

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

<p>1a Name of plan <u>SIRVA EMPLOYEES RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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) <u>SIRVA INC.</u></p> <p><u>ONE PARKVIEW PLAZA</u> <u>OAKBROOK TERRACE, IL 60181</u></p>	<p>1c Effective date of plan <u>06/21/1985</u></p> <p>2b Employer Identification Number (EIN) <u>52-1840893</u></p> <p>2c Plan Sponsor's telephone number <u>630-570-3196</u></p> <p>2d Business code (see instructions) <u>484120</u></p>

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.	10/13/2025	HEIDI RICHARDS
	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 <input type="checkbox"/> Same as Plan Sponsor BENEFIT COMMITTEE, SIRVA, INC. ONE PARKVIEW PLAZA OAKBROOK TERRACE, IL 60181	3b Administrator's EIN 52-1840893 3c Administrator's telephone number 630-570-3196
---	---

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	1721
---	----------	------

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)	147
a(2) Total number of active participants at the end of the plan year	6a(2)	138
b Retired or separated participants receiving benefits.....	6b	821
c Other retired or separated participants entitled to future benefits	6c	543
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1502
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	200
f Total. Add lines 6d and 6e	6f	1702
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 1I

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 1

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SIRVA EMPLOYEES RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SIRVA INC.</p>	<p>D Employer Identification Number (EIN) 52-1840893</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	434812	1704	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	4443600
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 0
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 0
d	Total of balance and additions (add lines 7b and 7c(6))	7d 0
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>SIRVA EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SIRVA INC.</u>	D Employer Identification Number (EIN) <u>52-1840893</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a	<u>90933765</u>	
b Actuarial value	2b	<u>100027142</u>	
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	<u>857</u>	<u>73956301</u>	<u>73956301</u>
b For terminated vested participants	<u>717</u>	<u>37521974</u>	<u>37521974</u>
c For active participants	<u>147</u>	<u>9039891</u>	<u>9097515</u>
d Total	<u>1721</u>	<u>120518166</u>	<u>120575790</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.03</u> %	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>1518000</u>	
c Target normal cost	6c	<u>1518000</u>	

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

SIGN HERE Signature of actuary <u>CRISTINA MERCADER</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>233 SOUTH WACKER DRIVE</u> <u>SUITE 1800</u> <u>CHICAGO, IL 60606</u> Address of the firm	<u>10/07/2025</u> Date <u>23-08014</u> Most recent enrollment number <u>312-288-7700</u> Telephone number (including area code)
---	--

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

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	1702571
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1702571
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.49</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18</u> %		0
	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		0
	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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.95 %
15	Adjusted funding target attainment percentage	15	85.72 %
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	85.36 %
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		
04/15/2024	996466	0					
07/15/2024	1010457	0					
10/15/2024	330483	0					
01/16/2025	781853	0					
09/09/2025	486521	0					
			Totals ▶	18(b)	3605780	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	3475070

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:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 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	1518000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	20548648	1956901
b Waiver amortization installment.....	0	0

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	3474901
---	-----------	---------

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

36 Additional cash requirement (line 34 minus line 35)	36	3474901
---	-----------	---------

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3475070
---	-----------	---------

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

a Total (excess, if any, of line 37 over line 36)	38a	169
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SIRVA EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SIRVA INC.	D Employer Identification Number (EIN) 52-1840893	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

AON HEWITT INVESTMENTS

36-3109431

(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?
27 50	NONE	159384	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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 50	NONE	143277	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 64	CONTRACT ADMINISTRATOR	80317	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

CROWE LLP

35-0921680

(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	NONE	31901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(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?
19 21 50	NONE	28855	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ACTIVE GRAPHICS, IC.

36-2554359

(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?
36 50	NONE	5529	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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: CROWE LLP	b EIN: 35-0921680
c Position: ACCOUNTANT	
d Address: 320 EAST JEFFERSON BLVD. SOUTH BEND, IN 46601	e Telephone: 574-239-7862

Explanation: DUE TO COMPETITIVE BID, CHANGED PRIMARY ACCOUNTING FIRM

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information 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.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SIRVA EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SIRVA INC.</u>	D Employer Identification Number (EIN) <u>52-1840893</u>	

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: PRIN LDI EXT DUR SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-129</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6668977</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN <u>27-2436452-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1980026</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN <u>27-2436452-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36425491</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN <u>27-2436452-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11760928</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN <u>27-2436452-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>416333</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN <u>27-2436452-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>197346</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN <u>27-2436452-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7632504</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURY STRIPS INDEX

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4140025
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FD 1.147% 12/31/2049 DD

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1210985
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI ASSET CREDIT FUND

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3158669
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE REAL ESTATE

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6326776
--------------------------------	------------------------	---

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)
-----------------	----------------------	---

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SIRVA EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 SIRVA INC.	D Employer Identification Number (EIN) 52-1840893

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2548674	1268374
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	71968	6285
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)	4446974	4637340
(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)	74542437	73249084
(10) Value of interest in pooled separate accounts	1c(10)	9411956	8010030
(11) Value of interest in master trust investment accounts	1c(11)		
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	91022009	87171113
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 through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	91022009	87171113

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3605780	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		3605780
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	30	
(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)		30
(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)	7769856	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7690550	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		79306
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	407334	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1430581
(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		5523031

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7570237	
(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)		7570237
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	31901	
(5) Investment advisory and investment management fees	2i(5)	239701	
(6) Bank or trust company trustee/custodial fees	2i(6)	28855	
(7) Actuarial fees	2i(7)	143277	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1359956	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1803690
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9373927

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3850896
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553235.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SIRVA EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIRVA INC.</u>	D Employer Identification Number (EIN) <u>52-1840893</u>	

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): 13-5160382

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	0
--	---	---

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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: 25.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 60.0 %
 High-Yield Debt: 0.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 2.0 % Other: 5.0 %

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 _____.




SIRVA Employees Retirement Plan

EIN 52-1840893 PN 002

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

December 31, 2024 and 2023



**SIRVA Employees Retirement Plan
Contents
December 31, 2024 and 2023**

Independent Auditor’s Report..... 1

Financial Statements

 Statements of Net Assets Available for Benefits..... 5

 Statements of Changes in Net Assets Available for Benefits 6

 Notes to Financial Statements 7

Supplemental Schedules

 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 16

 Schedule H, Line 4j – Schedule of Reportable Transactions 17

Independent Auditor's Report

Benefits Committee
SIRVA Employees Retirement Plan
Oakbrook Terrace, Illinois

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the financial statements of SIRVA Employees Retirement 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 December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2024 Financial Statements)

Management, having determined it is permissible in the circumstances, has elected to have the audit of the SIRVA Employees Retirement 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 audit 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 a certification from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the accompanying 2024 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 2024 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 on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of SIRVA Employees Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 2024 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 SIRVA Employees Retirement Plan's ability to continue as a going concern within one year after the date that these 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.

