Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/2000

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EDGEWELL PERSONAL CARE COMPANY

6 RESEARCH DRIVE
SHELTON, CT 06484

2b Employer Identification Number (EIN) 43-1863181

2c Plan Sponsor's telephone number 203-944-5979

2d Business code (see instructions) 551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/11/2025	WILLIAM MON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2734
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	651
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	591
b	Retired or separated participants receiving benefits	**6b**	882
c	Other retired or separated participants entitled to future benefits	**6c**	1047
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2520
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	154
f	Total. Add lines **6d** and **6e**.	**6f**	2674
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code______________________

SCHEDULE SB
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

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

A Name of plan
EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2023

2 Assets:

a Market value	2a	147956323
b Actuarial value	2b	162751955

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1015	88841086	88841086
b For terminated vested participants	1077	44411985	44411985
c For active participants	651	51395220	51589208
d Total	2743	184648291	184842279

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.15 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	2500000
c Target normal cost	6c	2500000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/02/2025
Date

MARK A. HENDRICKS
Type or print name of actuary

23-05452
Most recent enrollment number

MERCER
Firm name

816-405-7252
Telephone number (including area code)

2405 GRAND BLVD, SUITE 900
KANSAS CITY, MO 64108
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1376915
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1376915
10	Interest on line 9 using prior year's actual return of 2.95 %	0	40619
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2372
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.32 %		126
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2498
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1417534

Part III Funding Percentages

14	Funding target attainment percentage	14	87.28 %
15	Adjusted funding target attainment percentage	15	87.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2024	460000	0			
07/11/2024	874000	0			
10/10/2024	917000	0			
06/12/2025	1242000	0			
			Totals ► 18(b)	3493000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	3300190

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2500000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	23507858	2216067
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _________ Day _________ Year _________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4716067

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1417534	1417534

36 Additional cash requirement (line 34 minus line 35)	**36**	3298533
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3300190

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1657
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1657
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MORNEAU SHEPELL LIMITED

52-1883918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	267279	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HUMAN RESOURCE CONSULTING

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 27 50	CONSULTING	98345	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1564860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62 99	RECORDKEEPER	57503	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	19500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

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

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

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

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

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

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

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

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

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

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

a Name of MTIA, CCT, PSA, or 103-12 IE: EPC CO RET PLANS MASTER TRUST

b Name of sponsor of entity listed in (a): EDGEWELL PERSONAL CARE COMPANY

c EIN-PN 43-1863181-008 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164901171

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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

a Plan name
b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Financial Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		**(a)** Beginning of Year	**(b)** End of Year
a Total noninterest-bearing cash	**1a**		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**	4006000	2159000
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**		
(2) U.S. Government securities	**1c(2)**		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**1c(3)(A)**		
(B) All other	**1c(3)(B)**		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	**1c(4)(A)**		
(B) Common	**1c(4)(B)**		
(5) Partnership/joint venture interests	**1c(5)**		
(6) Real estate (other than employer real property)	**1c(6)**		
(7) Loans (other than to participants)	**1c(7)**		
(8) Participant loans	**1c(8)**		
(9) Value of interest in common/collective trusts	**1c(9)**		
(10) Value of interest in pooled separate accounts	**1c(10)**		
(11) Value of interest in master trust investment accounts	**1c(11)**	144092412	164901171
(12) Value of interest in 103-12 investment entities	**1c(12)**		
(13) Value of interest in registered investment companies (e.g., mutual funds)	**1c(13)**		
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	148098412	167060171
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	148098412	167060171

Part II Income and Expense Statement

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

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3493033	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3493033
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		29944223
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		33437256

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11986584	
(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)		11986584
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	267279	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19500	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	57503	
(7) Actuarial fees	2i(7)	98345	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2046286	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2488913
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14475497

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		18961759
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: RUBINBROWN LLP **(2)** EIN: 43-0765316

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 542055.

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions........ **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-3046083 ____________

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 27

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)........ **6a**

b Enter the amount contributed by the employer to the plan for this plan year........ **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)........ **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 40.80 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 58.30 %

High-Yield Debt: 0.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 0.90 % Other: 0.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.________________________________

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024

Contents

RubinBrown
7676 Forsyth Blvd
Suite 2100
St. Louis, MO 63105
T: 314.290.3300
E: info@rubinbrown.com
www.RubinBrown.com
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditors' Report

Global Benefits Governance Committee
Edgewell Personal Care Company
Defined Benefit Plan
Shelton, Connecticut

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Edgewell Personal Care Company Defined Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 5 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 Auditors' Responsibilities For The Audit Of The Financial Statements section:

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

Basis For Opinion

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

Responsibilities Of Management For The Financial Statements

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

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

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

Auditors' 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 auditors' 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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.

RubinBrown LLP

July 10, 2025

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
(Dollars In Thousands)

	September 30,	
	2024	2023
Assets		
Investments, At Fair Value:		
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust	**$ 164,901**	$ 144,092
Employer Contribution Receivables	**2,159**	4,006
Net Assets Available For Benefits	**$ 167,060**	$ 148,098

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Dollars In Thousands)

	For The Years Ended September 30,	
	2024	2023
Additions To Net Assets Attributed To:		
Employer contributions	**$ 3,493**	$ 4,006
Deductions From Net Assets Attributed To:		
Benefits paid	**11,987**	12,378
Administrative fees	**2,488**	2,352
Total Deductions	**14,475**	14,730
Investment Income (Loss)		
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust investment income	**29,944**	4,334
Other loss	**—**	(740)
Net Investment Income	**29,944**	3,594
Net Increase (Decrease)	**18,962**	(7,130)
Net Assets Available For Benefits - Beginning Of Year	**148,098**	155,228
Net Assets Available For Benefits - End Of Year	**$ 167,060**	$ 148,098

1. Description Of The Plan

The following is a summary description of Edgewell Personal Care Company Defined Benefit Plan (the Plan) and provides only general information. 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 subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan covered substantially all regular domestic employees of Edgewell Personal Care Company (the Company). Effective January 1, 2014, no new employees are eligible for participation in the Plan.

