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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                          | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022             |                                                                                                                                                                                                                                                                                                                                            |
| <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>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                           |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                                                                                                            |
| <b>1a</b> Name of plan<br>ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN                                                                                                                                                                                                                                                                       | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                   | <b>1c</b> Effective date of plan<br>09/01/2001                                                                                                                                            |
| <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>ESSITY NORTH AMERICA INC.<br><br>2929 ARCH STREET<br>PHILADELPHIA, PA 19104-2858 | <b>2b</b> Employer Identification Number (EIN)<br>23-3061590<br><br><b>2c</b> Plan Sponsor's telephone number<br>610-499-3700<br><br><b>2d</b> Business code (see instructions)<br>322100 |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2023 | GEORGIA GORDON-MARTIN                                        |
|                  | 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 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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> 831                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 129<br><b>6a(2)</b> 102<br><b>6b</b> 404<br><b>6c</b> 209<br><b>6d</b> 715<br><b>6e</b> 66<br><b>6f</b> 781<br><b>6g</b><br><b>6h</b> 0                                                                                                                                                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1B 1C 1I 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN</u>                                                         | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ESSITY NORTH AMERICA INC.</u>                              | <b>D</b> Employer Identification Number (EIN)<br><u>23-3061590</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>50911385</u>                                                     |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>47645739</u>                                                     |
| <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 .....                                                                                                                                     | <u>480</u> <u>31895718</u> <u>31895718</u>                                    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>222</u> <u>4771165</u> <u>4771165</u>                                      |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>129</u> <u>1676578</u> <u>1676578</u>                                      |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>831</u> <u>38343461</u> <u>38343461</u>                                    |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.32 %</u>                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>0</u>                                                            |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>170000</u>                                                       |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>170000</u>                                                       |

**Statement by Enrolled Actuary**

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

|                                                                                                          |  |                                                               |
|----------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                         |  | <u>10/03/2023</u><br>Date                                     |
| Signature of actuary                                                                                     |  | <u>23-05793</u><br>Most recent enrollment number              |
| <u>J. STEVEN PAK</u><br>Type or print name of actuary                                                    |  | <u>215-246-6000</u><br>Telephone number (including area code) |
| <u>WILLIS TOWERS WATSON US LLC</u><br>Firm name                                                          |  |                                                               |
| <u>1735 MARKET STREET</u><br><u>FLOOR 4</u><br><u>PHILADELPHIA, PA 19103-7501</u><br>Address of the firm |  |                                                               |

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

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 159536                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 159536                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.77</u> % .....                                                                               | 0                     | 20373                  |
| <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>5.49</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 .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 179909                 |

| Part III Funding Percentages                                                                                                                                              |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 123.79 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 124.26 % |
| <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> | 112.00 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

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

|                                                                                                                                                                            |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                       |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                        | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                         | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                    | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |

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| <b>Part V</b>                                                                                                                                                                                                                                                                                                    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                  |                        |                                                     |
| <b>21</b> Discount rate:                                                                                                                                                                                                                                                                                         |                                                                                             |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                                                                                                                                          |                                                                                             |                        |                                                     |
| 1st segment:<br>4.75 %                                                                                                                                                                                                                                                                                           | 2nd segment:<br>5.18 %                                                                      | 3rd segment:<br>5.92 % | <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                                                                                                                     |                                                                                             |                        |                                                     |
| <b>Part VI</b>                                                                                                                                                                                                                                                                                                   | <b>Miscellaneous Items</b>                                                                  |                        |                                                     |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                       |                                                                                             |                        |                                                     |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                            |                                                                                             |                        |                                                     |
| <b>26</b> Demographic and benefit information                                                                                                                                                                                                                                                                    |                                                                                             |                        |                                                     |
| <b>a</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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                             |                                                                                             |                        |                                                     |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                                                                                                             |                                                                                             |                        | <b>27</b>                                           |
| <b>Part VII</b>                                                                                                                                                                                                                                                                                                  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>              |                        |                                                     |
| <b>28</b> Unpaid minimum required contributions for all prior years.....                                                                                                                                                                                                                                         |                                                                                             |                        | <b>28</b> 0                                         |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                                                                                             |                                                                                             |                        | <b>29</b> 0                                         |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                                |                                                                                             |                        | <b>30</b> 0                                         |
| <b>Part VIII</b>                                                                                                                                                                                                                                                                                                 | <b>Minimum Required Contribution For Current Year</b>                                       |                        |                                                     |
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                               |                                                                                             |                        |                                                     |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                                                                                                                                                       |                                                                                             |                        | <b>31a</b> 170000                                   |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                                       |                                                                                             |                        | <b>31b</b> 170000                                   |
| <b>32</b> Amortization installments:                                                                                                                                                                                                                                                                             |                                                                                             | Outstanding Balance    | Installment                                         |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                                                                                                                                            |                                                                                             | 0                      | 0                                                   |
| <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> 0                                         |
|                                                                                                                                                                                                                                                                                                                  | 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> 0                                         |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                                                                                              |                                                                                             |                        | <b>37</b> 0                                         |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                              |                                                                                             |                        |                                                     |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                                         |                                                                                             |                        | <b>38a</b> 0                                        |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                            |                                                                                             |                        | <b>38b</b> 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                                         |
| <b>Part IX</b>                                                                                                                                                                                                                                                                                                   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |                        |                                                     |
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |                                                                                             |                        |                                                     |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</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>Pension Benefit Guaranty Corporation</div> | <div>Service Provider 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> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN                        | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ESSITY NORTH AMERICA INC.        | D Employer Identification Number (EIN)<br>23-3061590 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

CONRAD SIEGEL

23-1669823

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 17<br>38 49 50   | NONE                                                                                              | 74826                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE VANGUARD GROUP, INC.

23-1945930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 25 50<br>51 52 68   | NONE                                                                                              | 19874                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 11445                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>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>2022</div> <div>This Form is Open to Public Inspection.</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>ESSITY NORTH AMERICA DEFINED BENEFIT 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>ESSITY NORTH AMERICA INC. | D Employer Identification Number (EIN)<br>23-3061590 |     |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: VFTC LONG-TERM INVESTMENT GRADE TRU |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                 |                                                                                                      |
| c EIN-PN 84-6546303-001                                                     | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5464306 |
| 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>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN</u>                                                                                                                                                                                        |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ESSITY NORTH AMERICA INC.</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>23-3061590</u>                        |

| 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>       | 341653                | 255298          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 8351147               | 5464306         |
| <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>   |                       |                 |
| <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>   | 42218585              | 30992452        |
| <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>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 50911385              | 36712056        |

**Liabilities**

|                                                                           |           |      |      |
|---------------------------------------------------------------------------|-----------|------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |      |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |      |      |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 5279 | 4907 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 5279 | 4907 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 50906106 | 36707149 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (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> | 657582     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 657582    |
| (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)  |            |           |
| (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) |            | -11278313 |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -10620731 |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 3472081    |           |
| (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)  |            | 3472081   |
| 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)  | 86271      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  | 19874      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 106145    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 3578226   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -14198957 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **TORRILLO & ASSOCIATES, LLC**

(2) EIN: **83-0414789**

**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.) .....

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <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?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <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?                                                                                                                                                                          |     | X  |        |
| <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.)                                                                                                                                                   | X   |    |        |
| <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>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <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** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 471213.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <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>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 001                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ESSITY NORTH AMERICA INC.                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>23-3061590                                            |
| 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): 23-1945930                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 18                                                                                            |
| 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 type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" 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) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

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**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>                                                                            |            |  |

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.</p> <p><input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN**

**Financial Statements  
As of and for the Years Ended  
December 31, 2022 and 2021  
And  
Supplemental Schedule  
As of  
December 31, 2022**

**Torrillo &  
Associates** Certified Public Accountants

## **Essity North America Defined Benefit Pension Plan Index**

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| <b>Financial Statements:</b>                                     |                |
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| Statements of Changes in Net Assets Available for Benefits       | 5              |
| Notes to Financial Statements                                    | 6 – 13         |
| <b>Supplemental Schedule:</b>                                    |                |
| Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) | S.1            |

- The supplemental schedule included is presented for purposes of additional analysis and is not a required part of the financial statements but is required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the Essity North America Defined Benefit Pension Plan

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

We have performed audits of the accompanying financial statements of the Essity North America Defined Benefit Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Plan management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion

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

### Responsibilities of Plan Management for the Financial Statements

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

In preparing the financial statements, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the ability of the Essity North America Defined Benefit Pension Plan to continue as a going concern for one year after the date the financial statements are available to be issued.