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of SIRVA Employees Retirement 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 SIRVA Employees Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matters

2024 Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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).

Auditor's Report on the 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of SIRVA Employees Retirement Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 14, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

**Chicago, Illinois
October 9, 2025**

Federal Employer Identification Number: 44-0160260

**SIRVA Employees Retirement Plan
 Statements of Net Assets Available for Benefits
 December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 85,794,958	\$ 88,648,881
Receivables		
Contribution receivable - employer	1,268,374	2,548,674
Accrued Income	6,285	71,968
	<u>1,274,659</u>	<u>2,620,642</u>
Net Assets Available for Benefits	<u>\$ 87,069,617</u>	<u>\$ 91,269,523</u>

**SIRVA Employees Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 1,461,998	\$ 7,807,091
Interest and dividends	106,243	359,507
Total Investment Income	1,568,241	8,166,598
Contributions		
Employer	3,605,780	2,548,674
Total Additions	5,174,021	10,715,272
Deductions		
Benefits paid to participants	7,312,560	26,223,115
Administrative expenses	2,061,367	2,952,609
Total Deductions	9,373,927	29,175,724
Net Decrease	(4,199,906)	(18,460,452)
Net Assets Available for Benefits, Beginning of Year	91,269,523	109,729,975
Net Assets Available for Benefits, End of Year	<u>\$ 87,069,617</u>	<u>\$ 91,269,523</u>

**SIRVA Employees Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Note 1. Description of the Plan

General

The following description of the SIRVA Employees Retirement Plan (Plan), a defined-benefit plan, is provided for informational purposes only. Participants should refer to the plan document for more complete information.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended.

Participation and Vesting

The Plan covers all full-time and part-time employees of SIRVA, Inc. (the “Company”), except employees whose terms and conditions of employment are determined by a collective bargaining agreement with a union or affiliate. Effective December 31, 2002, the Plan was amended and restated to freeze participation and benefits accruals in the Plan. There have been no new participants since this date. All participants are fully vested to receive benefits from the Plan after five years.

Contributions

The Company’s funding policy is to make annual contributions to the Plan in amounts necessary to maintain the Plan, in compliance with the minimum funding requirements of ERISA. The Plan was in compliance with applicable ERISA minimum funding requirements for the plan years ended December 31, 2024 and 2023.

Pension Benefits

The Plan was amended and restated, December 31, 2002 to freeze participation and benefit accruals in the Plan. No individual will become a participant after this date. Compensation and creditable service earned after this date will not be considered in the determination of a participant’s benefit amount.

Participants with five or more years of service are entitled to pension benefits beginning at retirement. The Plan permits early retirement at age 55 and completion of 10 years of service. The Plan also provides for a late retirement benefit for participants whose employment continues beyond the normal retirement age of 65. If participants terminate before completing five years of service, they forfeit the right to receive their benefits.

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee’s accumulated pension benefits is paid to the employee’s beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

On December 15, 2022, the Plan negotiated with Principal Life Insurance Company (Principal) for Principal to assume obligations for a portion of the Plan’s participant population in exchange for the Plan’s purchase of a single premium group annuity contract. Total payment for the purchase of the single premium group annuity contract made by the Plan to the Company was \$23,364,478 and was largely recognized in 2023.

Distributions

Participants completing at least five years of service will, upon retirement or termination, be entitled to receive the value of their benefits as monthly payments.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of net 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 the 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.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Because of the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Valuation of Investments and Income Recognition

Investments are recorded 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. See Note 7 for discussion on fair value measurements.

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

Administrative Expenses

The Plan's trustee fees and Pension Benefit Guaranty Corporation ("PBGC") fees are paid by the Plan and reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Company or the Plan.

Payment of Benefits

Benefits are recorded when paid.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the plan provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) present

**SIRVA Employees Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023**

employees or their beneficiaries; and (c) beneficiaries of employees who have died. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant assumptions underlying the actuarial present value of accumulated plan benefits as of December 31, 2023 were as follows:

Retirement age:

<u>Attained Age</u>	<u>North American Van Line Employees</u>	<u>American Van Line Employees</u>
55	9%	0%
56-59	2%	0%
60-62	7%	7%
63	12%	12%
64	20%	20%
65	25%	25%
66	30%	30%
67-68	40%	40%
69	45%	45%
70	100%	100%

Investment return: 6.70%

Asset value: Market

Mortality basis: Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021

Employee turnover: The rates at which participants are assumed to leave the Company by age are shown below:

<u>Percentage Assumed to Leave During the Year</u>	
<u>Age</u>	<u>All Employees</u>
20	6.00%
25	6.00%
30	6.00%
35	6.00%
40	6.00%
45	6.00%
50	5.50%
53	0.00%

SIRVA Employees Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present values of accumulated plan benefits. The computations of the actuarial present value of the accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023 there would be no material differences.

The actuarially computed present values of accumulated plan benefits as of December 31, 2023, is as follows:

Vested benefits	
Retirees and beneficiaries currently receiving benefits	\$ 65,698,029
Terminated vested members	32,326,264
Fully vested employees	<u>7,662,074</u>
Total vested benefits	105,686,367
Nonvested benefits	<u>47,562</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 105,733,929</u></u>

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2023, is as follows:

Actuarial present value of accumulated plan benefits - December 31, 2022	<u>\$ 122,605,354</u>
Increase (decrease) during the year attributable to	
Actuarial (gains) losses	4,486,216
Decrease in the discount period	7,053,629
Benefits paid	(26,493,526)
Assumption changes	<u>(1,917,744)</u>
Net decrease	<u>(16,871,425)</u>
Actuarial present value of accumulated plan benefits - December 31, 2023	<u><u>\$ 105,733,929</u></u>

The changes in accumulated plan benefits related to change in assumptions is primarily due to a change in the interest rate assumption from 6.45% to 6.7%.

Note 4. Information Certified by the Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon/BNY Mellon N.A., the trustee of the Plan, has certified the following information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

SIRVA Employees Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2024, and the accompanying schedule of reportable transactions for the year ended December 31, 2024.

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

Note 5. Related Party and Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan. Any party rendering services to the Plan, the employer, and certain others. The Plan holds investments issued by Principal Life Insurance Company, The Bank of New York Mellon and Aon Hewitt Group Trust that are considered party-in-interest investments.

Amounts paid by the Plan to parties-in-interest included fees paid for investment management, and trust services. Certain professional fees for the administration of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Note 6. Tax Status

The Plan, as amended, is intended to be qualified under Section 401(a) of the Internal Revenue Code (Code) and exempt from federal income taxes under Section 501(a). In the Plan's latest determination letter, dated August 19, 2014, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the requirements of the Code. The Plan has been amended subsequent to the amendments covered by the determination letter. However, the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable rules and regulations of the Code, and that the Plan is qualified and that the related trust continues to be tax-exempt.