Benefits

Effective January 1, 2010, the Plan's benefit formula was converted to a cash balance formula. Prior to January 1, 2010, the Plan's benefit formulas included both a final average pay formula for certain grandfathered participants and a pension equity benefit formula for all participants hired on or after January 1, 1999, and for certain pre-1999 participants who elected to convert to the new pension equity benefit formula. In addition, the Plan has other grandfathered traditional pension benefit formulas for participants covered by certain acquired entity plans.

Effective December 31, 2013, all benefit accruals were frozen for existing participants.

A participant shall be fully vested upon the earlier of:

(a) attainment of age 55 and completion of two years of vesting service;
(b) completion of three years of vesting service; or
(c) attainment of his or her normal retirement age, or normal retirement date, if earlier

Detailed information about vesting and benefit provisions are contained in the Plan Document.

Administration And Expenses

The Plan's investments are held in the Edgewell Personal Care Company Retirement Plans Master Trust (Master Trust). The Company makes contributions as necessary.

The Global Benefits Governance Committee has the authority and discretion to manage and control Plan assets, and to control and manage the administration of the Plan (including payment of benefits). The Global Benefits Governance Committee also has the authority and discretion to delegate these activities.

The Master Trust may pay certain administrative expenses of the Plan to the extent permitted by law, primarily investment management fees and trust fees. The Company pays administrative expenses not paid by the Plan or the Master Trust.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting such that income and related assets and expenses, and related liabilities are recognized in the Plan year to which they relate, except for benefit payments to participants, which are recorded when paid.

Valuation Of Investments And Income Recognition

Investments are stated 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 Global Benefits Governance Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and The Northern Trust Company (Custodian). See Note 7 for a discussion of fair value measurements.

Interest income is recognized when earned. Purchases and sales of investments are recorded on a trade-date basis and dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities in the near term could materially affect the amounts reported in the statement of net assets available for benefits.

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments 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 are based on annual earnings, length of service, and in the case of the Account Pension Benefit, an offset allowance for Social Security benefits. For present employees, the valuation date is considered the employee termination date for calculating accumulated plan benefits.

Contributions Receivable And Credit Loss Policy

As of October 1, 2023, the Plan adopted Accounting Standards Codification Topic 326, *Financial Instruments - Credit Losses,* using a modified-retrospective approach. The standard replaces the previous incurred loss model and requires entities to record an estimate of expected losses on financial assets for the remaining estimated life of the asset. This estimate must include consideration of historical experience, current conditions and reasonable and supportable forecasts. The standard applies to the Plan's Company contributions receivable. The adoption did not have a material impact on these financial statements.

The Plan has concluded that no allowance for current expected credit losses was necessary at September 30, 2024 and no allowance for doubtful accounts was necessary at September 30, 2023.

Estimates And Assumptions

The preparation of financial statements in accordance 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.

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.

Subsequent Events

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' Report.

3. Funding Policy

It is the Company's practice to fund accumulated plan benefits in accordance with the limits imposed by ERISA and the Internal Revenue Code (the Code). The contributions are made in amounts deemed necessary by the Plan's actuary to fund the benefits provided by the Plan. For the Plan years ended September 30, 2024 and 2023, the Plan met the minimum funding requirements under ERISA.

4. Plan Termination

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

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA, generally to provide the following benefits in the order indicated:

a. Benefits derived from participant contributions (made under prior plan provisions).

b. The minimum benefits payable under the Plan to participants who began receiving benefits at least three years before the Plan termination, based on Plan provisions in effect at any time during the five years prior to termination.

c. The minimum benefit payable under the Plan which would have been received by participants or their beneficiaries at least three years before the Plan termination if the participant had retired more than three years before the Plan termination and if benefits had commenced (normal retirement benefits under the Plan) at that time, based on Plan provisions in effect at any time during the five years prior to termination.

d. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

e. All other nonforfeitable benefits.

f. All other benefits.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Company and on the level of benefits guaranteed by the PBGC. Also, the PBGC will not guarantee benefits accrued under a plan that has become disqualified under the applicable sections of the Code.

5. Certified Investment Information

The following is a summary of the Plan's asset information as of September 30, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements, that was prepared by or derived from information certified by The Northern Trust Company (the Custodian), and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following assets as of September 30:

	Dollars In Thousands	
	2024	2023
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust	**$ 164,901**	$ 144,092

The Custodian also certified to the completeness and accuracy related to the following investment income for the years ended September 30:

	Dollars In Thousands	
	2024	2023
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust investment income	**$ 29,944**	$ 4,334

6. Investment In Master Trust

Plan investments are held in the Master Trust that was established for the investment of assets of the Plan and other Company-sponsored retirement plans. Each plan has a sub-account under the Master Trust. The Plan may invest in any or all of the investments in the Master Trust.

