \$215,000 in 2017.
- Effective February 1, 2016, the benefit formula for Memphis (Plant D091, formerly D018) changed from \$459 times years of Sonoco service plus \$213 times years of past service to \$495 times years of Sonoco service plus \$249 times years of past service.
- Effective July 1, 2016, the benefit formula for Forest Park (Plant D009) changed from \$552 times years of Sonoco service plus \$318 times years of past service to \$576 times years of Sonoco service plus \$318 times years of past service.
- Effective June 29, 2016, the benefit formula for Holyoke and Pioneer Valley (Plants B353 and C326) changed from \$600 times years of benefit service to \$612 times years of benefit service. Effective June 29, 2017, the benefit formula increases to \$624 times years of benefit service. Effective June 29, 2018, the benefit formula increases to \$636 times years of benefit service.
- Effective January 1, 2017, the benefit formula for Richmond (Plant B312) changed from \$540 times years of Sonoco service plus \$348 times years of past service to \$552 times years of Sonoco service plus \$348 times years of past service. Effective January 1, 2018, the benefit formula increases to \$576 times years of Sonoco service plus \$348 times years of past service. Effective January 1, 2019, the benefit formula increases to \$588 times years of Sonoco service plus \$348 times years of past service.
- Plan closed to new employees hired and rehired into Sumner, WA (Plant B315) on or after January 13, 2016.

Plan Changes for the January 1, 2016 Valuation

The funding, financial accounting, and plan reporting valuations reflect the following plan changes:

- Effective February 3, 2015, the benefit formula for City of Industry (Plants B355 and C342) changed from \$516 times years of benefit service to \$528 times years of benefit service. Effective January 1, 2016, the benefit formula increased to \$540 times years of benefit service. Effective January 1, 2017, the benefit formula increases to \$552 times years of benefit service.
- Effective May 1, 2015, the benefit formula for New Albany (Plant D020) changed from \$582 times years of Sonoco service plus \$342 times years of past service to \$606 times years of Sonoco service plus \$366 times years of past service.
- Effective October 1, 2015, the benefit formula for Sumner (Plant B315) changed from \$618 times years of Sonoco service plus \$120 times years of past service to \$630 times years of Sonoco service plus \$120 times years of past service. Effective October 1, 2016, the benefit formula increases to \$642 times years of Sonoco service plus \$120 times years of past service. Effective October 1, 2017, the benefit formula increases to \$648 times years of Sonoco service plus \$120 times years of past service.

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Plan Changes for the January 1, 2015 Valuation

The funding, financial accounting, and plan reporting valuations reflected the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$260,000 in 2014 to \$265,000 in 2015.
- Effective October 6, 2014, the benefit formula for Hutchinson changed from \$486 times years of Benefit to \$498 times years of benefit service. Effective October 5, 2015, the benefit formula for Hutchinson changed from \$498 times years of benefit to \$510 times years of benefit service. Effective October 3, 2016, the benefit formula for Hutchinson changed from \$510 times years of benefit to \$522 times years of benefit service.
- Effective February 17, 2014, the benefit formula for Norwalk changed from \$528 times years of Sonoco service plus \$60 times years of past service to \$540 times years of Sonoco service plus \$60 times years of past service. Effective February 16, 2015 the benefit formula for Norwalk changed from \$540 times years of Sonoco service plus \$60 times years of past service to \$552 times years of Sonoco service plus \$60 times years of past service. Effective February 15, 2016, the benefit formula for Norwalk changed from \$552 times years of Sonoco service plus \$60 times years of past service to \$564 times years of Sonoco service plus \$60 times years of past service.

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Plan Changes for the January 1, 2014 Valuation

The funding, financial accounting, and plan reporting valuations reflected the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$255,000 in 2013 to \$260,000 in 2014.
- An increase in the annual maximum benefit limit from \$205,000 in 2013 to \$210,000 in 2014.
- Effective January 1, 2014, the benefit formula for Forest Park (Plant D009) changed from \$516 times years of Sonoco service plus \$318 times years of past service to \$528 times years of Sonoco service plus \$318 times years of past service. Effective January 1, 2015, the benefit formula increases to \$540 times years of Sonoco service plus \$318 times years of past service. Effective January 1, 2016, the benefit formula increases to \$552 times years of Sonoco service plus \$318 times years of past service.
- Effective February 1, 2013, the benefit formula for Memphis (Plant D091, formerly D018) changed from \$429 times years of Sonoco service plus \$189 times years of past service to \$438 times years of Sonoco service plus \$201 times years of past service. Effective February 1, 2014, the benefit formula increases to \$447 times years of Sonoco service plus \$210 times years of past service. Effective February 1, 2015, the benefit formula increases to \$459 times years of Sonoco service plus \$213 times years of past service.
- Effective June 28, 2013, the benefit formula for Holyoke/Chicopee (Plants B353 and C326) changed from \$564 times years of benefit service to \$576 times years of benefit. Effective June 28, 2014, the benefit formula increases to \$588 times years of benefit service. Effective June 28, 2015, the benefit formula increases to \$600 times years of benefit service.

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Plan Changes for the January 1, 2013 Valuation

The funding, financial accounting, and plan reporting valuations reflected the following plan changes:

- An increase in the annual pay limit under IRC section 401(a)(17) from \$250,000 in 2012 to \$255,000 in 2013.
- An increase in the annual maximum benefit limit from \$200,000 in 2012 to \$205,000 in 2013.
- Effective August 1, 2012, the benefit formula for New Albany (Plant D020) changed from \$528 times years of Sonoco service plus \$288 times years of past service to \$576 times years of Sonoco service plus \$336 times years of past service. Effective August 1, 2013, the benefit formula increases to \$582 times years of Sonoco service plus \$342 times years of past service.
- Effective October 1, 2012, the benefit formula for Sumner (Plant B315) changed from \$576 times years of Sonoco service plus \$120 times years of past service to \$591 times years of Sonoco service plus \$120 times years of past service. Effective October 1, 2013, the benefit formula increases to \$606 times years of Sonoco service plus \$120 times years of past service. Effective October 1, 2014, the benefit formula increases to \$618 times years of Sonoco service plus \$120 times years of past service.
- Effective January 1, 2013, the benefit formula for Richmond (Plant B312) changed from \$480 times years of Sonoco service plus \$288 times years of past service to \$492 times years of Sonoco service plus \$300 times years of past service. Effective January 1, 2014, the benefit formula increases to \$504 times years of Sonoco service plus \$312 times years of past service. Effective January 1, 2015, the benefit formula increases to \$516 times years of Sonoco service plus \$324 times years of past service. Effective January 1, 2016, the benefit formula increases to \$540 times years of Sonoco service plus \$348 times years of past service.
- Effective February 3, 2012, the benefit formula for City of Industry (Plants B355 and C342) changed from \$480 times years of benefit service to \$492 times years of benefit service. Effective January 1, 2013, the benefit formula increased to \$504 times years of benefit service. Effective January 1, 2014, the benefit formula increases to \$516 times years of benefit service.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on plan assets from 7.65% to 7.00%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