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 if the Plan has undertaken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Fair Value Measurements

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Collective trust funds: Fair values of shares of collective trust funds are based upon the net asset values of the funds reported by the fund managers as of the Plan's financial statement dates and recent transaction prices as a practical expedient. The Aon Hewitt Group Trust collective investment funds provide for daily redemptions by the Plan at reported net asset values per share, pursuant to notice of at least fifteen business days before the valuation date. The EB Temporary Investment Fund of The Bank of New York Mellon provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

103-12 investment entities: The fair values of 103-12 investment entities are based on their net asset value (NAV) as a practical expedient, provided by the funds and their administrators. 103-12 investment entities consist of private equity investments. The investment strikes a NAV, which is the price at which redemptions are placed. The shares of the Fund are valued monthly at NAV, which is based on the fair value (reported NAVs) of each underlying investment fund. An investor can redeem 10% of its shares at the Fund's NAV calculated for the calendar month-end with 15 days' notice. Full redemptions in the Fund may be redeemed at the Fund's NAV calculated for the calendar quarter-end with 60 days' notice. A gate may be imposed if redemptions exceed more than 30% of the Fund's value (though this has never occurred to date).

Pooled separate accounts: The fair values of participation units held in the pooled separate accounts are based on their NAV, as reported by the managers of the pooled separate accounts and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date as a practical expedient. Each pooled separate account provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per unit.

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

SIRVA Employees Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following table summarizes the Plan's investments accounted for at fair value at December 31, 2024 and 2023:

	December 31, 2024			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Not Within Fair Value Hierarchy				
Collective trust funds*	\$ 73,183,747	\$ -	\$ -	\$ -
103-12 investment entities*	4,601,181	-	-	-
Pooled separate accounts*	8,010,030	-	-	-
Total	<u>\$ 85,794,958</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
	December 31, 2023			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Not Within Fair Value Hierarchy				
Collective trust funds*	\$ 74,762,394	\$ -	\$ -	\$ -
103-12 investment entities*	4,474,531	-	-	-
Pooled separate accounts*	9,411,956	-	-	-
Total	<u>\$ 88,648,881</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

* Investments measured at fair value using 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 the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

Note 8. Plan Termination

The Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and 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.

SIRVA Employees Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 87,069,617	\$ 91,269,523
103-12 investment entities - valuation adjustment	36,159	(27,557)
Pooled separate accounts - valuation adjustment	<u>65,337</u>	<u>(219,957)</u>
Net assets available for benefits per the Form 5500	<u>\$ 87,171,113</u>	<u>\$ 91,022,009</u>

The following is a reconciliation of the decrease in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net decrease in net assets available for benefits per the financial statements	\$ (4,199,906)	\$ (18,460,452)
103-12 investment entities - valuation adjustment	63,716	(27,557)
Pooled separate accounts - valuation adjustment	<u>285,294</u>	<u>(219,957)</u>
Net decrease in net assets available for benefits per the Form 5500	<u>\$ (3,850,896)</u>	<u>\$ (18,707,966)</u>

Note 10. Concentrations of Investments

Included in investments as of December 31, 2024 and 2023, are investments that are greater than 20% of total investments. These include shares of AON Hewitt Group Trust Long Credit Bond Fund amounting to \$36,425,492 and \$31,512,286 at December 31, 2024 and 2023, respectively. This investment represented 42% and 36% of total investments at December 31, 2024 and 2023, respectively. A significant decline in the market value of this investment could significantly affect the net assets available for benefits of the Plan. The AON Hewitt Group Trust annual report can be obtained by contacting AON Hewitt.

Note 11. Subsequent Events

Plan management has evaluated subsequent events for recognition and disclosure through October 9, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

SIRVA Employees Retirement Plan
EIN 52-1840893 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024 and 2023

(a)	(b) Identity of Party Involved	(c) Description of Assets	(d) Cost	(e) Current Value
*	Collective trust funds			
	The Bank of New York Mellon	EB Temporary Investment Fund of The Bank of New York Mellon	\$ 1,210,985	\$ 1,210,985
	AON Hewitt Group Trust	AON Hewitt Group Trust		
*		Small Cap Equity Index Fund	1,367,369	1,980,026
	AON Hewitt Group Trust	AON Hewitt Group Trust		
*		Non-US Equity Index Fund	6,425,414	7,632,504
	AON Hewitt Group Trust	AON Hewitt Group Trust		
*		High Yield Plus Bond Fund	350,339	416,333
	AON Hewitt Group Trust	AON Hewitt Group Trust		
*		Global Real Estate Fund	155,978	197,347
	AON Hewitt Group Trust	AON Hewitt Group Trust		
*		Large Cap Equity Index Fund	7,429,251	11,760,927
	AON Hewitt Group Trust	AON Hewitt Group Trust		
*		20+ Year U.S. Treasury STRIPS Index Fund	6,298,483	4,140,025
	AON Hewitt Group Trust	AON Hewitt Group Trust		
*		Multi-Asset Credit Fund	2,621,248	3,171,941
	AON Hewitt Group Trust	AON Hewitt Group Trust		
*		Long Credit Bond Fund	42,303,783	36,425,492
	AON Hewitt Group Trust	AON Hewitt Group Trust		
*		Core Real Estate Fund	<u>5,213,948</u>	<u>6,248,167</u>
	Total collective trust funds		<u>73,376,798</u>	<u>73,183,747</u>
	103-12 investment securities			
*	AON Hewitt Group Trust	AON Diversifying Alt Portfolio Fund	<u>4,191,381</u>	<u>4,601,181</u>
	Total 103-12 investment securities		<u>4,191,381</u>	<u>4,601,181</u>
	Pooled separate accounts			
	Principal Life Insurance Company	Principal Liquid Assets Separate Account	1,343,519	1,341,053
*	Principal Life Insurance Company	Principal LDI Extended Duration Separate Account	<u>8,188,115</u>	<u>6,668,977</u>
	Total pooled separate accounts		<u>9,531,634</u>	<u>8,010,030</u>
	Total investments held at end of year		<u>\$ 87,099,813</u>	<u>\$ 85,794,958</u>

*Represents party-in-interest.

SIRVA Employees Retirement Plan
EIN 52-1840893 PN 002
Schedule H, Line 4j – Schedule of Reportable Transactions
December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of transactions						
The Bank of New York Mellon	EB Temporary Investment Fund of The bank of New York Mellon	\$ 8,094,828	\$ -	\$ 8,094,828	\$ 8,094,828	\$ -
The Bank of New York Mellon	EB Temporary Investment Fund of The bank of New York Mellon	-	9,788,901	9,788,901	9,788,901	-
* Principal	Liquid Assets	7,212,011	-	7,212,011	7,212,011	-
* Principal	Liquid Assets	-	7,468,246	7,388,210	7,468,246	80,036

*Represents party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	2	1	0	0	0	0	0	0	0	3
45-49	0	5	2	0	0	0	0	0	0	0	7
50-54	0	5	7	3	1	0	0	0	0	0	16
55-59	0	5	3	7	10	0	0	0	0	0	25
60-64	0	7	5	13	25	19	1	0	0	0	70
65-69	0	0	1	2	7	4	5	0	0	0	19
70 & over	0	0	2	1	2	1	1	0	0	0	7
Total	0	24	21	26	45	24	7	0	0	0	147

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
----------------	----------------------	--------------------------

Lump sum conversion basis

- Interest rate for minimum funding purposes 3-segment interest rates reflecting corridors described above.
- Mortality 2024 IRS unisex mortality table prescribed for 2024 lump sum payments.