Plan management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the Essity North America Defined Benefit Pension Plan. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Plan management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the ability of the Essity North America Defined Benefit Pension Plan to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

### **Supplemental Schedule Required by ERISA**

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Toullier + Associates, LLP*

October 11, 2023

**Essity North America Defined Benefit Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**As of December 31, 2022 and 2021**

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|                                   | <u>2022</u>          | <u>2021</u>          |
|-----------------------------------|----------------------|----------------------|
| <b>Assets:</b>                    |                      |                      |
| Cash                              | \$ 255,298           | \$ 341,653           |
| Investments, at fair value        | 36,456,758           | 50,569,732           |
| Total assets                      | <u>36,712,056</u>    | <u>50,911,385</u>    |
| <b>Liabilities:</b>               |                      |                      |
| Accrued fees                      | <u>4,907</u>         | <u>5,279</u>         |
| Total liabilities                 | 4,907                | 5,279                |
| Net assets available for benefits | <u>\$ 36,707,149</u> | <u>\$ 50,906,106</u> |

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

**Essity North America Defined Benefit Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended December 31, 2022 and 2021**

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|                                                              | <u>2022</u>             | <u>2021</u>          |
|--------------------------------------------------------------|-------------------------|----------------------|
| <b>(Reductions) additions:</b>                               |                         |                      |
| (Reductions) additions to net assets attributed to:          |                         |                      |
| Investment (loss) income:                                    |                         |                      |
| Dividend income                                              | \$ 657,582              | \$ 714,663           |
| Net (depreciation) appreciation in fair value of investments | <u>(11,278,313)</u>     | <u>5,271,642</u>     |
| Net investment (loss) income                                 | <u>(10,620,731)</u>     | <u>5,986,305</u>     |
| <br>Total (reductions) additions                             | <br><u>(10,620,731)</u> | <br><u>5,986,305</u> |
| <br><b>Deductions:</b>                                       |                         |                      |
| Deductions from net assets attributed to:                    |                         |                      |
| Benefits paid to participants                                | 3,472,081               | 3,761,828            |
| Administrative expenses                                      | <u>106,145</u>          | <u>164,791</u>       |
| Total deductions                                             | <u>3,578,226</u>        | <u>3,926,619</u>     |
| <br>Net (decrease) increase                                  | <br>(14,198,957)        | <br>2,059,686        |
| <br><b>Net assets available for benefits</b>                 |                         |                      |
| Beginning of year                                            | <u>50,906,106</u>       | <u>48,846,420</u>    |
| End of year                                                  | <u>\$ 36,707,149</u>    | <u>\$ 50,906,106</u> |

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

**Essity North America Defined Benefit Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2022 and 2021**

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**1. Description of Plan**

The following description of the Essity North America Defined Benefit Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

**General**

The Plan is a noncontributory defined benefit pension plan that was established September 1, 2001. The Plan sponsor is Essity North America, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. Vanguard Fiduciary Trust Company is the trustee of the Plan.

Effective January 1, 2021, the Essity North America Cash Balance Plan was renamed the Essity North America Defined Benefit Pension Plan. The Plan document includes its component documents, the Essity North America Hourly Pension Plan, the Essity North America Hourly Pension Plan for Collectively-Bargained Employees at Alsip and the Wausau Paper Corp. Pension Plan.

**Participants from the Essity North America Cash Balance Plan**

The Plan covers salaried employees of Essity Professional Hygiene North America LLC (known prior to January 1, 2018 as SCA Tissue North America LLC) (the “Company”); non-union hourly employees of the Company’s Bellemont, Arizona, Flagstaff, Arizona, and Greenwich, New York facilities; and after January 1, 2002, Essity HMS North America Inc. (known prior to January 1, 2018 as SCA Personal Care, Inc.) employees that were formerly SCA Hygiene salaried employees. As of December 31, 2003, the Plan was frozen to new entrants and future benefit accruals (i.e. pay credits) were eliminated for all participants. Active participants at December 31, 2003 continue to earn vesting service under the Plan and all participants continue to accrue cash balance interest credits.

Participants become 100% vested upon completion of three years of credited service, as defined. If a participant terminates before completing three years of service, the right to receive accumulated benefits is forfeited, unless the participant has reached age 65 or termination of employment is attributable to death or disability.

Upon separation from service, vested participants are entitled to pension benefits based on pay credits and interest credits accumulated in their cash balance accounts. Pay credits are based on a percentage of compensation determined by age levels, as defined. Interest credits are based on 30-year treasury rates, as defined. The Plan will pay a death benefit to the beneficiary of a participant who dies prior to the commencement of benefits, as defined by the Plan. As of December 31, 2003, the Plan was frozen and no future pay credits are provided.

Benefit payments will be paid based upon a single life annuity if the participant is not married. A married retiree will automatically receive pension benefits in the form of a joint and survivor annuity. Elections may be made to receive the benefit in another form, including lump-sum, as defined. If the present value of a participant’s accrued benefit does not exceed \$1,000, it will automatically be paid as a lump sum as soon as administratively feasible after separation from service.

**Participants from the Essity North America Hourly Pension Plan and the Essity North America Hourly Pension Plan for Collectively-Bargained Employees at Alsip**

The Essity North America Hourly Pension Plan covered hourly employees of Essity North America, LLC employed at the Brattleboro, Vermont facility who were members of the Paper, Allied-Industrial, Chemical, Energy Workers International Union, Local 1594 and non-union hourly employees of the LaGrange, Georgia facility. As described below, no new participants will be added to the Plan and benefit accruals were frozen for active participants. Effective December 31, 2002, the SCA Tissue Hourly Pension Plan for Collectively Bargained Employees at Alsip (“Alsip Plan”) merged with and into the Essity North America Hourly Pension Plan. Benefit accruals were frozen effective September 1, 2002, at the Alsip location. Effective March 1, 2003, participants who were employed at the LaGrange, Georgia or Brattleboro, Vermont facilities as of March 1, 2003 and whose employment status was directly and adversely affected by the closure of those facilities during 2003 became fully vested in their

**Essity North America Defined Benefit Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2022 and 2021**

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retirement benefits. As these locations were shutdown in 2003, there will be no future credited service accruals. Additionally, effective June 1, 2003, participants who were employed at the Alsip, Illinois facility as of May 31, 2003 and whose employment status was directly and adversely affected by the reduction in workforce at that facility during 2003 became fully vested in their retirement benefits.

Participants become 100% vested upon completion of five years of credited service, as defined. If a participant terminates before completing five years of service, the right to receive accumulated benefits is forfeited, unless the participant has reached age 65 or termination of employment is attributable to death or disability.

Upon disability or at normal retirement (age 65), participants are entitled to monthly pension benefits based on a stipulated rate per year of credited service, as defined by the Plan. A participant may elect early retirement at the age of 55 with reduced monthly pension benefits between ages 55 and 62, as defined by the Plan. The Plan will pay a benefit to the surviving spouse of a participant who dies after completing five years of credited service, as defined by the Plan.

Benefit payments will be paid based upon a single life annuity if the participant is not married. A married retiree will automatically receive pension benefits in the form of a joint and survivor annuity. Elections may be made to receive the benefit in another form, as defined. If the present value of a participant's accrued benefit does not exceed \$1,000, it will automatically be paid as a lump sum as soon as administratively feasible after separation from service.

**Participants from the Wausau Paper Corp. Pension Plan**

The Wausau Paper Corp. Pension Plan covered all regular full-time employees of Wausau Paper Mills, LLC who were covered by a Joint Labor Agreement between the union at the Brokaw mill and Wausau Paper Mills, LLC. In February 2012, Wausau Paper Mills, LLC ceased permanently papermaking operations at the Brokaw, Wisconsin paper mill and the paper mill was closed during the second quarter of 2012. The closure of the mill resulted in the immediate vesting of benefits for employees eligible to participate in the Wausau Paper Corp. Pension Plan as of the date of closure.

Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age, as defined in the Plan. The Plan permits early retirement at age 55 with 15 years of vesting service and a reduced pension benefit. The form of pension payment is a monthly income for participants for their lifetime with payments terminating at death. There are, however, alternative optional payment methods available. The amount of monthly pension payment is dependent upon years of credited service, as defined.

If a married participant (active or terminated) dies prior to retirement and has met the service requirements for vesting, their spouse is eligible for a surviving spouse benefit. Active participants who become totally disabled and have rendered 15 years of vesting service are eligible for a monthly benefit equal to the accrued normal retirement benefit earned to date of disability.

**Funding Policy**

The Plan sponsor's funding policy is to make contributions in such amounts as may be required to meet the minimum funding requirements of ERISA. Employer contributions are made based on actuarially determined amounts using the projected unit credit cost method. Minimum contribution requirements have been met for 2022 and 2021.

**Plan Termination**

Although it has not expressed any intent to do so, the Plan sponsor reserves the right to discontinue its contributions and terminate the Plan at any time under the provisions of ERISA. In the event the Plan terminates, participants become 100% vested in benefits earned as of the termination date regardless of length of service, to the extent such benefits are then funded, and the assets of the Plan shall be distributed in the manner and order set forth in the Plan document.

**Essity North America Defined Benefit Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2022 and 2021**

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Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. Whether all participants receive their benefits should the Plan terminate at some future point would depend on the sufficiency of the Plan's net assets at that time to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

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

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

### **Basis of Accounting**

The financial statements have been prepared on the accrual basis of accounting.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The benefits steering committee of the Plan sponsor determines the Plan's valuation policies utilizing information provided by trustees, custodians and investment advisors. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Net (depreciation) appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **Administrative Expenses**

In 2022 and 2021, certain investment and administrative expenses were paid out of the Plan, and include recordkeeping, trustee, and actuarial professional fees. Certain other administrative expenses of the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Certain investment related expenses are included in net (depreciation) appreciation in fair value of investments presented in the statements of changes in net assets available for benefits.