**Participants with a Final Average Earnings Benefit**

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service |     |     |                 |                 |                 |                  |                 |                |     |
|--------------|---------------------------|-----|-----|-----------------|-----------------|-----------------|------------------|-----------------|----------------|-----|
|              | <1                        | 1-4 | 5-9 | 10-14           | 15-19           | 20-24           | 25-29            | 30-34           | 35-39          | 40+ |
| <25          |                           |     |     |                 |                 |                 |                  |                 |                |     |
| 25-29        |                           |     |     |                 |                 |                 |                  |                 |                |     |
| 30-34        |                           |     |     | 6               |                 |                 |                  |                 |                |     |
| 35-39        |                           |     |     | 25<br>\$74,984  | 25<br>\$70,552  | 1               |                  |                 |                |     |
| 40-44        |                           |     | 1   | 30<br>\$85,798  | 93<br>\$85,228  | 31<br>\$86,055  | 4                |                 |                |     |
| 45-49        |                           |     | 2   | 38<br>\$94,004  | 95<br>\$97,294  | 112<br>\$88,380 | 55<br>\$91,805   |                 |                |     |
| 50-54        |                           |     |     | 32<br>\$100,583 | 120<br>\$97,706 | 93<br>\$94,629  | 119<br>\$121,202 | 36<br>\$96,165  | 1              |     |
| 55-59        |                           |     |     | 22<br>\$88,993  | 102<br>\$88,521 | 68<br>\$89,652  | 93<br>\$92,111   | 99<br>\$116,665 | 9              | 1   |
| 60-64        |                           |     |     | 19              | 56<br>\$80,907  | 42<br>\$80,219  | 54<br>\$89,845   | 27<br>\$93,442  | 43<br>\$95,125 | 16  |
| 65-69        |                           |     |     | 4               | 10              | 5               | 15               | 5               | 3              | 13  |
| 70+          |                           |     |     |                 |                 |                 | 1                |                 |                | 3   |

N-1,625

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**Participants with a Dollar Multiplier Benefit**

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service |                |                |       |                |                |                |       |       |     |
|--------------|---------------------------|----------------|----------------|-------|----------------|----------------|----------------|-------|-------|-----|
|              | <2                        | 1-5            | 5-10           | 10-15 | 15-20          | 20-25          | 25-30          | 30-35 | 35-40 | 40+ |
| <26          | 5                         | 17             |                |       |                |                |                |       |       |     |
| 25-30        | 5                         | 36<br>\$51,093 | 9              |       |                |                |                |       |       |     |
| 30-35        | 1                         | 24<br>\$52,668 | 27<br>\$54,983 | 12    |                |                |                |       |       |     |
| 35-40        | 1                         | 9              | 24<br>\$52,192 | 17    | 11             |                |                |       |       |     |
| 40-45        | 2                         | 11             | 13             | 8     | 15             | 7              | 1              |       |       |     |
| 45-50        | 1                         | 8              | 17             | 10    | 18             | 27<br>\$67,211 | 8              |       |       |     |
| 50-55        | 1                         | 12             | 16             | 13    | 24<br>\$71,060 | 15             | 20<br>\$65,873 | 14    | 1     |     |
| 55-60        |                           | 5              | 6              | 10    | 14             | 13             | 12             | 16    | 14    | 1   |
| 60-65        | 2                         |                | 2              | 7     | 2              | 8              | 5              | 11    | 12    | 14  |
| 65-70        |                           |                | 2              | 2     | 2              | 1              | 1              | 3     | 3     | 1   |
| 70+          |                           |                |                |       |                |                |                |       |       |     |

N-629

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Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 14,061,237                | January 1, 2016  | 6               | \$ 2,616,796             |
| Shortfall    | \$ 22,132,035                | January 1, 2017  | 7               | \$ 3,634,343             |

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

| <b>Date</b>        | <b>Amount</b>     | <b>Days to<br/>Discount to<br/>1/1/2017 at<br/>6.01%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|-------------------|----------------------------------------------------------|-----------------------------------------------|
| January 17, 2017   | \$ 16,855,137     | 16                                                       | \$ 16,812,070                                 |
| October 25, 2017   | <u>50,000,000</u> | 297                                                      | <u>47,680,996</u>                             |
| Total Contribution | \$ 66,855,137     |                                                          | \$ 64,493,066                                 |

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 5.00%       | 1.0000        | 2.78                              |
| 56.5             | 5.00%       | 0.9500        | 2.68                              |
| 57.5             | 5.00%       | 0.9025        | 2.59                              |
| 58.5             | 5.00%       | 0.8574        | 2.51                              |
| 59.5             | 8.00%       | 0.8145        | 3.88                              |
| 60.5             | 8.00%       | 0.7493        | 3.63                              |
| 61.5             | 12.00%      | 0.6894        | 5.09                              |
| 62.5             | 25.00%      | 0.6067        | 9.48                              |
| 63.5             | 20.00%      | 0.4550        | 5.78                              |
| 64.5             | 20.00%      | 0.3640        | 4.70                              |
| 65.5             | 40.00%      | 0.2912        | 7.63                              |
| 66.5             | 50.00%      | 0.1747        | 5.81                              |
| 67.5             | 20.00%      | 0.0874        | 1.18                              |
| 68.5             | 35.00%      | 0.0699        | 1.68                              |
| 69               | 100.00%     | 0.0454        | 3.13                              |
| Weighted Average |             |               | 62.55                             |

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Schedule SB, Part V—Summary of Plan Provisions

The Sonoco Pension Plan consists of the following participating employees:

- Salaried and nonunion hourly employees, including the following groups:
  - Members of the Crellin, Inc. predecessor plan; and
  - Members of the Hayes Manufacturing Group, Inc. predecessor plan.
- Nonunion hourly employees, including the following groups:
  - Nonunion Hourly Employees at Baker Division, Hartselle, AL;
  - Nonunion Hourly Employees at Orlando, FL; and
  - Nonunion Hourly Employees at Puerto Rico.
- Hourly employees of the following collectively bargained groups:
  - Members of the Bargaining Unit at Carrollton, TX;
  - Members of the Bargaining Unit at City of Industry, CA;
  - Members of the Bargaining Unit at Forest Park, GA;
  - Members of the Bargaining Unit at Holyoke (Pioneer Valley), MA;
  - Members of the Bargaining Unit at Hutchinson, KS;
  - Members of the Bargaining Unit at Memphis, TN;
  - Members of the Bargaining Unit at New Albany, IN;
  - Members of the Bargaining Unit at Norwalk/Los Angeles, CA;
  - Members of the Bargaining Unit at Orrville, OH;
  - Members of the Bargaining Unit Sumner, WA.

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| Effective Date | Plan                         | Date       |
|----------------|------------------------------|------------|
|                | Salaried and Nonunion Hourly | 01/01/1968 |
|                | Holyoke, MA                  | 01/01/1968 |
|                | City of Industry, CA.        | 01/01/1968 |
|                | Sumner, WA                   | 02/15/1980 |
|                | Baker, AL                    | 01/01/1981 |
|                | Norwalk, CA                  | 01/01/1983 |
|                | Hutchinson, KS               | 01/01/1984 |
|                | Puerto Rico                  | 01/01/1985 |
|                | Memphis                      | 04/01/1987 |
|                | New Albany, IN               | 04/01/1987 |
|                | Orlando                      | 04/01/1987 |
|                | Carrollton, TX               | 04/01/1987 |
|                | Richmond, VA                 | 05/01/1988 |
|                | Orrville, OH                 | 10/01/2007 |

The Sonoco Pension Plan was last amended and restated effective January 1, 2015.