Demographic Assumptions

Inclusion date Only plan participants at January 1, 2024 are included in the valuation.

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

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

The rates at which participants are assumed to leave the Company by age are shown below:

Percentage assumed to leave during the year	
Age	All Employees
20	6.0%
25	6.0%
30	6.0%
35	6.0%
40	6.0%
45	6.0%
50	5.5%
53	0.0%

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

From Active Status		
Percentage assumed to retire during the year		
Age	NAVL Employees	AVL Employees
55	9%	0%
56	2%	0%
57	2%	0%
58	2%	0%
59	2%	0%
60	7%	7%
61	7%	7%
62	7%	7%
63	12%	12%
64	20%	20%
65	25%	25%
66	30%	30%
67	40%	40%
68	40%	40%
69	45%	45%
70	100%	100%

From Terminated Vested Status	
Percentage assumed to retire during the year	
Age	All Employees
60	5%
61	5%
62	5%
63	5%
64	5%
65	70%
66	30%
67	20%
68	20%
69	50%
70	100%

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of payment – Active participants

Pre-1996 accrued benefits:

- Lump sum – 10%
- 50% J&S annuity – 40%
- 100% J&S annuity – 15%
- Single life annuity – 35%

Other benefits:

- 50% J&S annuity – 30%
- 100% J&S annuity – 20%
- Single life annuity – 50%

Form of payment – Terminated vested participants

- 50% J&S annuity – 15%
- 100% J&S annuity – 30%
- Single life annuity – 55%

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 75% of eligible participants are assumed to be married.

Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Administrative expenses

The amount included this year for plan-related expenses is \$1,518,000.

Timing of benefit payments

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

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.74% for 2023 and 5.60% for 2022 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with SIRVA, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Data was provided by Principal Financial Group, the plan's recordkeeper.

In consultation with SIRVA, the following assumptions were made for missing or apparently inconsistent data elements: In cases where a hire date or termination date was not provided for a terminated vested participant, vesting service was assumed to be 10 years. Additionally, if data information pertaining to participant status or benefit information is not provided, it is assumed that there has been no change from the prior year information.

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

Assumptions Rationale - Significant Assumptions

Interest rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Administrative expenses The amount is determined each year based on the current year estimated PBGC premium plus an estimate of non-PBGC administrative expenses (which includes consideration of administrative expenses paid in the prior year).

Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Retirement and termination Rates of retirement and termination are based on a 2021 experience study and further adjusted to reflect the anticipated impact of changes to the administrative practices adopted by SIRVA.

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated, reflects the latest mortality improvement scale and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The amount included in the Target Normal Cost for plan-related expenses was changed from \$2,173,000 for 2023 to \$1,518,000 for 2024. The methodology for estimating plan-related expenses did not change, but the estimated expenses produced by that methodology increased.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

Plan Name	SIRVA EMPLOYEES RETIREMENT PLAN
Plan Sponsor EIN	52-1840893
ERISA Plan #	002
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

**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

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 SIRVA EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SIRVA INC.		D Employer Identification Number (EIN) 52-1840893	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	90,933,765	
b Actuarial value	2b	100,027,142	
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	857	73,956,301	73,956,301
b For terminated vested participants	717	37,521,974	37,521,974
c For active participants	147	9,039,891	9,097,515
d Total	1,721	120,518,166	120,575,790
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.03%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	1,518,000	
c Target normal cost	6c	1,518,000	

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	<i>CPM</i>	10/7/2025
Signature of actuary		Date
Cristina Mercader		2308014
Type or print name of actuary		Most recent enrollment number
Willis Towers Watson US LLC		312-288-7700
Firm name		Telephone number (including area code)
233 South Wacker Drive Suite 1800 Chicago IL 60606		
Address of the firm		

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	1,518,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	20,548,648	1,956,901	
b Waiver amortization installment	0	0	
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	3,474,901	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	3,474,901	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3,475,070	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	169	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
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. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021	

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	SIRVA, Inc.
EIN/PN	52-1840893/002
Plan Name	SIRVA Employees Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Cristina Mercader
Enrollment Number	23-08014

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 19 Discounted Employer Contributions as of January 1, 2024

Date	Applicable Plan Year	Contribution	Interest Rate Used to Discount During Timely Contribution Period	Timely Contribution Period	Interest Rate Used to Discount During Late Contribution Period	Late Contribution Period	Interest Adjusted Contribution
04/15/2024	2024	996,466	5.03%	0.28889	N/A	N/A	982,438
07/15/2024	2024	1,010,457	5.03%	0.53889	N/A	N/A	984,084
10/15/2024	2024	330,483	5.03%	0.78889	N/A	N/A	317,933
01/16/2025	2024	781,853	5.03%	1.03889	10.03%	0.00278	742,793
09/09/2025	2024	486,521	5.03%	1.68889	N/A	N/A	447,822
Total		3,605,780					3,475,070

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for the 44 active AVL employees was calculated by applying the rate of retirement at each age to a cohort of participants. The weighted average age at retirement was then calculated. The calculation for this group of participants is shown below:

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.00	1,000	1.000000	0.000000	0.000000
56	0.00	1,000	1.000000	0.000000	0.000000
57	0.00	1,000	1.000000	0.000000	0.000000
58	0.00	1,000	1.000000	0.000000	0.000000
59	0.00	1,000	1.000000	0.000000	0.000000
60	0.07	1,000	1.000000	0.070000	4.200000
61	0.07	930	0.930000	0.065100	3.971100
62	0.07	865	0.864900	0.060543	3.753666
63	0.12	804	0.804357	0.096523	6.080939
64	0.20	708	0.707834	0.141567	9.060277
65	0.25	566	0.566267	0.141567	9.201844
66	0.30	425	0.424700	0.127410	8.409070
67	0.40	297	0.297290	0.118916	7.967381
68	0.40	178	0.178374	0.071350	4.851778
69	0.45	107	0.107025	0.048161	3.323112
70	1.00	59	0.058863	0.058863	4.120444
Average age at retirement					64.939612