### **Subsequent Events**

The Plan has evaluated subsequent events through October 11, 2023, the date the financial statements were available to be issued.

## **3. Information Certified by a Qualified Institution**

The Plan administrator having determined that it is permissible in the circumstances elected to have the audits of the Plan performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information included in the accompanying financial statements and ERISA-required supplemental schedule of assets (held at end of year) was obtained or derived from information obtained by the Plan administrator and certified as complete and accurate by Vanguard Fiduciary Trust Company, a qualified institution, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

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- Cash and investments, at fair value, as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Dividend income and net (depreciation) appreciation in fair value of investments as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.
- The information for all investments listed in the schedule of assets (held at end of year) as of December 31, 2022, as shown in the ERISA-required supplemental schedule.

#### **4. Fair Value Measurements**

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used as of December 31, 2022 and 2021.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Collective investment trust:* Valued at the NAV of units of the collective investment trust held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the collective investment trust less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

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The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2022:

|                                 | <u>Total</u>         | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> |
|---------------------------------|----------------------|----------------------|----------------|----------------|
| Investments, at fair value:     |                      |                      |                |                |
| Mutual funds                    | \$ 30,992,452        | \$ 30,992,452        | \$ -           | \$ -           |
| Collective investment trust (*) | 5,464,306            | -                    | -              | -              |
| Total                           | <u>\$ 36,456,758</u> | <u>\$ 30,992,452</u> | <u>\$ -</u>    | <u>\$ -</u>    |

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2021:

|                                 | <u>Total</u>         | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> |
|---------------------------------|----------------------|----------------------|----------------|----------------|
| Investments, at fair value:     |                      |                      |                |                |
| Mutual funds                    | \$ 42,218,585        | \$ 42,218,585        | \$ -           | \$ -           |
| Collective investment trust (*) | 8,351,147            | -                    | -              | -              |
| Total                           | <u>\$ 50,569,732</u> | <u>\$ 42,218,585</u> | <u>\$ -</u>    | <u>\$ -</u>    |

\*In accordance with fair value measurement guidance, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as investments in the statements of net assets available for benefits.

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2022 and 2021.

| <u>Investment Type</u>      | <u>Fair Value</u><br><u>December 31,</u><br><u>2022</u> | <u>Fair Value</u><br><u>December 31,</u><br><u>2021</u> | <u>Unfunded</u><br><u>Commitments</u> | <u>Redemption</u><br><u>Frequency</u> | <u>Other</u><br><u>Restrictions</u> | <u>Redemption</u><br><u>Notice</u><br><u>Period</u> |
|-----------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|-----------------------------------------------------|
| Collective investment trust | \$ 5,464,306                                            | \$ 8,351,147                                            | \$ -                                  | Daily                                 | See below.                          | Daily                                               |

The Plan is applying the practical expedient as of December 31, 2022 and 2021 to its investment in the Vanguard Long-Term Investment Grade Trust. The Vanguard Long-Term Investment Grade Trust is a collective investment trust that was established to provide a collective investment trust for eligible tax-exempt entities, including employee benefit plans. The objective of this collective investment trust is to provide a high and sustainable level of current income by investing in investment-grade bonds and maintain a dollar-weighted average maturity within a range that is five years shorter than or five years longer than that of its benchmark index. The investment option may invest in assets (principally investment-grade intermediate and long-term fixed-income securities and may include derivative instruments such as future contracts and swap agreements), enter into "wrap" contracts issued by third parties, and invest in cash equivalents represented by shares in a money market fund. Vanguard Fiduciary Trust Company will use best efforts to distribute proceeds as soon as practicable; provided however, that (i) cash proceeds from the sale of securities liquidated to fund a withdrawal will not be paid until after the actual settlement date or dates of the sale of such securities; and (ii) Vanguard Fiduciary Trust Company may suspend redemptions and/or postpone the payment of redemption proceeds at times when the New York Stock Exchange is closed or during other emergency circumstances as determined at their discretion.

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**5. 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 employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of service on the date the benefit information is presented (the valuation date). Benefits payable under all circumstances (e.g. retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. As detailed in Note 1, the Plan is frozen and therefore, the present value of a participant's accrued benefit as of the valuation date assumes the participant will earn no more credited service and will receive no future salary.

The actuarial present value of accumulated plan benefits as of January 1, 2022 is as follows:

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Vested benefits                                            |                      |
| Participants currently receiving benefits                  | \$ 29,181,172        |
| Active and terminated vested participants                  | <u>6,049,526</u>     |
| Total vested benefits                                      | 35,230,698           |
| Nonvested benefits                                         | <u>-</u>             |
| Total actuarial present value of accumulated plan benefits | <u>\$ 35,230,698</u> |

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2022 are as follows:

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits, beginning of period | <u>\$ 36,575,051</u> |
| Increase (decrease) during the year attributed to:                        |                      |
| Benefits paid                                                             | (3,761,828)          |
| Decrease in the discount period                                           | 2,083,292            |
| Assumption changes                                                        | 73,697               |
| Actuarial (gains)/losses                                                  | <u>260,486</u>       |
| Net increase (decrease)                                                   | <u>(1,344,353)</u>   |
| Actuarial present value of accumulated plan benefits, end of period       | <u>\$ 35,230,698</u> |

The significant methods and assumptions used to determine the actuarial present value of accumulated plan benefits as of January 1, 2022 are as follows:

|                                |                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality                      | PRI-2012 employee/ healthy annuitants and contingent specific mortality tables with no collar adjustment for the Cash Balance component and a blue collar adjustment for the Essity North America Hourly Pension Plan component and Wausau Paper Corp. Pension Plan component, projected on a generational basis with Scale MP-2021 |
| Discount Rate                  | 6%                                                                                                                                                                                                                                                                                                                                  |
| Future interest crediting rate | 1.92% gradually increasing each year until a maximum of 5%                                                                                                                                                                                                                                                                          |
| Withdrawal Before Retirement   | Decreasing rates between ages 20 and 55                                                                                                                                                                                                                                                                                             |

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|                |                                                                                                                                                                                                                                                                                         |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retirement Age | 2.5% at age 55-59; 5% at age 60-61; 30% at age 62; 15% at age 63-64; 100% at or after age 65 for the Cash Balance component; age 65 for the Essity North America Hourly Pension Plan; 25% at age 55, 75% at age 62 and 100% at age 65 for the Wausau Paper Corp. Pension Plan component |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The assumption changes from January 1, 2021 to January 1, 2022 include updating the mortality assumption projection from PRI-2012 employee/ healthy annuitants and contingent specific mortality tables with no collar adjustment for the Cash Balance component and a blue collar adjustment for the Essity North America Hourly Pension Plan component and Wausau Paper Corp. Pension Plan component, projected on a generational basis with Scale MP-2020 as of January 1, 2021 to the PRI-2012 employee/ healthy annuitants and contingent specific mortality tables with no collar adjustment for the Cash Balance component and a blue collar adjustment for the Essity North America Hourly Pension Plan component and Wausau Paper Corp. Pension Plan component, projected on a generational basis with Scale MP-2021 as of January 1, 2022. The future interest crediting rate was updated from a 1.36% rate gradually increasing each year until reaching a maximum rate of 5% per year as of January 1, 2021 to a 1.92% rate gradually increasing each year until reaching a maximum rate of 5% per year as of January 1, 2022.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## **6. Tax Status**

The Internal Revenue Service ("IRS") has determined and informed the Plan sponsor by a letter dated December 9, 2016, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan continues to be operated in compliance with the applicable sections of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require 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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

## **7. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that 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 reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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**8. Related-Party and Party-In-Interest Transactions**

Transactions involving shares of investments managed by affiliates of Vanguard Fiduciary Trust Company, the trustee, are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under ERISA regulations.

**9. Plan Amendments**

The Plan document was amended and restated effective as of January 1, 2021, to reflect the mergers of the Essity North America Hourly Pension Plan and Wausau Paper Corp. Pension Plan with and into the Plan as well as to incorporate prior amendments, and to make certain other administrative changes to the Plan.