Participation Date

Salaried and Nonunion Hourly  
Employees

The January 1 or July 1 following age 21 and completion of one year of vesting service. Employees hired on or after January 1, 2004 are not eligible to participate. Fox Valley employees participate the January 1 or July 1 following age 21 and completion of one year of vesting service, but not prior to October 1, 1984, and those hired on or after January 1, 2008 are not eligible to participate.

Nonunion Hourly Employees at Baker, AL

The January 1 or July 1 following age 21, and completion of one year of vesting service, but not prior to January 1, 1981. North Anson, Maine employees do not participate prior to January 1, 1991. Yuba City, California employees do not participate prior to January 1, 1993.

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Participation Date

Nonunion Hourly Employees at  
Orlando, FL

The January 1 or July 1 following age 21 and completion of one year of vesting service. Employees hired on or after January 1, 2004 are not eligible to participate.

Nonunion Hourly Employees  
at Puerto Rico

The January 1 or July 1 following age 21 and completion of one year of vesting service, but not prior to January 1, 1985.

Union Employees at Carrollton, TX

The January 1 or July 1 following age 21 and completion of one year of vesting service. Employees hired on or after January 1, 2004 are not eligible to participate.

Union Employees at City  
of Industry, CA

The January 1 or July 1 following age 21 and completion of one of year of vesting service. Plan closed to employees hired or rehired on or after January 1, 2010.

Union Employees at Forest Park, GA

Date of hire, but not prior to April 1, 1987.

Union Employees at  
Holyoke (Chicope), MA

The first day of the month following completion of 12 consecutive months of vesting service.

Union Employees at Hutchinson, KS

The first day of the month following completion of 12 consecutive months of vesting service.

Union Employees at Memphis, TN

Date of hire, but not prior to April 1, 1987.

Union Employees at New Albany, IN

Date of hire, but not prior to April 1, 1987.

Union Employees at Norwalk/  
Los Angeles, CA

The January 1 or July 1 following a 12-month period in which 1,000 hours of service are credited, but not prior to January 1, 1983. Plan closed to new employees hired on or after January 1, 2012.

Union Employees at Orrville, OH

Date of hire, but not prior to October 1, 2007.

Union Employees at Richmond, VA

Date of hire, but not prior to May 1, 1988. Employees hired on or after January 1, 2010 are not eligible to participate.

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Participation Date

Union Employees at Sumner, WA

The first day of the month following age 21, and the earlier of the first day of the month following completion of 12 consecutive months during which 1,000 hours were worked or the January 1 following completion of a plan year during which 1,000 hours were worked. Plan closed to new employees hired and rehired on or after January 13, 2016.

Benefit Formulas<sup>1</sup>

Salaried and Nonunion Hourly Employees

(a) plus (b) minus (c) plus (d):

- (a) \$42 multiplied by years of benefit service (maximum 30 years);
- (b) 1.67% of final average earnings multiplied by years of benefit service (maximum 30 years);
- (c) 1.67% of the Social Security benefit multiplied by years of benefit service (maximum 30 years);
- (d) 0.25% of final average earnings multiplied by years of benefit service in excess of 30 years.

For former participants of the Crellin, Inc. Pension Plan, the greater of (a) or (b):

- (a) 1.0% of Crellin final average earnings plus 0.3% of Crellin final average earnings in excess of covered compensation, multiplied by total years of Sonoco and Crellin benefit service.
- (b) The sum of (i) plus (ii):
  - (i) 1.0% of Crellin final average earnings plus 0.3% of Crellin final average earnings in excess of covered compensation, multiplied by Crellin benefit service as of December 31, 1994;

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<sup>1</sup> Annual.

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Benefit Formulas<sup>2</sup>

- (ii) The Salaried And Nonunion Hourly Employees formula based on Sonoco benefit service, except that the 30 year service limit will be based on total Crellin and Sonoco benefit service.

For former Hanover (Plant D010) participants, the former Master Plan formula is applied to all benefit service for participants who were active on March 1, 2001. These participants will receive the greater of the former hourly benefit earned as of February 28, 2001, or the former Master Plan benefit for all service.

For former participants of the Retirement Plan and Trust for Employees of Hayes Manufacturing Group, Inc., the sum of (a) plus (b), but no less than (c):

- (a) The greater of (i) or (ii):
  - (i) \$234 multiplied by years of Hayes benefit service as of December 31, 2001.
  - (ii) 0.3% of final average earnings up to the covered compensation limit, plus 0.55% of final average earnings above the covered compensation limit, all multiplied by Hayes benefit service as of December 31, 2001 (maximum 40 years).
- (b) The Salaried and Nonunion Hourly formula based on Sonoco benefit service beginning January 1, 2002.
- (c) \$234 multiplied by total benefit service.

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<sup>2</sup> Annual.

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Benefit Formulas<sup>3</sup>

For former Fox Valley (Plant C382) participants, the former Master Plan formula is applied to all benefit service for participants who were active on May 23, 2007. These participants will receive the greater of the former hourly benefit (\$420 times years of Sonoco service plus \$36 times years of past service) earned as of January 1, 2008 or the former Master Plan benefit for all service.

Salaried, Nonunion Hourly (except Puerto Rico), Crellin, and Hayes formula benefit accruals will be frozen as of December 31, 2018 and participants will enter the SIRP on January 1, 2019. An option was offered to participants to freeze accruals as of December 31, 2009 and enter the SIRP on January 1, 2010.

Nonunion Hourly Employees of  
Baker, AL

Effective January 1, 1981, \$120 times years of benefit service.

Nonunion Hourly Employees of  
Orlando, FL

The Salaried and Nonunion Hourly formula is applied to benefit service beginning April 1, 1987.

Participants with less than 10 years of vesting service as of April 1, 1987 receive \$210 times years of past service.

Participants with more than 10 years of vesting service as of April 1, 1987 receive \$42 times years of past service.

Nonunion Hourly Employees of  
Puerto Rico

Effective January 1, 1985, \$120 times years of benefit service.

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<sup>3</sup> Annual.

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Benefit Formulas<sup>4</sup>

Union Employees of Carrollton, TX

Transferred to the Master Plan on November 1, 1991. Recertified as a union. The Salaried and Nonunion Hourly formula is applied to benefit service beginning April 1, 1987.

Participants with less than 10 years of vesting service as of April 1, 1987 receive \$204 times years of past service.

Participants with more than 10 years of vesting service as of April 1, 1987 receive \$30 times years of past service.

Carrollton, TX formula benefit accruals will be frozen as of December 31, 2018 and participants will enter the SIRP on January 1, 2019. An option was offered to participants to freeze accruals as of December 31, 2009 and enter the SIRP on January 1, 2010.

Union Employees of City of Industry, CA

Effective February 1, 1999, \$324 times years of benefit service; effective February 7, 2000, \$336 times years of benefit service; effective February 5, 2001, \$360 times years of benefit service; effective February 3, 2004, \$384 times years of benefit service; effective January 1, 2006, \$408 times years of benefit service; effective January 1, 2008, \$432 times years of benefit service; effective February 3, 2009, \$456 times years of benefit service; effective January 1, 2010, \$468 times years of benefit service; effective January 1, 2011, \$480 times years of benefit service; effective February 3, 2012, \$492 times years of benefit service; effective January 1, 2013, \$504 times years of benefit service; effective January 1, 2014, \$516 times years of benefit service; effective February 3, 2015, \$528 times years of benefit service; effective January 1, 2016, \$540 times years of benefit service; effective January 1, 2017, \$552 times years of benefit service.