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for the 103 active NAVL employees was calculated by applying the rate of retirement at each age to a cohort of participants. The weighted average age at retirement was then calculated. The calculation for this group of participants is shown below:

x	q_x^r	l_x	${}_{x-55}P_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.09	1,000	1.000000	0.090000	4.950000
56	0.02	910	0.910000	0.018200	1.019200
57	0.02	892	0.891800	0.017836	1.016652
58	0.02	874	0.873964	0.017479	1.013798
59	0.02	856	0.856485	0.017130	1.010652
60	0.07	839	0.839355	0.058755	3.525291
61	0.07	781	0.780600	0.054642	3.333163
62	0.07	726	0.725958	0.050817	3.150658
63	0.12	675	0.675141	0.081017	5.104067
64	0.20	594	0.594124	0.118825	7.604789
65	0.25	475	0.475299	0.118825	7.723614
66	0.30	356	0.356474	0.106942	7.058195
67	0.40	250	0.249532	0.099813	6.687462
68	0.40	150	0.149719	0.059888	4.072365
69	0.45	90	0.089832	0.040424	2.789270
70	1.00	49	0.049407	0.049407	3.458516
Average age at retirement					63.517692

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The weighted average age for the entire Plan was calculated by multiplying the proportion of AVL active employees by their weighted average age at retirement, followed by multiplying the proportion of NAVL active employees by their weighted average age at retirement, and the summing the values. The calculation is shown below:

	(1)	(2)	(3)	(4) ((2) x (3))
	Number of active employees	Proportion of all active employees	Weighted average age at retirement	Weighted average
AVL	44	29.93%	64.93961	19.437707
NAVL	103	70.07%	63.51769	44.505593
Total	147			63.943300 = 64

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
----------------	----------------------	--------------------------

Lump sum conversion basis

- Interest rate for minimum funding purposes 3-segment interest rates reflecting corridors described above.
- Mortality 2024 IRS unisex mortality table prescribed for 2024 lump sum payments.

Demographic Assumptions

Inclusion date Only plan participants at January 1, 2024 are included in the valuation.

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

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

The rates at which participants are assumed to leave the Company by age are shown below:

Percentage assumed to leave during the year	
Age	All Employees
20	6.0%
25	6.0%
30	6.0%
35	6.0%
40	6.0%
45	6.0%
50	5.5%
53	0.0%

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

From Active Status		
Percentage assumed to retire during the year		
Age	NAVL Employees	AVL Employees
55	9%	0%
56	2%	0%
57	2%	0%
58	2%	0%
59	2%	0%
60	7%	7%
61	7%	7%
62	7%	7%
63	12%	12%
64	20%	20%
65	25%	25%
66	30%	30%
67	40%	40%
68	40%	40%
69	45%	45%
70	100%	100%

From Terminated Vested Status	
Percentage assumed to retire during the year	
Age	All Employees
60	5%
61	5%
62	5%
63	5%
64	5%
65	70%
66	30%
67	20%
68	20%
69	50%
70	100%

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of payment – Active participants

Pre-1996 accrued benefits:

- Lump sum – 10%
- 50% J&S annuity – 40%
- 100% J&S annuity – 15%
- Single life annuity – 35%

Other benefits:

- 50% J&S annuity – 30%
- 100% J&S annuity – 20%
- Single life annuity – 50%

Form of payment – Terminated vested participants

- 50% J&S annuity – 15%
- 100% J&S annuity – 30%
- Single life annuity – 55%

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 75% of eligible participants are assumed to be married.

Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Administrative expenses

The amount included this year for plan-related expenses is \$1,518,000.

Timing of benefit payments

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

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.74% for 2023 and 5.60% for 2022 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with SIRVA, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Data was provided by Principal Financial Group, the plan's recordkeeper.

In consultation with SIRVA, the following assumptions were made for missing or apparently inconsistent data elements: In cases where a hire date or termination date was not provided for a terminated vested participant, vesting service was assumed to be 10 years. Additionally, if data information pertaining to participant status or benefit information is not provided, it is assumed that there has been no change from the prior year information.

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

Assumptions Rationale - Significant Assumptions

Interest rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative expenses	The amount is determined each year based on the current year estimated PBGC premium plus an estimate of non-PBGC administrative expenses (which includes consideration of administrative expenses paid in the prior year).
Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Retirement and termination	Rates of retirement and termination are based on a 2021 experience study and further adjusted to reflect the anticipated impact of changes to the administrative practices adopted by SIRVA.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
------------------------	--

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated, reflects the latest mortality improvement scale and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The amount included in the Target Normal Cost for plan-related expenses was changed from \$2,173,000 for 2023 to \$1,518,000 for 2024. The methodology for estimating plan-related expenses did not change, but the estimated expenses produced by that methodology increased.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan History

The plan was originally effective June 21, 1985. The plan document was restated effective January 1, 2014.

On June 21, 1985, the Company adopted the North American Van Lines, Inc. Employees Retirement Plan (renamed the SIRVA Employee Retirement Plan referred to as the "Plan") for the purpose of providing retirement and death benefits to its eligible employees and their designated beneficiaries.

Effective December 31, 1995, all benefits accrued under the Plan were frozen.

Effective January 1, 1996, the Plan was restated to reflect the change in the Plan's benefit structure applicable to the pension amounts attributable to an employee's service after December 31, 1995.

Effective April 1, 2002, the Plan was restated to freeze benefits under the formula effective prior to April 2, 2002, to adopt a new benefit formula, to make additional changes and to extend the new formula to eligible employees of Allied Van Lines, Inc.

Effective August 9, 2002, the Allied Van Lines, Inc. Retirement Plan (the "Allied Plan") was merged into the Plan. Benefits accrued under the Allied Plan prior to April 1, 2002, are determined under the prior Allied Plan provisions.

Effective December 31, 2002, participation and all benefit accruals were frozen. However, participants still continue earning service for vesting and eligibility for early retirement purposes.

Effective October 1, 2007, early retirement reduction factors were changed for certain participants involuntarily terminating between October 1, 2007 and September 30, 2009.

Effective January 1, 2009, the plan document was restated to comply with the recent legislation.

Effective January 1, 2014, the plan document was restated to comply with recent legislation.

Effective December 8, 2022, the Plan was amended to provide for the transfer of certain assets and liabilities from the Plan to an insurer (to be selected by the Company) issuing one or more group annuity contracts.

Effective November 1, 2023, the Plan was amended to offer a one-time lump sum in December 2023 to certain deferred vested participants in the plan. Also effective November 1, 2023, the applicable interest rate to convert annuities to lump sum amounts was changed from the November immediately preceding the plan year to the October immediately preceding the plan year.

Definitions

Plan year The twelve month period ending December 31.