## **SUPPLEMENTAL SCHEDULE**

**Essity North America Defined Benefit Pension Plan**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**As of December 31, 2022**

**EIN: 23-3061590 Plan #001**

| (a) | (b)<br>Identity of issue,<br>borrower,<br>lessor or similar party | Shares/<br>Units | (c)<br>Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | (d)<br>Cost   | (e)<br>Current value |
|-----|-------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
|     | Collective investment trust:                                      |                  |                                                                                                                     |               |                      |
| *   | Vanguard                                                          | 324,291          | Long-Term Investment-Grade Trust                                                                                    | \$ 7,043,910  | \$ 5,464,306         |
|     | Mutual funds:                                                     |                  |                                                                                                                     |               |                      |
| *   | Vanguard                                                          | 172,121          | Long-Term Treasury Index Fund                                                                                       | 7,142,713     | 4,519,891            |
| *   | Vanguard                                                          | 118,847          | Total Stock Market Index Fund                                                                                       | 12,085,726    | 20,754,208           |
| *   | Vanguard                                                          | 422,642          | Developed Markets Index Fund                                                                                        | 5,088,708     | 5,718,353            |
|     | Total mutual funds:                                               |                  |                                                                                                                     | 24,317,147    | 30,992,452           |
|     |                                                                   |                  |                                                                                                                     | \$ 31,361,057 | \$ 36,456,758        |

\*: Party-in-interest

The information in this schedule has been derived from information certified as to its completeness and accuracy by Vanguard Fiduciary Trust Company, a qualified institution.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a  
Schedule of Active Participant Data as of January 1, 2022  
Number distributed by attained age and attained years of credited service

| Attained Age                      | 0 | 1 | 2 | 3 | 4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
|-----------------------------------|---|---|---|---|---|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
| Under 25                          | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 35-39                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 40-44                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 0     | 1     | 0     | 0     | 0     | 0         | 1     |
| 45-49                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 0     | 14    | 4     | 0     | 0     | 0         | 18    |
| 50-54                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 1     | 10    | 7     | 4     | 0     | 0         | 22    |
| 55-59                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 6     | 15    | 9     | 8     | 6     | 0         | 44    |
| 60-64                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 1     | 14    | 7     | 6     | 3     | 7         | 38    |
| 65-69                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 0     | 1     | 0     | 1     | 1     | 2         | 5     |
| 70 & over                         | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 1         | 1     |
| Total                             | 0 | 0 | 0 | 0 | 0 | 0   | 0     | 8     | 55    | 27    | 19    | 10    | 10        | 129   |
| Census data as of January 1, 2022 |   |   |   |   |   |     |       |       |       |       |       |       |           |       |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
Plan Name: ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN  
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# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month August
- Interest rate basis Segment Rates from four months preceding valuation date

#### Interest rates:

|                           | Reflecting Corridors | Not Reflecting Corridors |
|---------------------------|----------------------|--------------------------|
| ■ First segment rate      | 4.75%                | 1.07%                    |
| ■ Second segment rate     | 5.18%                | 2.68%                    |
| ■ Third segment rate      | 5.92%                | 3.36%                    |
| ■ Effective interest rate | 5.32%                | 2.77%                    |

#### Annual rates of increase

- Compensation: N/A

**Administrative expenses** \$170,000

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# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee is hired.

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

### Mortality

■ Healthy The prescribed mortality assumption under Section 430(h)(3)(A) of Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

■ Disabled Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

**Termination** Rates varying by age and gender

### Representative Termination Rates

| Rate leaving during the year |        |         |
|------------------------------|--------|---------|
| Attained Age                 | Males  | Females |
| 20                           | 0.1470 | 0.2160  |
| 25                           | 0.0740 | 0.1160  |
| 30                           | 0.0430 | 0.0670  |
| 35                           | 0.0310 | 0.0510  |
| 40                           | 0.0200 | 0.0390  |
| 45                           | 0.0130 | 0.0280  |
| 50                           | 0.0070 | 0.0140  |
| 55                           | 0.0000 | 0.0000  |
| 60                           | 0.0000 | 0.0000  |
| 65                           | 0.0000 | 0.0000  |

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### Disability

The rates at which participants become disabled by age and gender are shown below:

#### Representative Disability Rates

| Rate becoming disabled during the year |        |         |
|----------------------------------------|--------|---------|
| Age                                    | Males  | Females |
| 20                                     | 0.0003 | 0.0003  |
| 25                                     | 0.0003 | 0.0003  |
| 30                                     | 0.0003 | 0.0004  |
| 35                                     | 0.0004 | 0.0007  |
| 40                                     | 0.0008 | 0.0013  |
| 45                                     | 0.0016 | 0.0024  |
| 50                                     | 0.0033 | 0.0040  |
| 55                                     | 0.0069 | 0.0064  |
| 60                                     | 0.0115 | 0.0090  |
| 65                                     | 0.0000 | 0.0000  |

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### Retirement

#### Cash Balance Component

Rates varying by age and gender, average age 63

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

| Rate retiring during the year |       |         |
|-------------------------------|-------|---------|
| Age                           | Males | Females |
| 55                            | 0.025 | 0.025   |
| 56                            | 0.025 | 0.025   |
| 57                            | 0.025 | 0.025   |
| 58                            | 0.025 | 0.025   |
| 59                            | 0.025 | 0.025   |
| 60                            | 0.050 | 0.050   |
| 61                            | 0.050 | 0.050   |
| 62                            | 0.300 | 0.300   |
| 63                            | 0.150 | 0.150   |
| 64                            | 0.150 | 0.150   |
| 65                            | 1.000 | 1.000   |

#### Hourly Plan Component (prior plan)

Participants are assumed to retire at age 65 or current age, if older.

#### Wausau Pension Plan Component (prior plan)

| Age | Probability |
|-----|-------------|
| 55  | 0.25        |
| 56  | 0.00        |
| 57  | 0.00        |
| 58  | 0.00        |
| 59  | 0.00        |
| 60  | 0.00        |
| 61  | 0.00        |
| 62  | 0.75        |
| 63  | 0.00        |
| 64  | 0.00        |
| 65  | 1.00        |

|                 |                                                   |
|-----------------|---------------------------------------------------|
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## SCHEDULE SB ATTACHMENTS

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### Cash Balance Component Benefit commencement date:

- Preretirement death benefit      Upon death
- Deferred vested benefit      The later of age 65 or current age if older than 65
- Disability benefit      Upon disablement
- Retirement benefit      Upon termination of employment

### Form of payment

80% of active participants are assumed to elect a lump sum and 20% are assumed to elect a life annuity. 100% of vested terminated participants are assumed to elect a lump sum.

Calculation of lump sum: Lump sums were assumed equal to the cash balance account balance.

Calculation of annuity: Annuities were valued as the actuarial equivalent of the cash balance account balance. Actuarial equivalent annuities were determined using the IRS mandated segment rates reflecting corridors and mortality table during the valuation plan year.

### Percent married

80% of males; 80% of females. These assumptions are used to value pre-retirement surviving spouse benefits.

### Spouse age

Wife four years younger than husband.

### At-risk assumptions

N/A

### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

### Future Increases in Maximum Benefits and Plan Compensation Limitations

*Accrued benefits projected to be paid in future years are limited to be the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.*

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### Calculation of Cash Balance Accounts

Future cash balance account balances are projected at the assumed interest crediting rate until decrement for valuation purposes. The future interest crediting rate assumption is 1.92% gradually increasing each year until reaching a maximum of 5.0%.

### Hourly Plan Component (prior plan)

#### Benefit commencement date:

Preretirement death benefit      The later of the death of the active participant or the date the participant would have attained age 55

Deferred vested benefit      The later of age 65 or termination of employment

Disability benefit      Upon disablement

Retirement benefit      Upon termination of employment

**Form of payment**      Single life annuity

**Percent married**      80% of males; 80% of females. These assumptions are used to value pre-retirement surviving spouse benefits.

**Spouse age**      Wife four years younger than husband.

**At-risk assumptions**      N/A

**Timing of benefit payments**      Benefit payments are assumed to be made uniformly throughout the year.

### Wausau Pension Plan Component (prior plan)

#### Benefit commencement date:

Preretirement death benefit      The later of the death of the active participant or the date the participant would have attained age 55.

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|                                   |                                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------|
| Disability benefit                | Upon disablement and at least 15 years of service.                                    |
| Deferred Vested benefit           | Age 55 and at least 15 years of Vesting Service.                                      |
| Retirement benefit                | Upon termination of employment.                                                       |
| <b>Form of payment</b>            | Single Life Annuity.                                                                  |
| <b>Percent married</b>            | 85% of males; 85% of females. Used to value pre-retirement surviving spouse benefits. |
| <b>Spouse age</b>                 | Wife three years younger than husband.                                                |
| <b>At-risk assumptions</b>        | N/A.                                                                                  |
| <b>Timing of benefit payments</b> | Benefit payments are assumed to be made uniformly throughout the year.                |

### Methods

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

|                 |                                                   |
|-----------------|---------------------------------------------------|
| Plan Name:      | ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN |
| EIN / PN:       | 23-3061590/001                                    |
| Plan Sponsor:   | ESSITY NORTH AMERICA INC.                         |
| Valuation Date: | January 1, 2022                                   |

# SCHEDULE SB ATTACHMENTS

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## **Actuarial value of assets for determining minimum required contributions**

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## **Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued based on discussions with Essity North America, Inc. regarding the likelihood that these benefits will be paid.