Effective January 1, 2010, City of Industry (Plant B355 and C342) was closed to new hires and an option was offered to participants to freeze accruals as of December 31, 2009 and enter the SIRP on January 1, 2010.

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<sup>4</sup> Annual.

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Benefit Formulas<sup>5</sup>

Union Employees of Forest Park, GA

Participants with less than 10 years of vesting service as of April 1, 1987:

Effective April 15, 1999, \$336 times years of past and Sonoco service; effective April 17, 2000, \$384 times years of past and Sonoco service; effective April 14, 2003, \$432 times years of past and Sonoco service; effective January 1, 2008, \$468 times years of past and Sonoco service; effective January 1, 2011, \$492 times years of past and Sonoco service; effective January 1, 2012, \$516 times years of past and Sonoco service; effective January 1, 2014, \$528 times years of past and Sonoco service; effective January 1, 2015, \$540 times years of past and Sonoco service; effective January 1, 2016, \$552 times years of past and Sonoco service; effective July 1, 2016, \$576 times years of past and Sonoco service.

Participants with more than 10 years of vesting service as of April 1, 1987:

Effective April 15, 1999, \$336 times years of Sonoco service plus \$174 times years of past service; effective April 17, 2000, \$384 times years of Sonoco service plus \$234 times years of past service; effective April 14, 2003, \$432 times years of Sonoco service plus \$282 times years of past service; effective January 1, 2008, \$468 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2011, \$492 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2012, \$516 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2014, \$528 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2015, \$540 times years of Sonoco service plus \$318 times years of past service; effective January 1, 2016, \$552 times years of Sonoco service plus \$318 times years of past service; effective July 1, 2016, \$576 times years of Sonoco service plus \$318 times years of past service.

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<sup>5</sup> Annual.

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Benefit Formulas<sup>6</sup>

Union Employees of Holyoke  
(Pioneer Valley), MA

Effective June 29, 1999, \$318 times years of benefit service; effective June 28, 2000, \$324 times years of benefit service; effective June 28, 2001, \$348 times years of benefit service; effective June 28, 2002, \$360 times years of benefit service; effective June 28, 2003, \$372 times years of benefit service; effective June 29, 2004, \$396 times years of benefit service; effective June 27, 2005, \$420 times years of benefit service; effective June 26, 2006, \$444 times years of benefit service; effective June 28, 2007, \$468 times years of benefit service; effective June 28, 2008, \$492 times years of benefit service; effective June 28, 2009, \$516 times years of benefit service; effective June 28, 2010, \$540 times years of benefit service; effective June 28, 2011, \$552 times years of benefit service; effective June 28, 2012, \$564 times years of benefit service; effective June 28, 2013, \$576 times years of benefit service; effective June 28, 2014, \$588 times years of benefit service; effective June 28, 2015, \$600 times years of benefit service; effective June 29, 2016, \$612 times years of benefit service; effective June 29, 2017, \$624 times years of benefit service; effective June 29, 2018, \$636 times years of benefit service.

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<sup>6</sup> Annual.

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Benefit Formulas<sup>7</sup>

Union Employees of Hutchinson, KS

Effective September 9, 2001, \$282 times years of benefit service; effective September 8, 2002, \$288 times years of benefit service; effective September 7, 2003, \$300 times years of benefit service; effective September 6, 2004, \$324 times years of benefit service; effective September 5, 2005, \$348 times years of benefit service; effective September 4, 2006, \$360 times years of benefit service; effective September 3, 2007, \$372 times years of benefit service; effective October 6, 2008, \$396 times years of benefit service; effective October 5, 2009, \$420 times years of benefit service; effective October 4, 2010, \$432 times years of benefit service; effective October 3, 2011, \$456 times years of benefit service; effective October 1, 2012, \$474 times years of benefit service; effective October 7, 2013, \$486 times years of benefit service; effective October 6, 2014, \$498 times years of benefit service; effective October 5, 2015, \$510 times years of benefit service; effective October 3, 2016, \$522 times years of benefit service.

Benefit service maximum: 45 years for people who terminate after September 9, 1990. Benefit is reduced by prior plan offset.

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<sup>7</sup> Annual.

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Benefit Formulas<sup>8</sup>

Union Employees of Memphis, TN

Participants with less than 10 years of vesting service as of April 1, 1987:

Effective February 1, 1999, \$258 times years of past and Sonoco service; effective February 1, 2001, \$282 times years of past and Sonoco service; effective February 1, 2002, \$306 times years of past and Sonoco service; effective February 1, 2003, \$330 times years of past and Sonoco service; effective February 1, 2004, \$354 times years of past and Sonoco service; effective February 1, 2005, \$366 times years of past and Sonoco service; effective February 1, 2007, \$378 times years of past and Sonoco service; effective February 1, 2008, \$390 times years of past and Sonoco service; effective February 1, 2009, \$402 times years of past and Sonoco service; effective February 1, 2010, \$408 times years of past and Sonoco service; effective February 1, 2011, \$414 times years of past and Sonoco service; effective February 1, 2012, \$429 times years of past and Sonoco service; effective February 1, 2013, \$438 times years of past and Sonoco service; effective February 1, 2014, \$447 times years of past and Sonoco service; effective February 1, 2015, \$459 times years of past and Sonoco service; effective February 1, 2016, \$495 times years of past and Sonoco service.

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<sup>8</sup> Annual.

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Benefit Formulas<sup>9</sup>

Participants with more than 10 years of vesting service as of April 1, 1987:

Effective February 1, 1999, \$258 times years of Sonoco service plus \$54 times years of past service; effective February 1, 2001, \$282 times years of Sonoco service plus \$66 times years of past service; effective February 1, 2002, \$306 times years of Sonoco service plus \$78 times years of past service; effective February 1, 2003, \$330 times years of Sonoco service plus \$90 times years of past service; effective February 1, 2004, \$354 times years of Sonoco service plus \$114 times years of past service; effective February 1, 2005, \$366 times years of Sonoco service plus \$126 times years of past service; effective February 1, 2007, \$378 times years of Sonoco service plus \$138 times years of past service; effective February 1, 2008, \$390 times years of Sonoco service plus \$150 times years of past service; effective February 1, 2009, \$402 times years of Sonoco service plus \$162 times years of past service; effective February 1, 2010, \$408 times years of Sonoco service plus \$168 times years of past service; effective February 1, 2011, \$414 times years of Sonoco service plus \$174 times years of past service; effective February 1, 2012, \$429 times years of Sonoco service plus \$189 times years of past service; effective February 1, 2013, \$438 times years of Sonoco service plus \$201 times years of past service; effective February 1, 2014, \$447 times years of Sonoco service plus \$210 times years of past service; effective February 1, 2015, \$459 times years of Sonoco service plus \$213 times years of past service; effective February 1, 2016, \$495 times years of Sonoco service plus \$249 times years of past service.

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<sup>9</sup> Annual.