The following is a summary of the Master Trust's asset information as of September 30, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements, that was prepared by or derived from information certified by the Custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements related to the following Master Trust assets as follows as of September 30:

	Dollars In Thousands	
	2024	2023
Investments		
Common stocks	**$ 26,816**	$ 22,656
Collective trust funds	**256,555**	231,874
Total Investments	**283,371**	254,530
Accrued Investment Income	**73**	67
Master Trust Net Assets Available For Benefits	**$ 283,444**	$ 254,597

The Custodian also certified to the completeness and accuracy related the following Master Trust investment income for the years ended September 30:

	Dollars In Thousands	
	2024	2023
Investment Income		
Net change in fair value of investments	**$ 49,532**	$ 2,051
Interest and dividends	**571**	2,648

The following table represents the Master Trust's balances and the Plan's interest in the Master Trust balances as of September 30, 2024:

	Master Trust Balances	**Plan's Interest In Master Trust Balances**
Investments		
Common stocks	$ 26,816	$ 15,601
Collective trust funds	256,555	149,258
Total Investments	283,371	164,859
Accrued Investment Income	73	42
Master Trust Net Assets Available For Benefits	$ 283,444	$ 164,901

The following table represents the Master Trust's balances and the Plan's interest in the Master Trust balances as of September 30, 2023:

	Master Trust Balances	**Plan's Interest In Master Trust Balances**
Investments		
Common stocks	$ 22,656	$ 12,822
Collective trust funds	231,874	131,232
Total Investments	254,530	144,054
Accrued Investment Income	67	38
Master Trust Net Assets Available For Benefits	$ 254,597	$ 144,092

7. Financial Instruments Measured At Fair Value

The Master Trust utilizes an accounting standard for certain financial assets and liabilities. This standard defines fair value, establishes a framework for measuring fair value in U.S. generally accepted accounting principles and expands disclosures about fair value measurements. The standard also establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The standard requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories.

Level 1 - Quoted market prices in active markets for identical assets or liabilities.

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3 - Unobservable inputs reflecting the reporting entity's own assumptions or external inputs from inactive markets.

Under this hierarchy, an entity is required to maximize the use of quoted market prices and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value:

Common Stocks

Valued at the closing price reported on the active market on which the individual securities or contracts are traded.

Collective Trust Funds

Valued at the NAV of units 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 fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

The following tables set forth the Master Trust's financial assets, which are carried at fair value, measured on a recurring basis during the period, utilizing a market approach valuation technique, and segregated by level within the fair value hierarchy as of September 30, 2024:

	September 30, 2024			
	Level 1	Level 2	Level 3	Total
Common stocks	$ 26,816	$ —	$ —	$ 26,816
Investments measured at net asset value (a)				256,555
Total assets at fair value				$ 283,371

The following tables set forth the Master Trust's financial assets, which are carried at fair value, measured on a recurring basis during the period, utilizing a market approach valuation technique, and segregated by level within the fair value hierarchy as of September 30, 2023:

	September 30, 2023			
	Level 1	Level 2	Level 3	Total
Common stocks	$ 22,656	$ —	$ —	$ 22,656
Investments measured at net asset value (a)				231,874
Total assets at fair value				$ 254,530

(a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a 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 by the Master Trust as presented in Note 6.

Fair Value Of Investments In Entities That Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2024 and 2023:

	Fair Value		Unfunded	Redemption	Redemption
Investment Type	2024	2023	Commitments	Frequency	Notice Period
Collective trust funds	**$ 256,555**	$ 231,874	None	Daily	None

There have been no changes in the valuation methodologies used at September 30, 2024 or 2023.

8. Accumulated Plan Benefits/Assumptions

The Plan's actuary calculates the actuarial present value of accumulated plan benefits by applying actuarial assumptions, reflecting the time value of money, probability of payment, and other significant assumptions between the valuation date and the expected date of payment, to accumulated plan benefits.

Significant assumptions at September 30, 2023 used in this calculation are as follows:

Interest rate	4.9% (net of expenses)
Mortality tables	Pre-Commencement: Pri-2012 mortality for employees, separately for males and females, with no collar adjustment and MSS-2023 generational mortality improvements. Post-Commencement: Longevity Experience Study Annuitant for Consumer Goods and Food & Drink ("MILES-2010"), with no collar adjustment and MSS-2023 generational mortality improvement scale.
Retirement	Percentages distributed over a period from early retirement at age 55 to 100% retirement at age 70
Interest crediting rate	For the purpose of projecting the PPMA, the annual crediting rate is graded from 3.30% to 4.20% over the next 10 years

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

The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2023. Had the valuations been performed as of September 30, 2023 there would be no material differences.

Based on the preceding assumptions, the total actuarial present value of accumulated plan benefits at September 30, 2023 is as follows:

Vested benefits	
Active participants	$ 52,158
Participants currently receiving payments	87,400
Other participants	45,835
	185,393
Nonvested benefits	169
Total actuarial present value of accumulated Plan benefits	$ 185,562

Changes in the Plan's actuarial present value of accumulated plan benefits for the year ended September 30, 2023 are as follows:

Actuarial present value of accumulated plan benefits as of September 30, 2022	$ 182,743
Increase (decrease) during year attributed to:	
Benefits accumulated and gains	(634)
Increase for interest due to decrease in discount period	9,242
Benefits paid	(12,378)
Change in actuarial assumptions	6,589
Net increase	2,819
Actuarial present value of accumulated plan benefits as of September 30, 2023	$ 185,562

Changes In Actuarial Assumptions

- The interest rate decreased from 5.25% (net of expenses) as of September 30, 2022

- The pre-commencement improvement scale was updated from MSS-2022 scale as of September 30, 2022

- The post-commencement improvement scale was updated from MSS-2022 scale as of September 30, 2022

9. Party In Interest Transactions

The Master Trust and Plan allow for transactions with certain parties who may perform services or have fiduciary responsibilities to the Master Trust and the Plan. The Master Trust held an investment in a collective trust fund that is managed by the Custodian.

These transactions are exempt party in interest transactions under Section 408(b)(8) of ERISA.