Vesting service Service from date of hire.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Credited service	Benefit accruals were frozen as of December 31, 2002.
Normal retirement date (NRD)	First of the month immediately following the participant's 65 th birthday.
Accrued benefit	<p>Former NAVL Participants:</p> <ul style="list-style-type: none">i. The benefit earned at December 31, 1995 less the benefit earned as of June 12, 1985 under PepsiCo Retirement Plan ("Frozen" benefit), plusii. The benefit earned between January 1, 1996 and March 31, 2002 ("Transition" benefit), plusiii. The benefit earned between April 1, 2002 and December 31, 2002 ("SIRVA" benefit); but not less thaniv. The formula in (iii.) applied to all service reduced by PepsiCo benefit. <p>Former AVL participants:</p> <ul style="list-style-type: none">i. AVL benefit at March 31, 2002, plusii. SIRVA benefit. <p>Other participants: SIRVA benefit calculated and provided by the administrator.</p> <p>Accrued benefits were calculated and provided by the plan administrator.</p>

Eligibility for Benefits

Normal retirement	<p>Frozen benefit – age 65 and fifth anniversary of participation or 5 years of vesting service.</p> <p>Transition benefit – age 65 and fifth anniversary of participation or 5 years of vesting service.</p> <p>AVL benefit – age 65.</p> <p>SIRVA benefit – age 65 and fifth anniversary of participation or 5 years of vesting service.</p>
--------------------------	--

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Early retirement	Frozen benefit – age 55 and 10 years of service. Transition benefit – age 55 and 15 years of service or age 60 and 5 years of service or age 62. AVL benefit – age 55 and 5 years of service. SIRVA benefit – age 55 and 10 years of service.
Vested termination	5 years of service or attainment of normal retirement age.
Preretirement death benefit	5 years of vesting service and married for at least one year before death.

Benefits Paid Upon the Following Events

Normal retirement	Accrued benefit payable at the normal retirement date.
Early retirement	Frozen benefit – Accrued benefit reduced 3%/year from NRA. Transition benefit – <ol style="list-style-type: none">Benefit between ages 55 and 60 is the minimum of:<ol style="list-style-type: none">\$500, orAge 62 Social Security amount, orAccrued BenefitBenefit at 60 and 61:<ol style="list-style-type: none">If ≥ 20 years of service – no reductionOtherwise reduction is 6 $\frac{2}{3}$%/year from 62Benefit at 62:<ol style="list-style-type: none">Benefit in b.) is further reduced by 66 $\frac{2}{3}$% of age 62 Social Security benefit, orIf benefit in b.) not taken, the Accrued Benefit is reduced only by 66 $\frac{2}{3}$% of Social Security benefit. SIRVA benefit – Accrued Benefit reduced 4%/year from 62.
Vested termination	Accrued Benefit payable at Normal Retirement. Reduced benefits are available at an earlier age.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death Generally, the benefit is Qualified Pre-retirement Survivor Annuity. However, the time of benefit commencement and reduction for early retirement depends on benefit part, age at death and service.

Other Plan Provisions

Forms of payment Normal Form of Benefit: Single – life only annuity;
Married – actuarially equivalent 50% joint and survivor annuity
Optional – life annuity, 10-year certain and life annuity and other joint-and-survivor options. In addition, the Frozen benefit may be paid as a lump sum.

Actuarial Equivalence In determining optional forms of payment, other than a lump sum payment, actuarial equivalence is based on the 1983 Group Annuity Mortality Table, 50% male/50% female rates and an interest rate of 8%. Actuarial equivalence for determining a lump sum value, is based on 417(e) applicable mortality table and applicable interest rate for the month of October preceding the plan year of determination.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Benefits not valued All benefits described in this section were valued. WTW has reviewed the plan provisions with SIRVA, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

In December 2023, the plan offered a one-time lump sum offer to settle the benefit obligations for a group of 778 deferred participants.

Also effective November 1, 2023, the applicable interest rate to convert annuities to lump sum amounts was changed from the November immediately preceding the plan year to the October immediately preceding the plan year.

There have been no other changes in the principal plan provisions since the prior valuation.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	2	1	0	0	0	0	0	0	0	0	3
45-49	0	5	2	0	0	0	0	0	0	0	0	7
50-54	0	5	7	3	1	0	0	0	0	0	0	16
55-59	0	5	3	7	10	0	0	0	0	0	0	25
60-64	0	7	5	13	25	19	1	0	0	0	0	70
65-69	0	0	1	2	7	4	5	0	0	0	0	19
70 & over	0	0	2	1	2	1	1	0	0	0	0	7
Total	0	24	21	26	45	24	7	0	0	0	0	147

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: SIRVA Employees Retirement Plan

EIN / PN: 52-1840893/002

Plan Sponsor: SIRVA, Inc.

Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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
2024	100,334	1,150,176	7,106,729	8,357,239
2025	264,564	2,363,259	6,932,763	9,560,586
2026	388,794	2,597,856	6,750,588	9,737,238
2027	497,771	2,815,641	6,561,616	9,875,028
2028	584,416	2,940,128	6,363,645	9,888,189
2029	652,775	2,997,172	6,157,795	9,807,742
2030	702,479	3,014,043	5,944,491	9,661,013
2031	733,686	3,010,386	5,722,621	9,466,693
2032	753,102	2,990,939	5,488,808	9,232,849
2033	762,610	2,947,651	5,246,408	8,956,669
2034	763,728	2,889,896	5,000,917	8,654,541
2035	759,939	2,818,738	4,749,878	8,328,555
2036	753,037	2,738,041	4,492,579	7,983,657
2037	742,405	2,648,093	4,229,685	7,620,183
2038	728,474	2,547,385	3,962,043	7,237,902
2039	712,026	2,440,160	3,690,731	6,842,917
2040	692,805	2,328,622	3,417,116	6,438,543
2041	671,531	2,212,998	3,142,868	6,027,397
2042	648,381	2,093,658	2,869,930	5,611,969
2043	622,854	1,971,579	2,600,470	5,194,903
2044	595,280	1,848,375	2,336,821	4,780,476
2045	565,785	1,724,871	2,081,379	4,372,035
2046	534,535	1,601,659	1,836,507	3,972,701
2047	501,647	1,479,463	1,604,448	3,585,558
2048	467,288	1,359,033	1,387,212	3,213,533
2049	431,745	1,241,107	1,186,487	2,859,339
2050	395,386	1,126,373	1,003,518	2,525,277
2051	358,646	1,015,502	839,059	2,213,207
2052	322,044	909,161	693,361	1,924,566
2053	286,140	807,978	566,170	1,660,288
2054	251,464	712,530	456,789	1,420,783

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	218,508	623,303	364,150	1,205,961
2056	187,686	540,675	286,887	1,015,248
2057	159,327	464,913	223,444	847,684
2058	133,660	396,146	172,153	701,959
2059	110,803	334,382	131,325	576,510
2060	90,778	279,502	99,324	469,604
2061	73,512	231,277	74,615	379,404
2062	58,858	189,384	55,804	304,046
2063	46,613	153,419	41,668	241,700
2064	36,537	122,914	31,164	190,615
2065	28,362	97,356	23,424	149,142
2066	21,823	76,214	17,748	115,785
2067	16,657	58,948	13,585	89,190
2068	12,625	45,032	10,515	68,172
2069	9,513	33,966	8,226	51,705
2070	7,132	25,285	6,493	38,910
2071	5,325	18,571	5,154	29,050
2072	3,962	13,452	4,101	21,515
2073	2,940	9,608	3,257	15,805