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Benefit Formulas<sup>10</sup>

Union Employees of New Albany, IN

Participants with less than 10 years of vesting service as of April 1, 1987:

Effective August 1, 1999, \$330 times years of past and Sonoco service; effective August 1, 2000, \$342 times years of past and Sonoco service; effective August 1, 2001, \$354 times years of past and Sonoco service; effective August 1, 2002, \$366 times years of past and Sonoco service; effective August 1, 2003, \$378 times years of past and Sonoco service; effective March 22, 2004, \$396 times years of past and Sonoco service; effective March 22, 2005, \$414 times years of past and Sonoco service; effective August 1, 2007, \$432 times years of past and Sonoco service; effective August 1, 2008, \$450 times years of past and Sonoco service; effective August 1, 2009, \$468 times years of past and Sonoco service; effective August 1, 2010, \$516 times years of past and Sonoco service; effective August 1, 2011, \$528 times years of past and Sonoco service; effective August 1, 2012, \$576 times years of past and Sonoco service; effective August 1, 2013, \$582 times years of past and Sonoco service; effective May 1, 2015, \$606 times years of past and Sonoco service.

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<sup>10</sup> Annual.

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Benefit Formulas<sup>11</sup>

Participants with more than 10 years of vesting service as of April 1, 1987:

Effective August 1, 1999, \$330 times years of Sonoco service plus \$90 times years of past service; effective August 1, 2000, \$342 times years of Sonoco service plus \$102 times years of past service; effective August 1, 2001, \$354 times years of Sonoco service plus \$114 times years of past service; effective August 1, 2002, \$366 times years of Sonoco service plus \$126 times years of past service; effective August 1, 2003, \$378 times years of Sonoco service plus \$138 times years of past service; effective March 22, 2004, \$396 times years of Sonoco service plus \$156 times years of past service; effective March 22, 2005, \$414 times years of Sonoco service plus \$174 times years of past service; effective August 1, 2007, \$432 times years of Sonoco service plus \$192 times years of past service; effective August 1, 2008, \$450 times years of Sonoco service plus \$210 times years of past service; effective August 1, 2009, \$468 times years of Sonoco service plus \$228 times years of past service; effective August 1, 2010, \$516 times years of Sonoco service plus \$276 times years of past service; effective August 1, 2011, \$528 times years of Sonoco service plus \$288 times years of past service; effective August 1, 2012, \$576 times years of Sonoco service plus \$336 times years of past service; effective August 1, 2013, \$582 times years of Sonoco service plus \$342 times years of past service; effective May 1, 2015, \$606 times years of Sonoco service plus \$366 times years of past service.

The New Albany, IN plant was closed and all employees were terminated in 2016.

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<sup>11</sup> Annual.

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Benefit Formulas<sup>12</sup>

Union Employees of Norwalk/  
Los Angeles, CA

Effective February 16, 1998, \$336 times years of Sonoco service; effective February 16, 2001, \$348 times years of Sonoco service; effective February 16, 2002, \$384 times years of Sonoco service plus \$36 times years of past service; effective February 16, 2003, \$408 times years of Sonoco service plus \$36 times years of past service; effective February 16, 2005, \$420 times years of Sonoco service plus \$36 times years of past service; effective February 16, 2006, \$444 times years of Sonoco service plus \$60 times years of past service; effective January 1, 2008, \$468 times years of Sonoco service plus \$60 times years of past service; effective January 1, 2010, \$492 times years of Sonoco service plus \$60 times years of past service; effective February 16, 2011, \$504 times years of Sonoco service plus \$60 times years of past service; effective January 1, 2012, \$516 times years of Sonoco service plus \$60 times years of past service; effective January 1, 2013, \$528 times years of Sonoco service plus \$60 times years of past service; effective February 17, 2014, \$540 times years of Sonoco service plus \$60 times years of past service; effective February 16, 2015, \$552 times years of Sonoco service plus \$60 times years of past service; effective February 15, 2016, \$564 times years of Sonoco service plus \$60 times years of past service.

Effective January 1, 2012, Norwalk was closed to new hires and an option was offered to participants to freeze accruals as of December 31, 2011 and enter the SIRP on January 1, 2012.

Union Employees of Orrville, OH

Effective October 1, 2007, \$222 times years of benefit service; effective January 1, 2008, \$234 times years of benefit service; effective January 1, 2009, \$246 times years of benefit service; effective January 1, 2010, \$258 times years of benefit service; effective January 1, 2011, \$282 times years of benefit service.

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<sup>12</sup> Annual.

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Benefit Formulas<sup>13</sup>

Union Employees of Richmond, VA

Effective December 1, 1999, \$324 times years of Sonoco service plus \$132 times years of past service; effective December 1, 2000, \$336 times years of Sonoco service plus \$144 times years of past service; effective December 1, 2001, \$348 times years of Sonoco service plus \$156 times years of past service; effective December 1, 2002, \$360 times years of Sonoco service plus \$168 times years of past service; effective December 1, 2003, \$372 times years of Sonoco service plus \$180 times years of past service; effective December 1, 2004, \$384 times years of Sonoco service plus \$192 times years of past service; effective December 1, 2005, \$396 times years of Sonoco service plus \$204 times years of past service; effective December 1, 2006, \$408 times years of Sonoco service plus \$216 times years of past service; effective December 1, 2007, \$420 times years of Sonoco service plus \$228 times years of past service; effective December 1, 2008, \$432 times years of Sonoco service plus \$240 times years of past service; effective January 1, 2010, \$456 times years of Sonoco service plus \$264 times years of past service; effective January 1, 2011, \$468 times years of Sonoco service plus \$276 times years of past service; effective January 1, 2012, \$480 times years of Sonoco service plus \$288 times years of past service; effective January 1, 2013, \$492 times years of Sonoco service plus \$300 times years of past service; effective January 1, 2014, \$504 times years of Sonoco service plus \$312 times years of past service; effective January 1, 2015, \$516 times years of Sonoco service plus \$324 times years of past service; effective January 1, 2016, \$540 times years of Sonoco service plus \$348 times years of past service; effective January 1, 2017, \$552 times years of Sonoco service plus \$348 times years of past service; effective January 1, 2018, \$576 times years of Sonoco service plus \$348 times years of past service; effective January 1, 2019, \$588 times years of Sonoco service plus \$348 times years of past service.

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<sup>13</sup> Annual.

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Benefit Formulas<sup>14</sup>

Effective January 1, 2010, participation under the Richmond, VA provisions was closed to new hires and rehires. An option was offered to participants to freeze accruals as of December 31, 2010 and enter the SIRP on January 1, 2011.

Union Employees of Sumner, WA

(1) plus (2):

(1) Effective October 1, 1999, \$384 times years of Sonoco service; effective October 1, 2000, \$396 for years of Sonoco service; effective October 1, 2001, \$408 times years of Sonoco service; effective October 1, 2002, \$420 times years of Sonoco service; effective October 1, 2003, \$444 times years of Sonoco service; effective October 1, 2004, \$468 times years of Sonoco service; effective October 1, 2005, \$480 times years of Sonoco service; effective October 1, 2006, \$492 times years of Sonoco service; effective October 1, 2007, \$504 times years of Sonoco service; effective October 1, 2008, \$516 times years of Sonoco service; effective October 1, 2009, \$564 times years of Sonoco service; effective October 1, 2010, \$576 times years of Sonoco service; effective October 1, 2012, \$591 times years of Sonoco service; effective October 1, 2013, \$606 times years of Sonoco service; effective October 1, 2014, \$618 times years of Sonoco service; effective October 1, 2015, \$630 times years of Sonoco service; effective October 1, 2016, \$642 times years of Sonoco service; effective October 1, 2017, \$648 times years of Sonoco service.