10. Income Tax Status

The Company has received a favorable letter of determination from the Internal Revenue Service (IRS) dated December 5, 2017, indicating the Plan was in compliance with the Code. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

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 organization has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Plan: Edgewell Personal Care Company Defined Benefit Plan
EIN/PN: 41-1863181/001
Valuation Date: 10/01/2023

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
2023	6,852,592	3,704,376	9,031,426	19,588,394
2024	6,191,022	2,092,411	8,488,195	16,771,628
2025	5,691,213	2,147,358	8,230,381	16,068,952
2026	5,434,342	2,780,989	7,963,979	16,179,310
2027	4,730,724	3,658,184	7,735,135	16,124,043
2028	4,402,706	2,741,269	7,540,449	14,684,424
2029	4,114,122	2,821,305	7,259,106	14,194,533
2030	3,562,044	2,616,789	6,988,288	13,167,121
2031	3,106,250	3,190,753	6,705,918	13,002,921
2032	2,871,761	2,901,390	6,416,457	12,189,608
2033	2,546,760	4,049,982	6,095,430	12,692,172
2034	2,282,217	2,797,915	5,769,053	10,849,185
2035	2,110,200	3,902,641	5,430,725	11,443,566
2036	1,963,414	3,667,566	5,082,879	10,713,859
2037	1,786,831	3,133,479	4,728,315	9,648,625
2038	1,666,684	2,661,297	4,370,130	8,698,111
2039	1,615,058	3,510,376	4,011,683	9,137,117
2040	1,461,717	2,216,261	3,656,505	7,334,483
2041	1,344,230	3,025,969	3,308,127	7,678,326
2042	1,266,202	2,202,191	2,969,899	6,438,292
2043	1,213,847	2,706,770	2,644,903	6,565,520
2044	1,124,386	2,304,889	2,335,901	5,765,176
2045	1,057,098	1,856,044	2,045,291	4,958,433
2046	991,980	2,016,120	1,775,056	4,783,156
2047	932,175	1,962,685	1,526,681	4,421,541
2048	873,659	1,552,609	1,301,077	3,727,345
2049	816,764	1,534,141	1,098,594	3,449,499
2050	756,444	1,509,183	919,037	3,184,664
2051	697,160	1,483,724	761,710	2,942,594
2052	639,596	1,045,124	625,515	2,310,235
2053	584,003	851,450	509,037	1,944,490
2054	529,529	763,404	410,628	1,703,561
2055	476,949	715,789	328,493	1,521,231
2056	426,035	612,263	260,760	1,299,058
2057	377,298	554,344	205,568	1,137,210
2058	331,409	482,185	161,121	974,715
2059	288,610	422,180	125,726	836,516
2060	248,954	370,120	97,842	716,916
2061	212,608	321,429	76,098	610,135
2062	179,723	276,386	59,302	515,411
2063	150,293	235,206	46,442	431,941
2064	124,270	198,025	36,671	358,966
2065	101,550	164,890	29,298	295,738
2066	81,972	135,758	23,763	241,493
2067	65,327	110,498	19,621	195,446
2068	51,372	88,900	16,525	156,797
2069	39,839	70,695	14,204	124,738
2070	30,452	55,576	12,450	98,478
2071	22,932	43,206	11,104	77,242
2072	17,004	33,237	10,047	60,288

Schedule SB, line 24 — Change in Actuarial Assumptions

The following changes were made since October 1, 2022 accounting valuation:

- The expected investment return was increased from 5.85% to 6.40%.
- The interest crediting rate was changed from 3.30% for all years to rates grading from 4.20% to 3.30% over the next 10 years.

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

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34		5	1								6
35–39	1	15	10	1							27
40–44	5	19	23	5							52
			27,165								
45–49	3	15	23	14	13	1					69
			42,156								
50–54	3	20	22	22	34	23	3				127
		17,919	44,336	57,285	57,941	40,010					
55–59	1	16	29	36	42	26	23				173
			45,127	92,692	89,495	111,883	118,553				
60–64	1	20	24	20	27	16	16	8			132
		21,694	45,701	104,706	99,841						
65–69	1	6	12	9	10	9	3	1	5	1	57
70 & up			2	1	3			1	1	1	8
Total	15	116	146	108	129	75	45	10	5	2	651
											59,930

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average account balance. Average account balance is not shown for cells with fewer than 20 participants.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

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

A Name of plan EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN	**B** Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EDGEWELL PERSONAL CARE COMPANY	**D** Employer Identification Number (EIN) 43-1863181	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2023

2 Assets:		
a Market value	2a	147,956,323
b Actuarial value	2b	162,751,955

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,015	88,841,086	88,841,086
b For terminated vested participants	1,077	44,411,985	44,411,985
c For active participants	651	51,395,220	51,589,208
d Total	2,743	184,648,291	184,842,279

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.15%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	2,500,000
c Target normal cost	6c	2,500,000

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.

SIGN HERE MARK A. HENDRICKS MH — 07/02/2025

Signature of actuary — Date

MARK A. HENDRICKS — 2305452

Type or print name of actuary — Most recent enrollment number

MERCER — 816-405-7252

Firm name — Telephone number (including area code)

2405 GRAND BLVD, SUITE 900

KANSAS CITY MO 64108

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,376,915
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1,376,915
10	Interest on line 9 using prior year's actual return of 2.95 %	0	40,619
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,372
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.32 %		126
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,498
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,417,534

Part III Funding Percentages

14	Funding target attainment percentage	14	87.28 %
15	Adjusted funding target attainment percentage	15	87.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2024	460,000	0			
07/11/2024	874,000	0			
10/10/2024	917,000	0			
06/12/2025	1,242,000	0			
			Totals ► 18(b)	3,493,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	3,300,190

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2,500,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	23,507,858	2,216,067
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ________ Day ________ Year ________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4,716,067