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	968,040	15.00000	968,040	88,073
Shortfall	01/01/2023	20,406,352	14.00000	19,580,608	1,868,828
Total				20,548,648	1,956,901

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	SIRVA, Inc.
EIN/PN	52-1840893/002
Plan Name	SIRVA Employees Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Cristina Mercader
Enrollment Number	23-08014

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for the 44 active AVL employees was calculated by applying the rate of retirement at each age to a cohort of participants. The weighted average age at retirement was then calculated. The calculation for this group of participants is shown below:

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.00	1,000	1.000000	0.000000	0.000000
56	0.00	1,000	1.000000	0.000000	0.000000
57	0.00	1,000	1.000000	0.000000	0.000000
58	0.00	1,000	1.000000	0.000000	0.000000
59	0.00	1,000	1.000000	0.000000	0.000000
60	0.07	1,000	1.000000	0.070000	4.200000
61	0.07	930	0.930000	0.065100	3.971100
62	0.07	865	0.864900	0.060543	3.753666
63	0.12	804	0.804357	0.096523	6.080939
64	0.20	708	0.707834	0.141567	9.060277
65	0.25	566	0.566267	0.141567	9.201844
66	0.30	425	0.424700	0.127410	8.409070
67	0.40	297	0.297290	0.118916	7.967381
68	0.40	178	0.178374	0.071350	4.851778
69	0.45	107	0.107025	0.048161	3.323112
70	1.00	59	0.058863	0.058863	4.120444
Average age at retirement					64.939612

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for the 103 active NAVL employees was calculated by applying the rate of retirement at each age to a cohort of participants. The weighted average age at retirement was then calculated. The calculation for this group of participants is shown below:

X	q_x^r	l_x	${}_{x-55}P_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.09	1,000	1.000000	0.090000	4.950000
56	0.02	910	0.910000	0.018200	1.019200
57	0.02	892	0.891800	0.017836	1.016652
58	0.02	874	0.873964	0.017479	1.013798
59	0.02	856	0.856485	0.017130	1.010652
60	0.07	839	0.839355	0.058755	3.525291
61	0.07	781	0.780600	0.054642	3.333163
62	0.07	726	0.725958	0.050817	3.150658
63	0.12	675	0.675141	0.081017	5.104067
64	0.20	594	0.594124	0.118825	7.604789
65	0.25	475	0.475299	0.118825	7.723614
66	0.30	356	0.356474	0.106942	7.058195
67	0.40	250	0.249532	0.099813	6.687462
68	0.40	150	0.149719	0.059888	4.072365
69	0.45	90	0.089832	0.040424	2.789270
70	1.00	49	0.049407	0.049407	3.458516
Average age at retirement					63.517692

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The weighted average age for the entire Plan was calculated by multiplying the proportion of AVL active employees by their weighted average age at retirement, followed by multiplying the proportion of NAVL active employees by their weighted average age at retirement, and the summing the values. The calculation is shown below:

	(1)	(2)	(3)	(4) ((2) x (3))
	Number of active employees	Proportion of all active employees	Weighted average age at retirement	Weighted average
AVL	44	29.93%	64.93961	19.437707
NAVL	103	70.07%	63.51769	44.505593
Total	147			63.943300 = 64

Plan Name: SIRVA Employees Retirement Plan
 EIN / PN: 52-1840893/002
 Plan Sponsor: SIRVA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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
2024	100,334	1,150,176	7,106,729	8,357,239
2025	264,564	2,363,259	6,932,763	9,560,586
2026	388,794	2,597,856	6,750,588	9,737,238
2027	497,771	2,815,641	6,561,616	9,875,028
2028	584,416	2,940,128	6,363,645	9,888,189
2029	652,775	2,997,172	6,157,795	9,807,742
2030	702,479	3,014,043	5,944,491	9,661,013
2031	733,686	3,010,386	5,722,621	9,466,693
2032	753,102	2,990,939	5,488,808	9,232,849
2033	762,610	2,947,651	5,246,408	8,956,669
2034	763,728	2,889,896	5,000,917	8,654,541
2035	759,939	2,818,738	4,749,878	8,328,555
2036	753,037	2,738,041	4,492,579	7,983,657
2037	742,405	2,648,093	4,229,685	7,620,183
2038	728,474	2,547,385	3,962,043	7,237,902
2039	712,026	2,440,160	3,690,731	6,842,917
2040	692,805	2,328,622	3,417,116	6,438,543
2041	671,531	2,212,998	3,142,868	6,027,397
2042	648,381	2,093,658	2,869,930	5,611,969
2043	622,854	1,971,579	2,600,470	5,194,903
2044	595,280	1,848,375	2,336,821	4,780,476
2045	565,785	1,724,871	2,081,379	4,372,035
2046	534,535	1,601,659	1,836,507	3,972,701
2047	501,647	1,479,463	1,604,448	3,585,558
2048	467,288	1,359,033	1,387,212	3,213,533
2049	431,745	1,241,107	1,186,487	2,859,339
2050	395,386	1,126,373	1,003,518	2,525,277
2051	358,646	1,015,502	839,059	2,213,207
2052	322,044	909,161	693,361	1,924,566
2053	286,140	807,978	566,170	1,660,288
2054	251,464	712,530	456,789	1,420,783

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	218,508	623,303	364,150	1,205,961
2056	187,686	540,675	286,887	1,015,248
2057	159,327	464,913	223,444	847,684
2058	133,660	396,146	172,153	701,959
2059	110,803	334,382	131,325	576,510
2060	90,778	279,502	99,324	469,604
2061	73,512	231,277	74,615	379,404
2062	58,858	189,384	55,804	304,046
2063	46,613	153,419	41,668	241,700
2064	36,537	122,914	31,164	190,615
2065	28,362	97,356	23,424	149,142
2066	21,823	76,214	17,748	115,785
2067	16,657	58,948	13,585	89,190
2068	12,625	45,032	10,515	68,172
2069	9,513	33,966	8,226	51,705
2070	7,132	25,285	6,493	38,910
2071	5,325	18,571	5,154	29,050
2072	3,962	13,452	4,101	21,515
2073	2,940	9,608	3,257	15,805

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 19
Discounted Employer Contributions
as of January 1, 2024

Date	Applicable Plan Year	Contribution	Interest Rate Used to Discount During Timely Contribution Period	Timely Contribution Period	Interest Rate Used to Discount During Late Contribution Period	Late Contribution Period	Interest Adjusted Contribution
04/15/2024	2024	996,466	5.03%	0.28889	N/A	N/A	982,438
07/15/2024	2024	1,010,457	5.03%	0.53889	N/A	N/A	984,084
10/15/2024	2024	330,483	5.03%	0.78889	N/A	N/A	317,933
01/16/2025	2024	781,853	5.03%	1.03889	10.03%	0.00278	742,793
09/09/2025	2024	486,521	5.03%	1.68889	N/A	N/A	447,822
Total		3,605,780					3,475,070

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan History

The plan was originally effective June 21, 1985. The plan document was restated effective January 1, 2014.