(2) Prior to October 1, 2003, \$24 times years of past service; effective October 1, 2003, \$60 times years of past service; effective October 1, 2009, \$120 times years of past service; effective October 1, 2010, \$120 times years of past service.

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<sup>14</sup> Annual.

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Normal Retirement Date

Last day of the month in which age 65 is attained.

Early Retirement

Salaried and Nonunion Hourly Employees

Earliest retirement date is the last day of the month in which age 55 is attained. The accrued benefit is reduced 3.6% per year prior to age 65.

Union Employees of Carrollton, TX

Earliest retirement date is the last day of the month in which age 55 is attained. The accrued benefit is reduced 3.6% per year prior to age 65.

Union Employees of City of Industry, CA

Earliest retirement date is the last day of the month in which age 55 is attained and 15 years of vesting service is completed. The accrued benefit is reduced 3.6% per year prior to age 65.

Union Employees of Forest Park, GA

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced 4% per year between ages 60 and 65, and 6% per year between ages 55 and 60.

Union Employees of Holyoke  
(Pioneer Valley), MA

Earliest retirement date is the last day of the month in which age 55 is attained. The accrued benefit is reduced 4% per year prior to age 65.

Union Employees of Hutchinson, KS

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced by 7.2% per year prior to age 65.

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Early Retirement

Union Employees of Memphis, TN

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced as follows:

| Age Benefit<br>Payments Start | Fraction of<br>Accrued Benefit Payable |
|-------------------------------|----------------------------------------|
| 55                            | 0.4605                                 |
| 56                            | 0.4921                                 |
| 57                            | 0.5270                                 |
| 58                            | 0.5656                                 |
| 59                            | 0.6162                                 |
| 60                            | 0.6667                                 |
| 61                            | 0.7333                                 |
| 62                            | 0.8000                                 |
| 63                            | 0.8667                                 |
| 64                            | 0.9333                                 |
| 65                            | 1.0000                                 |

Union Employees of New Albany, IN

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced 3.6% per year prior to age 65. There is no reduction at age 62 with 20 years of vesting service.

Union Employees of Norwalk/  
Los Angeles, CA

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced 3.6% per year prior to age 65.

Union Employees of Orrville, OH

Earliest retirement date is the last day of the month in which age 55 is attained and 10 years of vesting service is completed. The accrued benefit is reduced by actuarial equivalent reductions prior to age 65.

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Early Retirement

Union Employees of Richmond, VA

Earliest retirement date is the last day of the month in which the earlier of (1) age 55 is attained and 20 years of vesting service is completed or (2) age 60 is attained and 10 years of vesting service is completed. The accrued benefit is reduced by 4.8% per year prior to age 65.

Union Employees of Sumner, WA

Earliest retirement date is the last day of the month in which age 55 is attained and 15 years of vesting service is completed. The accrued benefit is reduced 3% per year prior to age 65. There is no reduction at age 62 with 30 years of vesting service.

Vested Benefit

Salaried and Nonunion Hourly  
Employees

Eligibility is five years of vesting service or age 55. The accrued benefit at termination is payable at normal retirement date. A reduced benefit is payable at the earliest retirement date.

Union Employees of Holyoke  
(Pioneer Valley), MA

Eligibility is five years of vesting service or age 55. The accrued benefit at termination is payable at normal retirement date. A reduced benefit is payable at the earliest retirement date.

All Other Union Employees

Eligibility is five years of vesting service or age 65.

Disability Retirement

Salaried and Nonunion Hourly  
Employees

Eligible participants (except Crellin) must receive either Sonoco long-term disability plan benefits or Workers' Compensation disability benefits, or be eligible for Social Security disability benefits.

Crellin participants must be eligible for Social Security disability benefits, have attained age 45, and completed 10 years of vesting service.

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Disability Retirement

The disability retirement date is the first of any month following eligibility for early retirement. The accrued benefit at termination is payable at normal retirement date. A reduced benefit is payable at the earliest retirement date.

All Other Plans

Unless otherwise stated below, a participant's disability retirement date is the first of the month following: (1) The initial 26-week period of disability during which accident and sickness benefits are paid, (2) eligibility for Social Security disability benefits, and (3) any age or service requirements. Unless otherwise stated below, the disability benefit is the accrued benefit, payable immediately without reduction. If disabled prior to age 55, the benefit reverts to the normal retirement benefit at age 65.

Nonunion Hourly Employees of  
Baker, AL

Eligibility is age 50 and 15 years of benefit service.

Nonunion Hourly Employees of  
Puerto Rico

Eligibility is age 50 and 15 years of vesting service.

Union Employees of Carrollton, TX

Same as Salaried and Nonunion Hourly Employees.

Union Employees of City of  
Industry, CA

Eligibility is age 50 and 15 years of benefit service.  
Minimum benefit of \$50 per month.

Union Employees of Forest Park, GA

Eligibility is 10 years of vesting service. The accrued benefit is based on the total of past and Sonoco service at date of disability. If the participant was a vested member of the prior plan (with more than 10 years of vesting service as of April 1, 1987), then the disability benefit will be reduced at age 65 to reflect the benefit payable from the prior employer.

Union Employees of Holyoke  
(Pioneer Valley), MA

Eligibility is 10 years of benefit service. Minimum benefit of \$300 per month.

Union Employees of Hutchinson, KS

Eligibility is 15 years of vesting service.

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Disability Retirement

Union Employees of Memphis, TN

Eligibility is 10 years of vesting service. The accrued benefit is based on the total of past and Sonoco service at date of disability. If the participant was a vested member of the prior plan (with more than 10 years of vesting service as of April 1, 1987), then the disability benefit will be reduced at age 65 to reflect the benefit payable from the prior employer.

Union Employees of New Albany, IN

Eligibility is 10 years of vesting service. The accrued benefit is based on the total of past and Sonoco service at date of disability. If the participant was a vested member of the prior plan (with more than 10 years of vesting service as of April 1, 1987), then the disability benefit will be reduced at age 65 to reflect the benefit payable from the prior employer.

Union Employees of Norwalk/  
Los Angeles, CA

Effective February 16, 2006, eligibility is age 45 and 10 years of vesting service. Minimum benefit of \$250 per month until age 65.

Union Employees of Orrville, OH

Eligibility is 10 years of vesting service.

Union Employees of Richmond, VA

Eligibility is 10 years of vesting service. Prior to age 65, the disability benefit is \$400 per month, reduced by any Workers' Compensation benefits. At age 65, the accrued benefit based on benefit service and the benefit factor in effect as of the date of termination is payable.

Union Employees of Sumner, WA

Eligibility is 10 years of vesting service. (Special provisions apply for former participants of Fibreboard Retirement Group A employed on or before February 15, 1980.)

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Preretirement Death Benefit

All married participants with a vested benefit are eligible. The benefit is the amount the eligible spouse would have received had the participant terminated on the date of his death, chosen the 50% joint and survivor form of payment to commence at his earliest retirement date, and then died the day after benefits commenced. A minimum death benefit equal to the employee's accumulated contributions is provided, whether or not the participant was married or vested.