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,417,534	1,417,534

36 Additional cash requirement (line 34 minus line 35)	**36**	3,298,533
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,300,190
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1,657
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,657
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: April 1, 2000 Restated plan: June 30, 2015 Plan year: October 1 to September 30
Status of the plan	Effective January 1, 2014, the plan is closed to new entrants and benefit accruals are frozen.
Significant events that occurred during the year	None
Definitions	
• Participating employees	All U.S. employees hired prior to January 1, 2014 compensated by Edgewell Personal Care Company except temporary employees, employees employed under a collective bargaining agreement unless the agreement provides participation, or leased employees. Employees of American Safety Razor are not eligible to participate.
• Eligibility	Each employee became a participant as of the first day of the month coincident with or next following completion of one year of Vesting Service. Between January 1, 2010 and January 1, 2014 employees became participants on the first day they had Covered Employment. Former Schick employees became members as of March 29, 2003. Former Playtex, Dover, and Hawaiian Tropics employees became members as of January 1, 2008. For the PensionPlus Match Account prior to December 31, 2009, participation was the first day of the month in which such employee made after-tax matched contributions to the company-sponsored Savings Plan.
• Covered employment	All service while an employee except service as a temporary employee, service covered by a collective bargaining agreement unless agreement provides for participation or services while a leased employee.
• Vesting service	Vesting Service is calculated in full months and years while in Covered Employment. For acquired groups, service with the acquired employer is included in Vesting Service. Dover participants are fully vested in their Dover Plan benefit.
• Benefit service	Benefit Service was calculated in full months and years while in Covered Employment through December 31, 2013. However, for Warner-Lambert Plan, Dover Plan, Playtex and former international participants, Benefit Service based on total employment is used to determine the level at which participants entered the PEP formula, but participants were not credited for any allocations with respect to service under the Warner-Lambert Plan, Dover Plan, as a Playtex employee or for international service prior to becoming plan members. Benefit service for Hawaiian Tropics employees began on January 1, 2008.
• Total service	Benefit service plus service with any Company acquired where the employee was employed by the Company and became employed by Edgewell on the acquisition date.
• Interest crediting rate	For each month in the Plan Year, 1/12th of the annual interest rate on 30-year Treasury securities (rounded down to nearest 0.1%) for the August preceding the first day of the Plan Year.

Schedule SB, Part V — Summary of Plan Provisions

• Pensionable earnings	Base salary, overtime, shift differentials, salary reduction under Sections 401(k), 125 and 132(f), regular bonuses, and other pay, subject to the Section 401(a)(17) compensation limits. No pensionable earnings after December 31, 2013 were included in benefit accruals.
• Average annual earnings	Average of five highest consecutive Earnings during last ten complete calendar years preceding year of termination. This was frozen as of December 31, 2009.
• Primary Social Security	If eligible for retirement at termination (or for Eveready at December 31, 1992), the benefit payable at age 62 or retirement, if later, assumes zero future earnings after termination. If not eligible for retirement at termination (or for Eveready at December 31, 1992), the benefit payable at age 65 assumes current earnings continue to age 65. This was frozen as of December 31, 2009 based on retirement eligibility on this date.
• Social Security covered compensation	Average of Social Security maximum taxable wage bases for the 35 consecutive calendar years ending with termination. This was frozen as of December 31, 2009.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
• Eligibility	The first day of the month nearest the date the participant reaches age 65. For former TEK employees, the first day of month after reaching age 64.
• Benefit	Participants hired before January 1, 1999 are entitled to either the FAP or PEP formula described below depending on election. Participants hired between January 1, 1999 and January 1, 2010 accrued benefits in the PEP formula. The FAP and PEP accruals ceased January 1, 2010. Between January 1, 2010 and January 1, 2014 all participants earned benefits in the Retirement Accumulation Account (RAA) formula. **1) Retirement Accumulation Account (RAA) Benefit** The amount of the benefit is equal to the sum of (A), (B) and (C): i. Pay credits: 6% multiplied by each month's limited Pensionable Earnings earned prior to January 1, 2014. ii. Interest credits: at the end of each month equal to the Interest Crediting Rate multiplied by the account balance at the beginning of each month. iii. Transition Credits: the transition credit rate multiplied by monthly limited Pensionable Earnings. Participants will only receive transition credits through 2013. A participant is eligible for transition credits if on January 1, 2010 age plus Total Service was greater than or equal to 60 years. 2% transition credits are given to participants with at least 60 but less than 75 years of age plus Total Service on January 1, 2010. 4% transition credits are given to participants with greater than 75 years of age plus Total Service on January 1, 2010.

Schedule SB, Part V — Summary of Plan Provisions

- **Benefit (continued)**

2) FAP Benefit – This benefit was frozen as of December 31, 2009.

A. The amount of benefit is the greater of (i) or (ii):

i. 1.5% of Average Annual Earnings multiplied by Benefit Service (maximum 40 years) less 50% of the estimated Social Security benefit multiplied by Benefit Service divided by the greater of 30 or Benefit Service at 65, or

ii. 1.25% of Average Annual Earnings not in excess of $30,000 multiplied by Benefit Service (maximum 40 years).

B. Eveready Transition Benefit

The sum of (i) and (ii) as follows:

i. The amount of benefit is the greater of (a) or (b):

a. 1.5% of final average 3-year pay at 12/31/1992 multiplied by years of Benefit Service to 12/31/1992 less 1.5% of Social Security Benefit at 12/31/1992 multiplied by Benefit Service to 12/31/1992 to maximum of 33.3 years or

b. 1.5% of final average 3-year pay at 12/31/1992 not in excess of $15,000 multiplied by Benefit Service to 12/31/1992 plus $144.

ii. The amount of benefit is the greater of (a) or (b):

a. 1.5% of Average Annual Earnings multiplied by Benefit Service after 12/31/1992 (maximum 40 years) less 50% of the estimated Social Security benefit multiplied by Benefit Service after 12/31/1992 divided by the greater of 30 or Benefit Service at 65, or

b. 1.25% of Average Annual Earnings not in excess of $15,000 multiplied by Benefit Service after 12/31/1992 (maximum 40 years).

Schedule SB, Part V — Summary of Plan Provisions

- **Benefit (continued)**

3) Pension Equity (PEP) Benefit – Benefit accruals on this formula ceased as of December 31, 2009. Interest accruals apply from January 1, 2010 at the Interest Crediting Rate.