The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

## **Sources of Data and Other Information**

The plan sponsor furnished participant data as of January 1, 2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Essity North America Inc., assumptions were made for missing or apparently inconsistent data elements.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN  
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# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Economic Assumptions

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                            | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                                                                                                                                                                                              |
| <b>Cash balance interest crediting rate</b>     | The plan credits interest to cash balance accounts using the 30-year Treasury rate. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable, allowing for some adverse deviation, based on a combination of market conditions at the measurement date and future expectations. |
| <b>Annuity conversion rate for hybrid plans</b> | The assumed annuity conversion rate is a long term estimate of the plan's conversion basis; we believe that the selected assumption does not significantly conflict with what would be reasonable, allowing for some adverse deviation.                                                                                                                                           |

## Assumptions Rationale - Significant Demographic Assumptions

|                           |                                                                                                                                                                                                                                              |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy Mortality</b>  | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                      |
| <b>Disabled Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                      |
| <b>Termination</b>        | Termination rates are based on plan sponsor expectations for the future reflecting plan changes and current economic conditions with periodic monitoring of observed gains and losses caused by termination patterns different than assumed. |
| <b>Disability</b>         | Disability rates are based on plan sponsor expectations for the future reflecting plan changes and current economic conditions with periodic monitoring of observed gains and losses caused by disability patterns different than assumed.   |
| <b>Retirement</b>         | Retirement rates are based on plan sponsor expectations for the future reflecting plan changes and current economic conditions with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.   |

|                 |                                                   |
|-----------------|---------------------------------------------------|
| Plan Name:      | ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN |
| EIN / PN:       | 23-3061590/001                                    |
| Plan Sponsor:   | ESSITY NORTH AMERICA INC.                         |
| Valuation Date: | January 1, 2022                                   |

## SCHEDULE SB ATTACHMENTS

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### **Benefit commencement date for deferred benefits:**

Deferred vested benefit

For the Cash Balance Plan and Hourly Plan, the deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.

For the Wausau Pension Plan, the deferred vested participants are assumed to begin benefits at age 55 with 15 years of service, or current age if older, because the plan's experience is not considered to be credible, but the difference between this approach and using assumed commencement rates not expected to be significant.

### **Source of Prescribed Methods**

**Funding methods**

The methods used for funding purposes as described in Statement of Actuarial Assumptions Methods and data sources, including the method of determining plan assets, are "prescribed methods set by law". These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN  
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## SCHEDULE SB ATTACHMENTS

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### Changes in Assumptions and Methods

**Change in assumptions  
since prior valuation**

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430. The mortality table was updated to include one additional year of projected mortality improvement as required by guidance issued by IRS under IRC §430.

The future interest crediting rate assumption was updated from a graded interest crediting rate starting from 1.36% and increasing to an ultimate value of 5% to a graded interest crediting rate starting from 1.92% and increasing to an ultimate value of 5%.

The administrative expense assumption was updated from \$260,000 to \$170,000.

**Change in methods since  
prior valuation**

None

Plan Name: ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN  
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Plan Sponsor: ESSITY NORTH AMERICA INC.  
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# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                   |
|--------------------------|---------------------------------------------------|
| <b>Plan Sponsor</b>      | ESSITY NORTH AMERICA INC.                         |
| <b>EIN/PN</b>            | 23-3061590/001                                    |
| <b>Plan Name</b>         | ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN |
| <b>Valuation Date</b>    | January 1, 2022                                   |
| <b>Enrolled Actuary</b>  | J. Steven Pak                                     |
| <b>Enrollment Number</b> | 23-05793                                          |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► **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>ESSITY NORTH AMERICA DEFINED BENEFIT PENSION PLAN                                                                              | <b>B</b> Three-digit plan number (PN) ►                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>ESSITY NORTH AMERICA INC.                                               | <b>D</b> Employer Identification Number (EIN)<br><br>23-3061590 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |     |

|               |                                                                                                                                                                                                                |                            |                           |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                       |                            |                           |
| <b>1</b>      | Enter the valuation date:      Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                                  |                            |                           |
| <b>2</b>      | Assets:                                                                                                                                                                                                        |                            |                           |
|               | <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b>                  | 50,911,385                |
|               | <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | 47,645,739                |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                                     | (1) Number of participants | (2) Vested Funding Target |
|               | <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 480                        | 31,895,718                |
|               | <b>b</b> For terminated vested participants.....                                                                                                                                                               | 222                        | 4,771,165                 |
|               | <b>c</b> For active participants .....                                                                                                                                                                         | 129                        | 1,676,578                 |
|               | <b>d</b> Total.....                                                                                                                                                                                            | 831                        | 38,343,461                |
| <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>                   | 5.32%                     |
| <b>6</b>      | Target normal cost.....                                                                                                                                                                                        |                            |                           |
|               | <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b>                  | 0                         |
|               | <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b>                  | 170,000                   |
|               | <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b>                  | 170,000                   |

**Statement by Enrolled Actuary**

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

|                  |                                                                  |                                                 |
|------------------|------------------------------------------------------------------|-------------------------------------------------|
| <b>SIGN HERE</b> | J. Steven Pak<br><br><div style="text-align: right;">JSPak</div> | <div style="text-align: right;">10/3/2023</div> |
|                  | Signature of actuary                                             | Date                                            |
|                  | J. Steven Pak                                                    | 2305793                                         |
|                  | Type or print name of actuary                                    | Most recent enrollment number                   |
|                  | Willis Towers Watson US LLC                                      | 215-246-6000                                    |
|                  | Firm name                                                        | Telephone number (including area code)          |
|                  | 1735 Market Street<br>Floor 4<br>Philadelphia PA 19103-7501      |                                                 |
|                  | 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) 2022**  
**v. 220413**

| <b>Part II</b> |                                                                                                                                                                      | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                                      | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                                                          | 159,536                |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                          | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                                                          | 159,536                |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>12.77</u> % .....                                                                                          | 0                                                          | 20,373                 |
| <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>5.49</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 .....                                                                                              | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                                                          | 179,909                |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 123.79 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 124.26 % |
| <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>                  | 112.00 % |
| <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>                  | %        |

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

|                                                                                                                                                                                  |            |         |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |            |         |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                             | <b>19a</b> | 0       |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                               | <b>19b</b> | 0       |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                          | <b>19c</b> | 0       |         |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |            |         |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                  |            |         |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                       |            |         |         |
| (1) 1st                                                                                                                                                                          | (2) 2nd    | (3) 3rd | (4) 4th |
|                                                                                                                                                                                  |            |         |         |

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

|                                                 |                                                |                                                           |                                     |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                     |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                         | 2nd segment:<br>5.18 %                                    | 3rd segment:<br>5.92 %              | <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> Demographic and benefit information                                                                                                                         |                                                                     |
| <b>a</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>b</b> Is the plan required to provide a projection of expected benefit payments? 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 6c) .....                                                                                                                                          | <b>31a</b>          | 170,000            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 170,000            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <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>           | 0                  |               |
|                                                                                                                                                                                      | 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>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 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 the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2022

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| x  | $q_x^r$ | $l_x$ | ${}_{x-55}p_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x * l_x / l_{55}$ |
|----|---------|-------|----------------------------------|------------------------|--------------------------|
| 55 | 0.025   | 1,000 | 1.000000                         | 0.025000               | 1.375000                 |
| 56 | 0.025   | 975   | 0.975000                         | 0.024375               | 1.365000                 |
| 57 | 0.025   | 951   | 0.950625                         | 0.023766               | 1.354641                 |
| 58 | 0.025   | 927   | 0.926859                         | 0.023171               | 1.343946                 |
| 59 | 0.025   | 904   | 0.903688                         | 0.022592               | 1.332940                 |
| 60 | 0.050   | 881   | 0.881096                         | 0.044055               | 2.643287                 |
| 61 | 0.050   | 837   | 0.837041                         | 0.041852               | 2.552975                 |
| 62 | 0.300   | 795   | 0.795189                         | 0.238557               | 14.790513                |
| 63 | 0.150   | 557   | 0.556632                         | 0.083495               | 5.260174                 |
| 64 | 0.150   | 473   | 0.473137                         | 0.070971               | 4.542119                 |
| 65 | 1.000   | 402   | 0.402167                         | 0.402167               | 26.140840                |

Average age at retirement 62.7

Rounded for Schedule SB item 22 63

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### Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total     |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|-----------|
| 2022      | 207,019             | 461,071                        | 3,095,986                                                 | 3,764,076 |
| 2023      | 195,468             | 63,643                         | 3,024,670                                                 | 3,283,781 |
| 2024      | 152,600             | 81,546                         | 2,935,600                                                 | 3,169,746 |
| 2025      | 164,745             | 148,326                        | 2,846,299                                                 | 3,159,370 |
| 2026      | 199,853             | 204,248                        | 2,756,712                                                 | 3,160,813 |
| 2027      | 155,708             | 198,656                        | 2,668,620                                                 | 3,022,984 |
| 2028      | 121,561             | 257,310                        | 2,579,132                                                 | 2,958,003 |
| 2029      | 147,547             | 290,966                        | 2,487,976                                                 | 2,926,489 |
| 2030      | 134,475             | 254,811                        | 2,395,139                                                 | 2,784,425 |
| 2031      | 77,663              | 343,706                        | 2,299,892                                                 | 2,721,261 |
| 2032      | 81,364              | 317,773                        | 2,201,833                                                 | 2,600,970 |
| 2033      | 81,967              | 371,763                        | 2,100,666                                                 | 2,554,396 |
| 2034      | 87,746              | 367,537                        | 1,996,212                                                 | 2,451,495 |
| 2035      | 91,842              | 403,613                        | 1,888,453                                                 | 2,383,908 |
| 2036      | 66,706              | 420,592                        | 1,777,557                                                 | 2,264,855 |
| 2037      | 64,372              | 425,754                        | 1,663,901                                                 | 2,154,027 |
| 2038      | 76,837              | 419,544                        | 1,548,067                                                 | 2,044,448 |
| 2039      | 50,791              | 428,522                        | 1,430,837                                                 | 1,910,150 |
| 2040      | 38,261              | 397,213                        | 1,313,141                                                 | 1,748,615 |
| 2041      | 39,851              | 404,591                        | 1,196,004                                                 | 1,640,446 |
| 2042      | 30,211              | 387,404                        | 1,080,524                                                 | 1,498,139 |
| 2043      | 32,508              | 378,829                        | 967,825                                                   | 1,379,162 |
| 2044      | 27,457              | 369,269                        | 859,008                                                   | 1,255,734 |
| 2045      | 26,316              | 361,719                        | 755,131                                                   | 1,143,166 |
| 2046      | 25,106              | 352,213                        | 657,150                                                   | 1,034,469 |
| 2047      | 23,829              | 338,729                        | 565,878                                                   | 928,436   |
| 2048      | 22,492              | 324,244                        | 481,962                                                   | 828,698   |