Definitions

Vesting Service

Service is credited in years and completed months from the date of hire, unless otherwise stated below.

Salaried and Nonunion Hourly  
Employees

Service prior to age 18 is not included in vesting service.

Nonunion Hourly Employees of  
Baker, AL

Service under prior pension plan is included in vesting service.

Union Employees of Norwalk, Orrville,  
Richmond, and Sumner

A year of vesting service is earned for each calendar year in which 1,000 hours are worked.

Union Employees of Hutchinson, KS

Service is credited in years and days/365 from date of hire.

Union Employees of Forest Park,  
Memphis, New Albany, Norwalk,  
Richmond, and Sumner

Service under prior pension plan is included in vesting service.

Benefit Service

Service is credited in years and completed months from the date of hire, unless otherwise stated below.

Salaried and Nonunion Hourly  
Employees

Service from date of hire to date of participation in the plan is not credited as benefit service. Benefit Service for Salaried and Nonunion Hourly (except Puerto Rico) Employees will be frozen as of December 31, 2018.

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Benefit Service

Nonunion Hourly Employees of  
Baker, AL

Service prior to the effective date is not credited as benefit service.

Baker Division (Plant A804)—Service prior to January 1, 1991 is not credited as benefit service.

Baker Division (Plant A842)—Service prior to January 1, 1993 is not credited as benefit service.

Nonunion Hourly Employees of  
Puerto Rico

Service prior to the effective date is not credited as benefit service.

Union Employees of Forest Park,  
Memphis, and New Albany

Service on and after April 1, 1987, or date of hire, if later, is considered Sonoco service. Service between date of hire with Boise Cascade and April 1, 1987 is considered past service if vested as of April 1, 1987. Otherwise, this service is included with Sonoco service.

A year of benefit service is earned for each calendar year in which 1,500 hours are worked (three-quarter year for 1,000 hours). Participants at Memphis (Plant D018) earn a year of benefit service for 1,200 hours (one half year for 800 hours). Participants at New Albany (Plant D020) earn a year of benefit service for 1,000 hours.

Union Employees of Hutchinson, KS

Service is credited in years and days/365 from the date of hire.

Union Employees of Norwalk/  
Los Angeles, CA

Service prior to the effective date is not credited as benefit service. A year of benefit service is earned for each calendar year in which 1,000 hours are worked.

Union Employees of Orrville, OH

Service on and after October 1, 2007, or date of hire, if later, is considered benefit service.

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Benefit Service

Union Employees of Richmond, VA

Service on and after May 1, 1988, or date of hire, if later, is considered Sonoco service. Service credited under the Federal Paper Board Hourly Wage Employees' Pension Plans as of April 30, 1988 is considered past service.

benefit service is credited based on hours of service in each plan year, based on the following schedule:

| Hours        | Benefit Service |
|--------------|-----------------|
| Less than 85 | None            |
| 85–254       | 0.1000          |
| 255–424      | 0.2000          |
| 425–594      | 0.3000          |
| 595–764      | 0.4000          |
| 765–934      | 0.5000          |
| 935–1,104    | 0.6000          |
| 1,105–1,274  | 0.7000          |
| 1,275–1,444  | 0.8000          |
| 1,445–1,614  | 0.9000          |
| 1,615+       | 1.0000          |

Union Employees of Sumner, WA

Service prior to the effective date is not credited as benefit service. A year of benefit service is earned for each calendar year in which 1,000 hours are worked. If less than 1,000 hours are worked in a calendar year, then one twelfth year is credited for each month in which at least 85 hours are worked.

Union Employees of Carrollton, TX

Benefit Service for Union Employees of Carrollton, TX will be frozen as of December 31, 2018.

Former Crellin and Hayes

Benefit Service for former Crellin and Hayes participants will be frozen as of December 31, 2018.

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|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Compensation              | Salaried and Nonunion Hourly—Taxable earnings as reported on Form W 2, plus any pre-tax deductions for the 401(k) plan or the medical plan. Does not include any bonus paid after termination, severance payments, reimbursements for educational or moving expenses, or automobile or tax counsel allowance. Crellin compensation is base pay.                                                                                                                                 |
| Final Average Earnings    | Salaried and Nonunion Hourly—The average of the highest five plan years of compensation. For Hayes, use the average of the highest consecutive three plan years of compensation (applies to formula (a)(ii) only). Final Average Earnings will be frozen as of December 31, 2018 (except Puerto Rico).                                                                                                                                                                          |
| Social Security Benefit   | Salaried and Nonunion Hourly—The projected amount of the employee's primary Social Security benefit at normal retirement date, based on the law in effect on the date of determination, assuming continuation of current earnings to age 65.                                                                                                                                                                                                                                    |
| Covered Compensation      | Former Crellin and Hayes—The 35 year average of Social Security wage bases ending in the year in which Social Security retirement age is attained. Covered Compensation will be frozen as of December 31, 2018.                                                                                                                                                                                                                                                                 |
| Accumulated Contributions | Salaried and Nonunion Hourly—The aggregate contribution made by a participant under the group annuity contract prior to January 1, 1972, with interest computed and payable as provided under the plan in effect at the time the contributions were made, plus interest after January 1, 1976 and before December 3, 1987 at the rate of 5.0% per year, plus interest thereafter, at the rate of 120% of the federal mid-term rate as required under the Internal Revenue Code. |
| Normal Form of Annuity    | <p>For single participants, a straight life annuity; for married participants, an actuarially equivalent 50% joint and survivor annuity.</p> <p>For former Hayes participants, the normal form is a 10 year certain and life for the formula (a) accrued benefit as of December 31, 2001.</p>                                                                                                                                                                                   |

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Optional Forms of Annuity

A straight life annuity, 50%, 75%, or 100% joint and survivor annuity, level income to age 62 or 65 (Salaried and Nonunion Hourly only), 5-year (Salaried, Nonunion Hourly, Crellin, and Orrville only) or 10-year (Salaried, Nonunion Hourly, Crellin and Orrville only) certain and life annuity, lump sums of former Crellin or Hayes Plan benefits, lump sums for Salaried and Nonunion Hourly participants who elected to freeze accruals as of December 31, 2009, and Orrville participants terminated on or after November 15, 2009.

Optional Form Conversion Factors

Actuarial equivalent annuities: UP84 with no age setback for participants and three-year age setback for beneficiaries, 9.0% interest (unless otherwise stated below).

Crellin prior plan: 10-year certain and life—92% at age 65 with adjustment of plus (minus) 1% for each year younger (older), maximum 98%. 5-year certain and life—96% at age 65 with adjustment of plus (minus) 1% for each year younger (older), maximum 99%.

Hayes prior plan: 1951 GAM Male Mortality Table, 6.0% interest.

Hutchinson, KS: 75 GAM unisex rate 100% male participant and 100% female beneficiary, 7.0% interest.

For lump sum calculations: IRC section 417(e) mortality table for the applicable year and interest based on three-segment yield curve for September look back.

Payment of Small Amounts

Non-elective lump sum payment if the actuarial equivalent single sum of the accrued benefit does not exceed \$5,000.

Plan Year

Calendar year.