On June 21, 1985, the Company adopted the North American Van Lines, Inc. Employees Retirement Plan (renamed the SIRVA Employee Retirement Plan referred to as the "Plan") for the purpose of providing retirement and death benefits to its eligible employees and their designated beneficiaries.

Effective December 31, 1995, all benefits accrued under the Plan were frozen.

Effective January 1, 1996, the Plan was restated to reflect the change in the Plan's benefit structure applicable to the pension amounts attributable to an employee's service after December 31, 1995.

Effective April 1, 2002, the Plan was restated to freeze benefits under the formula effective prior to April 2, 2002, to adopt a new benefit formula, to make additional changes and to extend the new formula to eligible employees of Allied Van Lines, Inc.

Effective August 9, 2002, the Allied Van Lines, Inc. Retirement Plan (the "Allied Plan") was merged into the Plan. Benefits accrued under the Allied Plan prior to April 1, 2002, are determined under the prior Allied Plan provisions.

Effective December 31, 2002, participation and all benefit accruals were frozen. However, participants still continue earning service for vesting and eligibility for early retirement purposes.

Effective October 1, 2007, early retirement reduction factors were changed for certain participants involuntarily terminating between October 1, 2007 and September 30, 2009.

Effective January 1, 2009, the plan document was restated to comply with the recent legislation.

Effective January 1, 2014, the plan document was restated to comply with recent legislation.

Effective December 8, 2022, the Plan was amended to provide for the transfer of certain assets and liabilities from the Plan to an insurer (to be selected by the Company) issuing one or more group annuity contracts.

Effective November 1, 2023, the Plan was amended to offer a one-time lump sum in December 2023 to certain deferred vested participants in the plan. Also effective November 1, 2023, the applicable interest rate to convert annuities to lump sum amounts was changed from the November immediately preceding the plan year to the October immediately preceding the plan year.

Definitions

Plan year The twelve month period ending December 31.

Vesting service Service from date of hire.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Credited service	Benefit accruals were frozen as of December 31, 2002.
Normal retirement date (NRD)	First of the month immediately following the participant's 65 th birthday.
Accrued benefit	<p>Former NAVL Participants:</p> <ul style="list-style-type: none">i. The benefit earned at December 31, 1995 less the benefit earned as of June 12, 1985 under PepsiCo Retirement Plan ("Frozen" benefit), plusii. The benefit earned between January 1, 1996 and March 31, 2002 ("Transition" benefit), plusiii. The benefit earned between April 1, 2002 and December 31, 2002 ("SIRVA" benefit); but not less thaniv. The formula in (iii.) applied to all service reduced by PepsiCo benefit. <p>Former AVL participants:</p> <ul style="list-style-type: none">i. AVL benefit at March 31, 2002, plusii. SIRVA benefit. <p>Other participants: SIRVA benefit calculated and provided by the administrator.</p> <p>Accrued benefits were calculated and provided by the plan administrator.</p>

Eligibility for Benefits

Normal retirement	<p>Frozen benefit – age 65 and fifth anniversary of participation or 5 years of vesting service.</p> <p>Transition benefit – age 65 and fifth anniversary of participation or 5 years of vesting service.</p> <p>AVL benefit – age 65.</p> <p>SIRVA benefit – age 65 and fifth anniversary of participation or 5 years of vesting service.</p>
--------------------------	--

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Early retirement	Frozen benefit – age 55 and 10 years of service. Transition benefit – age 55 and 15 years of service or age 60 and 5 years of service or age 62. AVL benefit – age 55 and 5 years of service. SIRVA benefit – age 55 and 10 years of service.
Vested termination	5 years of service or attainment of normal retirement age.
Preretirement death benefit	5 years of vesting service and married for at least one year before death.

Benefits Paid Upon the Following Events

Normal retirement	Accrued benefit payable at the normal retirement date.
Early retirement	Frozen benefit – Accrued benefit reduced 3%/year from NRA. Transition benefit – <ol style="list-style-type: none">Benefit between ages 55 and 60 is the minimum of:<ol style="list-style-type: none">\$500, orAge 62 Social Security amount, orAccrued BenefitBenefit at 60 and 61:<ol style="list-style-type: none">If ≥ 20 years of service – no reductionOtherwise reduction is 6 $\frac{2}{3}$%/year from 62Benefit at 62:<ol style="list-style-type: none">Benefit in b.) is further reduced by 66 $\frac{2}{3}$% of age 62 Social Security benefit, orIf benefit in b.) not taken, the Accrued Benefit is reduced only by 66 $\frac{2}{3}$% of Social Security benefit. SIRVA benefit – Accrued Benefit reduced 4%/year from 62.
Vested termination	Accrued Benefit payable at Normal Retirement. Reduced benefits are available at an earlier age.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death

Generally, the benefit is Qualified Pre-retirement Survivor Annuity. However, the time of benefit commencement and reduction for early retirement depends on benefit part, age at death and service.

Other Plan Provisions

Forms of payment

Normal Form of Benefit: Single – life only annuity;

Married – actuarially equivalent 50% joint and survivor annuity

Optional – life annuity, 10-year certain and life annuity and other joint-and-survivor options. In addition, the Frozen benefit may be paid as a lump sum.

Actuarial Equivalence

In determining optional forms of payment, other than a lump sum payment, actuarial equivalence is based on the 1983 Group Annuity Mortality Table, 50% male/50% female rates and an interest rate of 8%. Actuarial equivalence for determining a lump sum value, is based on 417(e) applicable mortality table and applicable interest rate for the month of October preceding the plan year of determination.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Benefits not valued

All benefits described in this section were valued. WTW has reviewed the plan provisions with SIRVA, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

In December 2023, the plan offered a one-time lump sum offer to settle the benefit obligations for a group of 778 deferred participants.

Also effective November 1, 2023, the applicable interest rate to convert annuities to lump sum amounts was changed from the November immediately preceding the plan year to the October immediately preceding the plan year.

There have been no other changes in the principal plan provisions since the prior valuation.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024

Plan Name	SIRVA EMPLOYEES RETIREMENT PLAN
Plan Sponsor EIN	52-1840893
ERISA Plan #	002
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	968,040	15.00000	968,040	88,073
Shortfall	01/01/2023	20,406,352	14.00000	19,580,608	1,868,828
Total				20,548,648	1,956,901

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2024