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| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total   |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|---------|
| 2049      | 21,102              | 308,788                        | 405,855                                                   | 735,745 |
| 2050      | 19,670              | 292,427                        | 337,799                                                   | 649,896 |
| 2051      | 18,209              | 275,259                        | 277,825                                                   | 571,293 |
| 2052      | 16,736              | 257,415                        | 225,758                                                   | 499,909 |
| 2053      | 15,266              | 239,058                        | 181,238                                                   | 435,562 |
| 2054      | 13,818              | 220,377                        | 143,757                                                   | 377,952 |
| 2055      | 12,410              | 201,585                        | 112,700                                                   | 326,695 |
| 2056      | 11,057              | 182,903                        | 87,379                                                    | 281,339 |
| 2057      | 9,773               | 164,554                        | 67,063                                                    | 241,390 |
| 2058      | 8,569               | 146,752                        | 51,022                                                    | 206,343 |
| 2059      | 7,452               | 129,695                        | 38,555                                                    | 175,702 |
| 2060      | 6,426               | 113,559                        | 29,009                                                    | 148,994 |
| 2061      | 5,493               | 98,491                         | 21,801                                                    | 125,785 |
| 2062      | 4,652               | 84,605                         | 16,425                                                    | 105,682 |
| 2063      | 3,902               | 71,975                         | 12,457                                                    | 88,334  |
| 2064      | 3,238               | 60,636                         | 9,548                                                     | 73,422  |
| 2065      | 2,658               | 50,585                         | 7,423                                                     | 60,666  |
| 2066      | 2,156               | 41,787                         | 5,867                                                     | 49,810  |
| 2067      | 1,726               | 34,181                         | 4,721                                                     | 40,628  |
| 2068      | 1,364               | 27,685                         | 3,867                                                     | 32,916  |
| 2069      | 1,063               | 22,204                         | 3,218                                                     | 26,485  |
| 2070      | 816                 | 17,631                         | 2,716                                                     | 21,163  |
| 2071      | 616                 | 13,860                         | 2,316                                                     | 16,792  |

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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Cash Balance Component

#### Plan Provisions

The plan was originally effective September 1, 2001. The most recent significant plan amendment was effective January 1, 2005.

#### Coverage and Participation

As of December 31, 2003, the plan was frozen to new entrants and future benefit accruals were eliminated. Active participants at December 31, 2003 continue to earn vesting service and all participants continue to receive cash balance interest credits.

Prior to December 31, 2003, a participant was eligible to become a member in the plan based on the following:

An eligible employee who was employed by GPT on August 31, 2001 and became an SCA Tissue employee on September 1, 2001, began participating immediately, regardless of their period of service with the Company; or

An SCA Tissue employee who has completed 12 months of service with SCA Tissue as a regular salaried employee paid from the Company's U.S. payroll or a nonunion hourly employee at the Company's Bellemont, Arizona, Flagstaff, Arizona, or Greenwich, New York facilities.

Effective January 1, 2003, employees who worked for the Heritage Sales Group and the Atlanta Production Facility and are entitled to salaried benefits with SCA Tissue, joined the Plan. These groups were formerly part of SCA Hygiene and became SCA Tissue employees on January 1, 2002.

Effective January 1, 2003, employees who worked for Encore Paper joined the Plan. These participants will receive past service credit for vesting purposes only.

#### Definitions

#### Vesting service

One year for each 1,000-hour calendar year of employment by the plan sponsor.

#### Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65 with three years of vesting service.

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### Monthly pension benefit

The monthly benefit equal to a participant's cash balance "account" converted to an equivalent life annuity at age 65, or paid as a lump sum.

Prior to December 31, 2003, the participant's cash balance "account" grew each year through Pay Credits and Interest Credits. At the end of the year, a participant's cash balance "account" was increased with Pay Credits based on their age at the end of their pensionable year and the pay received from that year. The following table illustrates the Pay Credit schedule (prior to December 31, 2003):

| Participant's Age<br>December | Annual Pay Credit |            |
|-------------------------------|-------------------|------------|
|                               | All Pay           | Pay > SSWB |
| < 30                          | 4.0%              | 4.0%       |
| 30 – 39                       | 4.5%              | 4.5%       |
| 40 – 49                       | 5.0%              | 5.0%       |
| 50 – 59                       | 5.5%              | 5.5%       |
| 60 +                          | 6.0%              | 6.0%       |

As of December 31, 2003, the plan was frozen and no future pay credits are provided.

Also, at the end of each year the participant's January 1 "account" balance is credited with interest, based on the 30-year Treasury Constant Maturity rate published by the Federal Reserve as of August of the previous year.

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD

#### Late retirement

Cash balance "account" increased with Interest Credits through the participant's date of retirement.

#### Vested Benefits Upon Termination of Service

Termination for reasons other than death or disability after completing three years of vesting service.

#### Disability

Participants are fully vested, regardless of their period of service upon disability.

A participant is defined to be "disabled" if they are eligible to receive disability benefits from the Social Security Administration.

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|                                    |                                                                                                              |
|------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Preretirement death benefit</b> | Death while eligible for normal, postponed, or deferred vested retirement benefits, with a surviving spouse. |
|------------------------------------|--------------------------------------------------------------------------------------------------------------|

### Benefits Paid Upon the Following Events

|                          |                                                  |
|--------------------------|--------------------------------------------------|
| <b>Normal retirement</b> | The monthly pension benefit determined as of NRD |
|--------------------------|--------------------------------------------------|

|                             |                                                                         |
|-----------------------------|-------------------------------------------------------------------------|
| <b>Postponed retirement</b> | The monthly pension benefit determined as of the actual retirement date |
|-----------------------------|-------------------------------------------------------------------------|

|                                                    |                                                                                                                                                                                                                                                |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vested Benefits Upon Termination of Service</b> | An annual benefit equal to a participant's cash balance "account", increased with Interest Credits to the commencement date, and converted to an actuarial equivalent annuity or paid as a lump sum equal to the cash balance account balance. |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                    |                                                                                                                  |
|--------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Disablement</b> | An annual benefit equal to the cash balance account balance, increased with Interest Credits until the later of: |
|--------------------|------------------------------------------------------------------------------------------------------------------|

1. The first day of the sixth month after the participant stops working because of their disability; or
2. The first day of the month immediately following the date the participant's benefit election form is received (so long as the date is prior to the participant attaining age 65).

|                 |                                                   |
|-----------------|---------------------------------------------------|
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### Preretirement death

If the participant is married and dies prior to receiving benefits, the participant's spouse will receive benefits from the plan as follows:

1. If the participant's account balance is more than \$5,000 the spouse will receive the cash balance account balance as an actuarial equivalent life annuity (determined based on the spouse's age). The participant's spouse can also choose any other available payment method; or
2. If the participant's account balance is \$5,000 or less, the participant's spouse will automatically receive a lump-sum distribution equal to the cash balance account balance.

If the participant is not married, their beneficiary is entitled to a lump-sum payment of the participant's cash balance account balance.

### Other Plan Provisions

#### Form of payment

Normal Form of Retirement Income: An unmarried member receives benefits payable as a life annuity. A married member receives a 50% joint and survivor benefit.

Preretirement death benefits are payable only as described above.

#### Optional Forms of Retirement Income in Lieu of Normal Form

Optional forms of payment include 100% joint and survivor annuity, 75% joint and survivor, 50% joint and survivor annuity, lump-sum payment, and a life annuity. In all cases, optional forms of payments are provided as an actuarial equivalent to a life annuity.

Actuarial equivalent basis is the interest rates (August look back) and mortality table mandated by IRC 417(e) applicable as of the annuity commencement date.

#### Pension Increases

N/A - Plan was frozen December 31, 2003.

#### Participant contributions

None

#### Limits 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. The plan provides for increasing the dollar limits

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automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost.