The amount of the benefit is equal to the sum of (A) and (B):

A. the Basic accrual percentage multiplied by Average Annual Earnings accumulated for each year of Benefit Service (including Union Carbide service), and

B. the Excess accrual percentage multiplied by Average Annual Earnings in excess of Social Security Covered Compensation accumulated for each year of Benefit Service (including Union Carbide service).

The following is a table of the Basic and Excess accrual percentages as referenced in the above formulas:

Years of benefit service	Percentage of average annual earnings (basic accrual %)	Additional percentage of average annual earnings in excess of Social Security covered compensation (excess accrual %)
0.00–5.00	4.0%	3.5%
5.01–10.00	5.0	3.5
10.01–15.00	6.5	3.5
15.01–20.00	8.0	3.5
Over 20	10.0	3.5

For purposes of determining the level of Basic and Excess accrual percentage for Warner-Lambert Plan employees, Dover Plan employees, Playtex employees (not Hawaiian Tropics employees) and certain former international employees, total service (including service with Schick, Playtex or non-US service with Edgewell) will be used to determine the level at which the participant enters the PEP formula. However, when determining the allocations, service will accrue from March 28, 2003 for Schick employees, January 1, 2008 for Playtex and Dover Plan employees and the participation date for international employees. For Hawaiian Tropics service will begin at January 1, 2008 for both the level of accrual percentages and the allocations.

Such benefit is then converted into an immediate annuity using actuarial equivalent factors applicable under the Plan for such conversions.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit (continued)	**4) Supplemental Benefit** Certain participants receive an additional percentage of final average pay for each year of service after their Supplemental Eligibility Date based on applicable FAP or PEP formula. Benefit accruals on this formula ceased as of December 31, 2009. Interest accruals apply from January 1, 2010 on the PEP formula at the Interest Crediting Rate. **5) Union Carbide Offset** The amount attributable to the non-contributory portion of the benefits provided under the Retirement Plan for Employees of Union Carbide Corporation and its Participating Subsidiaries as in effect on June 30, 1986 is offset against the accrued benefits. **6) Warner-Lambert Benefits / Dover Benefits** The amounts attributable to the benefits provided under the Retirement Plan for employees of the Warner-Lambert Plan as of March 28, 2003 and under the Playtex Products, Inc. Pension (Dover) Plan as of January 1, 2008 are included in the accrued benefit. **7) PensionPlus Match Account (PPMA)** – Benefit accruals on this formula ceased as of December 31, 2009. Interest accruals apply from January 1, 2010 at the Interest Crediting Rate. A Participant's PensionPlus Match Account is equal to the sum of Regular Credits (pay-based credits) and Interest Credits allocated to the Participant's account as follows: A. Regular Credits are equal to 325% of the first 1% of Earnings contributed after-tax to the Company-sponsored Savings Plan. B. Interest Credits are credited at the end of each month using an interest rate set at the beginning of the Plan Year. C. In addition, effective January 1, 2004 through March 28, 2005, Warner-Lambert Plan employees receive the following enhanced PensionPlus Match Account: i. Regular Credits (pay-based credits) are equal to 3.5% of compensation. ii. Interest Credits are credited at the end of each month reflecting an interest rate set at the beginning of the Plan Year.
Early retirement	
• Eligibility	The first day of the month nearest the date the participant both reaches age 55 and has two years of Vesting Service. For the Warner-Lambert Plan benefit and the Dover Plan benefit, the first day of the month coincident with or next following the date the participant attains age 55 and (for the Dover Plan) has 10 years of Vesting Service. For former TEK employees, the first day of the month coincident with or next following the date the participant attains age 62 and has 5 years of Vesting Service.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit

1) RAA Benefit

Same as Normal Retirement Benefit under RAA formula.
If commencement is deferred, RAA benefit continues to increase with the Interest Crediting Rate from termination to commencement and is then converted to an annuity.

2) FAP Benefit

A. The Normal Retirement Benefit formula specified in item 2(A) reduced by 5/12% per month between commencement age and age 62.

B. The sum of (i) and (ii) as follows:

i. Eveready Transition Benefit – the Normal Retirement Benefit formula specified in item 2(B)(i) reduced by 5/12% per month between commencement age and the unreduced age.
The unreduced age is the earlier of:
a. age 60 and 30 years of Service,
b. age 62 and 10 years of Service, or
c. age and Service totaling 85.

ii. The Normal Retirement Benefit formula specified in item 2(B) (ii) reduced by 5/12% per month between commencement age and age 62.

3) PEP Benefit

Same as Normal Retirement Benefit under PEP formula.
If commencement is deferred, PEP benefit increased by the Interest Crediting Rate from termination to commencement and then converted to an immediate annuity.

4) Supplemental Benefit

Benefit is adjusted as under (2) or (3) depending on whether FAP or PEP eligible.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit (continued)

5) Union Carbide Offset

For those former participants of the Union Carbide Plan who were at least age 50 with at least 10 years of service as of 6/30/1986. The Normal Retirement Benefit formula specified in (5) reduced by 5/12% per month between commencement age and the unreduced age. The unreduced age is the earlier of (a) age 62, or (b) age and service totaling 85. For all other participants, the Normal Retirement Benefit formula specified in (5) reduced by 5/12% per month between commencement age and age 62 and by 5/9% per month between age 62 and age 65.

6) Warner-Lambert Plan Benefit

Normal Retirement Benefit reduced 3% per year from age 60 to age 62 and 6% per year from age 55 to age 60. However, the service-related portion of the benefit is not reduced.

7) PPMA

Same as Normal Retirement Benefit under PPMA. If commencement deferred, account balance increased with the Interest Crediting Rate from termination to commencement and then converted to an immediate annuity.

8) Dover / TEK Plan Benefits

For Dover employees, Normal Retirement Benefit reduced by 0.25% for each complete month from age 60 to 65 and 5/12% for each complete month from age 55 to 60. For TEK employees, Normal Retirement Benefit reduced 0.3333% for each month prior to age 64.