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

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Plan Changes for the January 1, 2017 Valuation

The funding, financial accounting, and plan reporting valuations reflected the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$265,000 in 2016 to \$270,000 in 2017.
- An increase in the annual maximum benefit limit from \$210,000 in 2016 to \$215,000 in 2017.
- Effective February 1, 2016, the benefit formula for Memphis (Plant D091, formerly D018) changed from \$459 times years of Sonoco service plus \$213 times years of past service to \$495 times years of Sonoco service plus \$249 times years of past service.
- Effective July 1, 2016, the benefit formula for Forest Park (Plant D009) changed from \$552 times years of Sonoco service plus \$318 times years of past service to \$576 times years of Sonoco service plus \$318 times years of past service.
- Effective June 29, 2016, the benefit formula for Holyoke and Pioneer Valley (Plants B353 and C326) changed from \$600 times years of benefit service to \$612 times years of benefit service. Effective June 29, 2017, the benefit formula increases to \$624 times years of benefit service. Effective June 29, 2018, the benefit formula increases to \$636 times years of benefit service.
- Effective January 1, 2017, the benefit formula for Richmond (Plant B312) changed from \$540 times years of Sonoco service plus \$348 times years of past service to \$552 times years of Sonoco service plus \$348 times years of past service. Effective January 1, 2018, the benefit formula increases to \$576 times years of Sonoco service plus \$348 times years of past service. Effective January 1, 2019, the benefit formula increases to \$588 times years of Sonoco service plus \$348 times years of past service.
- Plan closed to new employees hired and rehired into Sumner, WA (Plant B315) on or after January 13, 2016.

Plan Changes for the January 1, 2016 Valuation

The funding, financial accounting, and plan reporting valuations reflect the following plan changes:

- Effective February 3, 2015, the benefit formula for City of Industry (Plants B355 and C342) changed from \$516 times years of benefit service to \$528 times years of benefit service. Effective January 1, 2016, the benefit formula increased to \$540 times years of benefit service. Effective January 1, 2017, the benefit formula increases to \$552 times years of benefit service.
- Effective May 1, 2015, the benefit formula for New Albany (Plant D020) changed from \$582 times years of Sonoco service plus \$342 times years of past service to \$606 times years of Sonoco service plus \$366 times years of past service.
- Effective October 1, 2015, the benefit formula for Sumner (Plant B315) changed from \$618 times years of Sonoco service plus \$120 times years of past service to \$630 times years of Sonoco service plus \$120 times years of past service. Effective October 1, 2016, the benefit formula increases to \$642 times years of Sonoco service plus \$120 times years of past service. Effective October 1, 2017, the benefit formula increases to \$648 times years of Sonoco service plus \$120 times years of past service.

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Plan Changes for the January 1, 2015 Valuation

The funding, financial accounting, and plan reporting valuations reflected the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$260,000 in 2014 to \$265,000 in 2015.
- Effective October 6, 2014, the benefit formula for Hutchinson changed from \$486 times years of Benefit to \$498 times years of benefit service. Effective October 5, 2015, the benefit formula for Hutchinson changed from \$498 times years of benefit to \$510 times years of benefit service. Effective October 3, 2016, the benefit formula for Hutchinson changed from \$510 times years of benefit to \$522 times years of benefit service.
- Effective February 17, 2014, the benefit formula for Norwalk changed from \$528 times years of Sonoco service plus \$60 times years of past service to \$540 times years of Sonoco service plus \$60 times years of past service. Effective February 16, 2015 the benefit formula for Norwalk changed from \$540 times years of Sonoco service plus \$60 times years of past service to \$552 times years of Sonoco service plus \$60 times years of past service. Effective February 15, 2016, the benefit formula for Norwalk changed from \$552 times years of Sonoco service plus \$60 times years of past service to \$564 times years of Sonoco service plus \$60 times years of past service.

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Plan Changes for the January 1, 2014 Valuation

The funding, financial accounting, and plan reporting valuations reflected the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$255,000 in 2013 to \$260,000 in 2014.
- An increase in the annual maximum benefit limit from \$205,000 in 2013 to \$210,000 in 2014.
- Effective January 1, 2014, the benefit formula for Forest Park (Plant D009) changed from \$516 times years of Sonoco service plus \$318 times years of past service to \$528 times years of Sonoco service plus \$318 times years of past service. Effective January 1, 2015, the benefit formula increases to \$540 times years of Sonoco service plus \$318 times years of past service. Effective January 1, 2016, the benefit formula increases to \$552 times years of Sonoco service plus \$318 times years of past service.
- Effective February 1, 2013, the benefit formula for Memphis (Plant D091, formerly D018) changed from \$429 times years of Sonoco service plus \$189 times years of past service to \$438 times years of Sonoco service plus \$201 times years of past service. Effective February 1, 2014, the benefit formula increases to \$447 times years of Sonoco service plus \$210 times years of past service. Effective February 1, 2015, the benefit formula increases to \$459 times years of Sonoco service plus \$213 times years of past service.
- Effective June 28, 2013, the benefit formula for Holyoke/Chicopee (Plants B353 and C326) changed from \$564 times years of benefit service to \$576 times years of benefit. Effective June 28, 2014, the benefit formula increases to \$588 times years of benefit service. Effective June 28, 2015, the benefit formula increases to \$600 times years of benefit service.

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Plan Changes for the January 1, 2013 Valuation

The funding, financial accounting, and plan reporting valuations reflected the following plan changes:

- An increase in the annual pay limit under IRC section 401(a)(17) from \$250,000 in 2012 to \$255,000 in 2013.
- An increase in the annual maximum benefit limit from \$200,000 in 2012 to \$205,000 in 2013.
- Effective August 1, 2012, the benefit formula for New Albany (Plant D020) changed from \$528 times years of Sonoco service plus \$288 times years of past service to \$576 times years of Sonoco service plus \$336 times years of past service. Effective August 1, 2013, the benefit formula increases to \$582 times years of Sonoco service plus \$342 times years of past service.
- Effective October 1, 2012, the benefit formula for Sumner (Plant B315) changed from \$576 times years of Sonoco service plus \$120 times years of past service to \$591 times years of Sonoco service plus \$120 times years of past service. Effective October 1, 2013, the benefit formula increases to \$606 times years of Sonoco service plus \$120 times years of past service. Effective October 1, 2014, the benefit formula increases to \$618 times years of Sonoco service plus \$120 times years of past service.
- Effective January 1, 2013, the benefit formula for Richmond (Plant B312) changed from \$480 times years of Sonoco service plus \$288 times years of past service to \$492 times years of Sonoco service plus \$300 times years of past service. Effective January 1, 2014, the benefit formula increases to \$504 times years of Sonoco service plus \$312 times years of past service. Effective January 1, 2015, the benefit formula increases to \$516 times years of Sonoco service plus \$324 times years of past service. Effective January 1, 2016, the benefit formula increases to \$540 times years of Sonoco service plus \$348 times years of past service.
- Effective February 3, 2012, the benefit formula for City of Industry (Plants B355 and C342) changed from \$480 times years of benefit service to \$492 times years of benefit service. Effective January 1, 2013, the benefit formula increased to \$504 times years of benefit service. Effective January 1, 2014, the benefit formula increases to \$516 times years of benefit service.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 14,061,237                | January 1, 2016  | 6               | \$ 2,616,796             |
| Shortfall    | \$ 22,132,035                | January 1, 2017  | 7               | \$ 3,634,343             |

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on plan assets from 7.65% to 7.00%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.