### Future Plan Changes

No future plan changes were recognized. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

### Substantive Commitment

No substantive commitments other than the above plan provisions have been included in this valuation.

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## Hourly Pension Plan Component

### Brattleboro, VT and LaGrange, GA Locations

#### Plan Provisions

The plan was originally effective September 1, 2001.

#### Coverage and Participation

During 2003, these locations were shutdown. Therefore there will not be any new members added to the Plan.

Prior to the plant closings, a participant was eligible to become a member as follows:

An employee is eligible to become a member in the Plan, if they are a non-union hourly employee of Essity North America employed at the Company's LaGrange facility or a union hourly employee at the Company's Brattleboro facility who is a member of the Paper, Allied-Industrial, Chemical, and Energy Worker's International Union, Local 6-1085. Once a participant is eligible, they are automatically a member of the Plan.

#### Definitions

#### Credited and Vesting Service

The number of full and partial 12-month periods representing the participant's total service with the Company or an affiliate. One year of credited service is earned for each 12 months of credited service and a partial year of credited service for each period of less than 12 months.

If the participant was employed by Georgia-Pacific Corporation on August 31, 2001 and became employed by Essity North America on September 1, 2001, their service with Georgia-Pacific Corporation counts towards their service in the plan.

These locations were shut down in 2003 and, therefore, there will be no future credited service accrual.

#### Normal Retirement

First of month coinciding with or next following the attainment of age 65 with five years of pension service

#### Monthly Pension Benefit

**LaGrange, GA:** At the time of the plant closing, the amount of monthly benefit received at normal retirement age was equal to a benefit of \$22 per month multiplied by each full and partial year of service.

**Brattleboro, VT:** At the time of the plant closing, the amount of monthly benefit received at normal retirement age was equal to a benefit of \$22 per month multiplied by each full and partial year of service.

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|                                            |                                                                                                                                                                                 |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly preretirement death benefit</b> | 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Eligibility for Benefits

|                                     |                                                                                                                                                                            |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>            | Retirement on NRD                                                                                                                                                          |
| <b>Early retirement</b>             | Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service                                                                   |
| <b>Postponed Retirement</b>         | Retirement after NRD                                                                                                                                                       |
| <b>Deferred vested termination</b>  | Termination for reasons other than death or retirement after completing five years of vesting service                                                                      |
| <b>Disability Retirement</b>        | Completion of 5 years of Credited Service, and eligible to receive disability benefits from the Social Security Administration.                                            |
| <b>Pre-retirement Death Benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. The participant must be married for at least one year. |

### Benefits Paid Upon the Following Events

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>                           | The monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Early retirement</b>                            | <p>A benefit computed in the same manner as the Normal Retirement benefit based on the dollar multiplier and credited service at the time of termination.</p> <p>If the benefit is received prior to age 62, the normal retirement benefit is reduced by one-half of one percent (0.5%) for each full calendar month they retire before age 62. This benefit will be paid without reduction if benefit commencement is on or after age 62.</p> |
| <b>Postponed Retirement</b>                        | A benefit computed in the same manner as a normal retirement benefit based on the benefit level and credited service at the time of termination.                                                                                                                                                                                                                                                                                               |
| <b>Vested Benefits Upon Termination of Service</b> | A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and credited service at the time of termination. If the benefit is received prior to age 62, the normal retirement benefit is reduced by one-half of one percent (0.5%) for each full calendar month they retire before age 62.                                                                                                            |

|                 |                                                   |
|-----------------|---------------------------------------------------|
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This benefit will be paid without reduction if benefit commencement is on or after age 62.

### **Disablement**

A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and credited service at the time of disability. This benefit will be paid without reduction from the date of disability until the earlier of the participant's Normal Retirement Date, the date of recovery from disability or the date of death.

The participant may elect to retire at age 55, but if retirement is prior to age 62 the benefit will be reduced in accordance with early retirement provisions described earlier. This will allow the participant to elect additional spousal death protection.

### **Pre-retirement Death**

Death Before Age 55 with 5 Years of Vested Service:

If death occurs before age 55, the spouse of the participant will receive a benefit commencing at the participant's early retirement date, calculated as if the participant had retired on that date, elected a reduced 50% joint and survivor annuity, and died immediately thereafter. The participant's spouse may elect to defer the start of the qualified preretirement annuity until the participant's Normal Retirement Date.

Death After Age 55 with 5 Years of Vested Service:

If death occurs after age 55, the spouse of the participant will receive an immediate benefit calculated as if the participant survived to the date of death, retired on that date, elected a reduced 50% joint and survivor annuity, and died immediately.

|                 |                                                   |
|-----------------|---------------------------------------------------|
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## Other Plan Provisions

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form of Payment</b>            | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.                                           |
| <b>Optional Forms of Benefits</b> | <p>Optional forms of payment include 100% joint and survivor, a 75% joint and survivor, a 50% joint and survivor, a three year certain option, and a life annuity. In all cases, optional forms of payment are provided as an actuarial equivalent to a life annuity.</p> <p>Actuarial equivalent benefits are determined using 1971 Group Annuity Mortality table (blended 80% male and 20% female for participants and 20% male and 80% female for nonparticipants) and 7.0% interest rate.</p> |
| <b>Pension Increases</b>          | N/A - Plan was frozen December 31, 2003.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Participant contributions</b>  | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Limits on benefits and pay</b> | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost.                                                                                                                                                                                   |

## Future Plan Changes

No future plan changes were recognized. Willis Towers Watson is not aware of any future plan changes that are required to be reflected other than scheduled pension increases contained in the Collective Bargaining Agreement.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

## Substantive Commitment

No substantive commitments other than the above plan provisions have been included in this valuation.

|                 |                                                   |
|-----------------|---------------------------------------------------|
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## Essity North America Hourly Pension Plan – Alsip, IL Location

### Plan Provisions

The Effective Date is March 1, 1996. The Plan was amended and restated effective September 1, 2001. The Alsip Plan was merged into the Hourly Plan effective January 1, 2003. The Plan was amended effective January 1, 2008 to increase the accrued benefits for certain participants.

#### Membership

A participant is eligible to become a member in the plan if they are all of the following:

An hourly employee of Essity North America at the Alsip facility;

A member of the Paper, Allied & Industrial, Chemical and Energy Workers International Union and are covered by a collective bargaining agreement between Essity North America and the Union; and

An employee who completes or is expected to complete 1,000 hours of service during any 12-month period of employment, beginning on their employment date or any later anniversary date.

### Definitions

#### Credited Service

The number of full and partial 12-month periods representing the participant's total service with the Company or an affiliate after November 11, 1995. One year of Credited Service is earned for each 12 months of Credited Service and a partial year of Credited Service for each period of less than 12 months. Credited Service was frozen on September 1, 2002.

#### Vested Service

Calculated in the same manner as Credited Service. For employees of CTC/FSC who were hired by Wisconsin Tissue Mills on November 10, 1995, service for the purpose of vesting and eligibility includes the Credited Service recognized under the CTC/FSC defined benefit pension plan.

|                 |                                                   |
|-----------------|---------------------------------------------------|
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|                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b>                                                                                      | First of month coinciding with or next following the attainment of age 65 with five years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Monthly Pension Benefit</b>                                                                                | <p>The sum of (1) and (2):</p> <p>(1) A monthly benefit of \$28.00 multiplied by years of Credited Service.</p> <p>(2) A supplemental payment as follows:</p> <p>(a) \$1.00 per month of Credited Service for each completed month of Credited Service from the tenth year through the nineteenth year of Credited Service, plus</p> <p>(b) \$2.25 per month of Credited Service for each completed month of Credited Service from the twentieth year through the twenty-ninth year of Credited Service, plus</p> <p>(c) \$3.25 per month of Credited Service for each completed month of Credited Service from the thirtieth year through the thirty-ninth year of Credited Service, plus</p> <p>(d) \$4.00 per month of Credited Service for the fortieth year of Credited Service and for each completed month of Credited Service thereafter.</p> |
| <b>Benefits for Chicago Tissue Company, L.P. or the FSC Paper Company, L.P. (CTC/FSC) Pensionable Service</b> | If the participant was employed by CTCFSC on November 9, 1995 and was employed by Wisconsin Tissue Mills on November 10, 1995, they will receive an additional monthly retirement benefit equal to \$13.00 per month for each full year and a pro rata amount for each partial year of Credited Service with the company. The maximum number of years of recognized credit may not exceed the participant's Credited Service recognized under the defined benefits pension plan sponsored by CTC/FSC as in effect on December 1, 1995.                                                                                                                                                                                                                                                                                                                |

### Eligibility for Benefits

|                                    |                                                                                                       |
|------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD                                                                                     |
| <b>Early retirement</b>            | Retirement before NRD and on or after both attaining age 55 and completing five years of service      |
| <b>Postponed Retirement</b>        | Retirement after NRD                                                                                  |
| <b>Deferred vested termination</b> | Termination for reasons other than death or retirement after completing five years of vesting service |

|                 |                                                   |
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|                              |                                                                                                                                                                                                                  |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disability Retirement</b> | Completion of 10 years of Credited Service (if disabled prior to November 10, 1995, 5 years of Credited Service is needed), and eligible to receive disability benefits from the Social Security Administration. |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                    |                                                                                                                     |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------|