Late retirement

- Benefit

The late retirement benefit is the same as the Normal Retirement Benefit with continued accruals beyond Normal Retirement Date. Actuarial increase of the age 65 benefit may apply if this produces a higher benefit.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Benefit	Fully vested after three years or after reaching Early or Normal Retirement age. Benefit payable is Normal Retirement Benefit. Benefit may commence earlier. RAA benefit continues to increase with the Interest Crediting Rate from termination to commencement and is then converted to an annuity. The FAP benefit is reduced 5/12% per month between commencement age and age 65. The benefit cannot begin before age 55. PEP benefit is increased with the Interest Crediting Rate from termination to commencement and converted to an annuity. PPMA is fully vested after three years. For employees hired prior to October 1, 2008, PPMA vests 25% after one year of Vesting Service, 50% after two years, 100% after three years. In addition, PPMA is fully vested at age 65 or at death or disability. PPMA benefit is increased with the Interest Crediting Rate from termination to commencement and converted to an annuity. For the Warner-Lambert Plan benefit, Union Carbide offsets, and the Dover Plan and TEK Plan benefits, the Normal Retirement Benefit may commence as early as age 55 (age 62 for TEK) with the same reductions as the Early Retirement Benefits, if the service requirement have been met.
Disability	
• Benefit	Effective October 1, 2006 the disability benefit is treated the same as the termination of employment benefit.
Death	
• Eligibility	Surviving spouse benefits are effective if married for at least one year at time of death and upon the satisfaction of Early Retirement or Termination conditions. As noted below, some benefits may be available to non-spouse beneficiaries.

Schedule SB, Part V — Summary of Plan Provisions

<table>
<tr><td>• Benefit</td><td>1) RAA Benefit
Vested Normal Retirement Benefit payable to the surviving spouse had termination occurred on date of death. Benefit available to non-spouse beneficiary instead.
2) FAP and Supplemental FAP Benefit
A. If the participant is eligible for Early Retirement, the surviving spouse benefit is the greater of 50% of the Normal Retirement Benefit or $300 per year commencing immediately.
B. Prior to Early Retirement eligibility for participants with 10 or more years of service, the benefit is the greater of 40% of the accrued benefit or $300 per year commencing immediately. For vested participants with less than 10 years of service, the surviving spouse receives that portion of the participant’s accrued benefit payable to the beneficiary under the 50% qualified joint and survivor option commencing on the date the participant would have been first eligible for early retirement.
3) PEP, Supplemental PEP, PPMA, and RAA Benefit
Vested Normal Retirement Benefit payable to the surviving spouse had termination occurred on date of death. Benefit available to non-spouse beneficiary instead.
4) Warner-Lambert Plan Benefit and Union Carbide Offset
50% of the benefit is payable to the surviving spouse after reduction for early commencement and (for Union Carbide offset) joint and survivor form of payment. Special early retirement factors may apply.
5) Dover / TEK Plan Benefits
Qualified survivor annuity equal to what the participant would have received if he had survived to his early retirement date, elected a form of immediate joint and survivor annuity commencing on his early retirement date and died after such early retirement date. May be paid on or after early retirement date.</td></tr>
<tr><td colspan="2">Form of benefits</td></tr>
<tr><td>• Normal form</td><td>5-year certain and life annuities, except for the Warner-Lambert and TEK benefits which are single life annuities.</td></tr>
<tr><td>• Automatic form for unmarried participants</td><td>Unless an optional form is selected, an unmarried participant shall receive his or her retirement benefit in the form of an actuarial equivalent single life annuity.</td></tr>
<tr><td>• Automatic form for married participants</td><td>Unless an optional form is selected, a married participant shall receive his or her retirement benefit in the form of an actuarial equivalent 50% qualified joint and survivor annuity.</td></tr>
</table>

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	Subject to spousal consent, a participant may elect payment in the form of the following: a contingent annuitant option (50%, 75% or 100%), 5-or 10-year certain and life option, life annuity (if married), lump sum (PEP, PPMA, and RAA only), Social Security adjustment option, or "pop-up" benefit. Warner-Lambert and Dover Plan participants with an Edgewell benefit may elect any of the options above except for a lump sum or pop up on the Warner-Lambert or Dover Plan benefit. Dover participants without an Edgewell benefit may only elect a 5-year certain and life option or a 100% joint and survivor annuity. TEK Plan participants may elect a 100% joint and survivor annuity or a life annuity with 5-year certain with the term certain benefit being payable to a beneficiary of the participant's choice.
• Optional form conversion factors	For joint and survivor options: Interest using the 30-year Treasury securities (rounded down to nearest 0.1%) for the August preceding the first day of the Plan Year and mortality using the 1994 Group Annuity Reserving tables projected to 2002, blended 50% male and 50% female. For other optional forms, the conversion factors are spelled out in Section 9.5 of the Plan document. Different factors may apply to frozen benefits.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2023, the limit is $265,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, effective as of October 1, 2023, are included in this valuation:

- **Most recent plan amendments included:** 4th amendment (January 1, 2018)
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The plan does not provide benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases apply to participants who defer retirement beyond age 65. These increases are included in the valuation.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - Plan amendments: See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases			
Year established	Outstanding balance	Years remaining	2023 installment
2022	$ 14,229,660	14	$ 1,366,363
2023	9,278,198	15	849,704
Total	$ 23,507,858		$ 2,216,067

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 60.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	11.0%	100.00	11.00	605.00
56	11.0%	89.00	9.79	548.24
57	11.0%	79.21	8.71	496.75
58	11.0%	70.50	7.72	449.77
59	16.0%	62.74	10.04	592.29
60	16.0%	52.70	8.43	505.95
61	16.0%	44.27	7.08	432.08
62	16.0%	37.19	5.95	368.90
63	16.0%	31.24	5.00	314.87
64	25.0%	26.24	6.56	419.83
65	44.0%	19.68	8.66	562.84
66	44.0%	11.02	4.85	320.04
67	44.0%	6.17	2.72	181.94
68	30.0%	3.46	1.04	70.50
69	30.0%	2.42	0.73	50.08
70	30.0%	1.69	0.51	35.56
71	60.0%	1.19	0.71	50.50
72	100.0%	0.47	0.47	34.14
Total			100.00	6039.19
Average				60.39

The weighted average retirement age is the total for column E divided by the total for column D.

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

Actuarial assumptions for funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	**Nonstabilized**
• First 5 years	4.75%	3.03%
• Next 15 years	5.00%	4.11%
• Over 20 years	5.74%	4.27%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed combined static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables adjusted to 2006, and with mortality improvement based on the IRS methodology and projection scale MP-2020.	
Cash balance plans		
• Interest accumulation rate	4.20% for 2023 plan years decreasing linearly a 3.30% over 10 years.	
• Whipsaw calculations	No	
• Annuity conversion		
– Mortality table	Not applicable	
– Interest rate basis	Not applicable	
Other economic assumptions		
• Salary increases	Not applicable	
• Social Security taxable wage base increases	Not applicable	
• Inflation	Not applicable	
• Expected investment return	6.40% for 2023, 5.85% for 2022 and 5.50% for 2021	
• Expenses	$2,500,000 added to current year normal cost	
• Late retirement increases	4.00% interest and GATT2003 mortality	

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

Demographic assumptions

- Withdrawal: See table of sample rates.
- Disability incidence: See table of sample rates.
- Retirement age

Attained age	Percentage
Under 55	0%
55-58	11%
59-63	16%
64	25%
65-67	44%
68-70	30%
71	60%
72 and above	100%

- Benefit commencement age for
  - Future vested deferred: Age 63 for annuity benefits, see form of payment section for lump sum payments
  - Current vested deferred: Age 63 for annuity benefits. Rates of retirement at age 55 (or current age, if later) and age 65 (or current age, if later) for lump sum payments; see form of payment table on next page.
- Spouse assumptions

Spouse assumptions	Male participants	Female participants
– Percentage married	80%	50%
– Spouse age difference	2 years younger	2 years older

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

Form of payment	**Immediate Lump sum**	**Single life**	**5-year certain & life**	**50% J&S**	**75% J&S**	**100% J&S**	**Lump Sum 55[1]**	**Lump Sum 65[2]**
• Active retirements								
- FAP	0%	0%	100%	0%	0%	0%	0%	0%
- Dover	0%	75%	0%	0%	0%	25%	0%	0%
- PPMA, PEP and RAA	100%	0%	0%	0%	0%	0%	0%	0%
- Warner-Lambert	0%	30%	0%	0%	70%	0%	0%	0%
• Active terminations and disablements								
- FAP	0%	0%	100%	0%	0%	0%	0%	0%
- Dover	0%	75%	0%	0%	0%	25%	0%	0%
- PPMA	75%	0%	0%	0%	0%	0%	25%	0%
- PEP and RAA	60%	0%	0%	0%	0%	0%	40%	0%
- Warner-Lambert	0%	40%	0%	0%	60%	0%	0%	0%
• Active Deaths								
- FAP, Dover and Warner-Lamber	0%	0%	0%	100%	0%	0%	0%	0%
- PPMA, PEP and RAA	100%	0%	0%	0%	0%	0%	0%	0%
• Current vested deferred								
- FAP	0%	0%	100%	0%	0%	0%	0%	0%
- Dover	0%	75%	0%	0%	0%	25%	0%	0%
- PPMA, PEP and RAA	0%	0%	0%	0%	0%	0%	5%	95%
- Warner-Lambert	0%	40%	0%	0%	60%	0%	0%	0%
- TEK	0%	70%	0%	0%	0%	30%	0%	0%
Unpredictable contingent event assumptions	Not applicable							

[1] Form of payment is a lump sum deferred to age 55
[2] Form of payment is a lump sum deferred to later of age 65 or valuation date

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

Table of sample rates

	Disability		Withdrawal
Attained age	Male	Female	Ultimate rate
20	0.03%	0.03%	42.60%
25	0.04	0.05	28.80
30	0.05	0.08	19.52
35	0.07	0.14	13.92
40	0.12	0.21	11.04
45	0.20	0.32	9.76
50	0.36	0.53	7.56
55	0.72	0.95	5.94
60	1.26	1.16	5.94
65	0.00	0.00	5.94

Withdrawal rates end once retirement rates apply

Rationale for significant Economic assumption

- Interest accumulation rate– This assumption is updated annually. It starts with the current yield on 30-year Treasury rates, and grades over 10 years to the long-term 30-year Treasury rate in Mercer's Capital Market Outlook.
- Expected investment return – The expected investment return is based on a blend of the hypothetical past performance of the plan's target asset allocation and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Market Outlook.
- Expense – The expense assumption is based on prior year experience, adjusted for significant expected changes in the upcoming year, including PBGC premium changes.

Rationale for significant demographic assumptions

The following assumptions are based on an experience study undertaken by Mercer in 2020 using plan experience from October 1, 2016 through October 1, 2019. The resulting assumptions balance the plan's historical experience with future expectation. Additional analysis was completed in 2023 with respect to the lump sum election and timing for current vested deferred participants.

- Withdrawal rates
- Retirement rates
- Form of payment
- Benefit commencement age
- Spouse assumptions

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

Actuarial methods for funding

Asset methods

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

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

Participant methods

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

- **Participants included:** The plan's administrative services provider supplies us with data on all participants to be included in the valuation.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- Since the plan benefits are frozen and do not increase with service, there is no normal cost. The plan's **funding target** is the sum of the individual funding targets for all participants under the plan.