### Benefits Paid Upon the Following Events

|                          |                                                  |
|--------------------------|--------------------------------------------------|
| <b>Normal retirement</b> | The monthly pension benefit determined as of NRD |
|--------------------------|--------------------------------------------------|

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement</b> | A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and Credited Service at the time of termination. If the benefit is received prior to age 65 the normal retirement benefit is reduced by one-half of one percent (0.5%) for each full calendar month they retire before age 65. This benefit will be paid without reduction if benefit commencement is on or after age 65. |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                             |                                                                                                                                                     |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Postponed retirement</b> | A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and Credited Service at the time of termination |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Deferred vested termination</b> | A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and Credited Service at the time of termination. If the employee terminates with at least 10 years of Credited Service, a reduced benefit reduced for early retirement as described above, is payable at any point on or after age 55. Otherwise, this benefit will be paid without reduction at age 65. |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disability Retirement</b> | <p>A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and Credited Service at the time of disability. This benefit will be paid without reduction until the earlier of the participant's Normal Retirement Date, the date of recovery or date of death.</p> <p>In addition to this benefit, if the participant was employed by Wisconsin Tissue Mills on November 19, 1995, they also receive a disability benefit equal to \$42 per month for each completed year of service recognized under the defined benefit pension plan sponsored by CTC/FSC in effect as of December 1, 1995.</p> |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                                   |
|-----------------|---------------------------------------------------|
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## Pre-retirement Death

Death Before Age 55 After Completion of 5 Years of Vesting Service, but Prior to 10 Years of Vesting Service

If death occurs after the participant is eligible to receive a pension benefit (5 years), but prior to age 55 and the completion of 10 years of vested service, the spouse of the participant will receive a benefit commencing at the participant's Normal Retirement Date calculated as if the participant had retired on that date, elected a 50% joint and survivor annuity, and died immediately thereafter.

Death Before Age 55 with 10 Years of Vested Service:

If death occurs before age 55 and the participant had at least 10 years of vested service, the spouse of the participant can receive a benefit commencing at the date the participant would have attained age 55, calculated as if the participant had retired on that date, elected a 50% joint and survivor annuity, and died immediately thereafter.

Death After Age 55 with 5 Years of Vested Service:

If death occurs after age 55 and the participant had at least 5 years of vested service, the spouse of the participant will receive an immediate benefit calculated as if the participant survived to the date of death, retired on that date, elected a 50% joint and survivor annuity, and died immediately thereafter.

## Other Plan Provisions

### Form of Payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

### Optional Forms of Benefits

Optional forms of payment include 100% joint and survivor, 50% joint and survivor, 75% joint and survivor, 66-2/3% joint and survivor, a five year certain option, and a life annuity. In all cases, optional forms of payment are provided as an actuarial equivalent to a life annuity.

Actuarial equivalent benefits are determined using 1971 Group Annuity Mortality table (blended 80% male and 20% female for participants and 20% male and 80% female for nonparticipants) and 7.0% interest rate.

### Pension Increases

N/A

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**Participant contributions** None

**Limits 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. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost.

### Future Plan Changes

No future plan changes were recognized. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

### Substantive Commitment

No substantive commitments other than the above plan provisions have been included in this valuation.

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# SCHEDULE SB ATTACHMENTS

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## Wausau Paper Corp. Pension Plan (Brokaw Hourly)

### Plan Provisions

|                          |                                                                                                                                       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>    | June 1, 1963. Amended and Restated September 1, 1984. Last amended and restated January 2015. Last amended effective October 1, 2019. |
| <b>Covered employees</b> | All employees of the Wausau Paper Mills Company who are covered by a Joint Labor Agreement between the Union and Company.             |

### Definitions

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting Service</b>              | For each 1,000 or more hours of work in a plan year, one year of vesting service is acquired.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Benefit Service</b>              | Prior to September 1, 1976, benefit service for determination of benefit amounts will equal credited service. After August 31, 1976 and before June 1, 1988 a participant accrues 1/12 of a year of benefit service for each 173 hours of work up to a maximum of one year of benefit service in any 12 month plan year. After May 31, 1988, a participant accrues 1/12 of a year of benefit for each 156 hours of work up to a maximum of one year of benefit service in any 12 month plan year. Benefit service includes only periods of employment that a participant accrues while a member of the Joint Labor Board. |
| <b>Normal retirement date (NRD)</b> | Age 65 or age 62 with 30 years of service (age 62 with 15 years of service, effective June 1, 2005).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|                 |                                                   |
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|                                        |                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly pension benefit</b>         | A monthly benefit of \$30.50 for each year of benefit service.<br>\$31.25 effective June 1, 2004<br>\$32.00 effective June 1, 2005<br>\$33.00 effective June 1, 2006<br>\$34.00 effective June 1, 2007<br>\$35.00 effective June 1, 2008<br>\$36.00 effective June 1, 2010<br>\$37.00 effective June 1, 2011                        |
| <b>Actuarial Equivalent Definition</b> | A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.                                                                                                                                                                                                         |
| <b>Cost-of-Living Increase</b>         | Not Applicable.                                                                                                                                                                                                                                                                                                                     |
| <b>Social Security</b>                 | Not Applicable.                                                                                                                                                                                                                                                                                                                     |
| <b>Transfers In</b>                    | Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).             |
| <b>Transfers Out</b>                   | If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination. |

### Eligibility for Benefits

|                                    |                                                                                                            |
|------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD.                                                                                         |
| <b>Early retirement</b>            | Age 60 with 15 years of vesting service or age 55 with company consent and 15 years of vesting service.    |
| <b>Postponed retirement</b>        | Retirement after NRD.                                                                                      |
| <b>Deferred vested termination</b> | Termination for reasons other than death or retirement after completing five years of eligibility service. |

|                 |                                                   |
|-----------------|---------------------------------------------------|
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**Disability Retirement** Permanent and total disability as defined under the provisions of the Social Security Act and 15 years of vesting service.

**Preretirement death benefit** A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting.

### Benefits Paid Upon the Following Events

**Normal retirement** The monthly pension benefit determined as of NRD.

**Early retirement** A monthly benefit equal to the normal retirement benefit earned to the date of termination reduced by:

- (a) 0.42% for each month by which early retirement precedes age 65, for the first 36 months.
- (b) 0.50% for each of 24 additional months.
- (c) 0.40% for each of 60 additional months.
- (d) The benefit is unreduced at age 62 with 15 years of service.

**Deferred vested termination** A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit payable at 65. If a participant has at least 15 years of service, he may elect to have his vested benefit commence at age 55 (the benefit is subject to the reduction for early retirement benefits).

**Disability Retirement** A monthly benefit equal to the accrued normal retirement benefit earned to date of disability.

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### Surviving spouse death benefit

If a married participant dies after attaining his earliest retirement age, the monthly benefit is 50% of the reduced benefit he would have received had he retired on the day immediately preceding his date of death and elected a 50% joint and survivor annuity.

If a married participant dies on or before his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he separated from service on his date of death, survived to and retired at the earliest retirement age, and elected a 50% joint and survivor annuity. This coverage may be waived only with the written consent of the spouse.

All participants who elect coverage for this benefit are charged as follows:

| Age          | Reduction Charge per Month of Coverage applies to Vested Benefit Otherwise Payable |
|--------------|------------------------------------------------------------------------------------|
| 60 to 64     | 0.08%                                                                              |
| 55 to 59     | 0.05%                                                                              |
| 45 to 54     | 0.02%                                                                              |
| Less than 45 | 0.01%                                                                              |

### Other Plan Provisions

#### Normal forms of payment

Single Life annuity if single.

50% Joint and survivor annuity, if married, reduced to 85% of the benefit otherwise payable if participant and spouse have same calendar year of birth.

#### Optional forms of payment

50% Joint and Survivor annuity.

66% Joint and Survivor annuity.

75% Joint and Survivor annuity.

100% Joint and Survivor annuity.

10-year Certain and Life annuity.

#### Plan participants' contributions

None.

#### Maximum limits 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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### Future Plan Changes

No future plan changes were recognized in determining funding requirements.

### Changes in Benefits Valued Since Prior Year

None

### Substantive Commitment

None

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**Schedule H, line 4i – Schedule of Assets (Held At End of Year)**

Plan Name: Essity North America Defined Benefit Pension Plan  
Employer I.D. #: 23-3061590  
Plan Number: 001

| (a) | (b) Identity of issue, borrower, lessor, or<br>similar party | (c) Description of investment<br>including maturity date, rate of<br>interest, collateral, par, or maturity<br>value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|

Schedule of Assets (Held At End of Year) is contained in the attached audit report.

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Line 24 Change in Actuarial Assumptions

- The future interest crediting rate assumption was updated from a graded interest crediting rate starting from 1.36% and increasing to an ultimate value of 5% to a graded interest crediting rate starting from 1.92% and increasing to an ultimate value of 5%.
- The administrative expense assumption was updated from \$260,000 to \$170,000.

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