

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>NCR PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>005</u>
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>CARDTRONICS USA, INC.</u> <u>864 SPRING ST NW</u> <u>ATLANTA, GA 30308</u>	1c Effective date of plan <u>01/01/1969</u> 2b Employer Identification Number (EIN) <u>76-0419117</u> 2c Plan Sponsor's telephone number <u>937-445-5000</u> 2d Business code (see instructions) <u>334110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	BERNIE ESCOBEDO
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	12037
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	769
	6a(2)	312
	6b	6654
	6c	3765
	6d	10731
	6e	1140
	6f	11871
	6g(1)	
6g(2)		
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 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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 0
 - (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 _____

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
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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>NCR PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CARDTRONICS USA, INC.</u>	D Employer Identification Number (EIN) <u>76-0419117</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>1070408925</u>
	b Actuarial value	2b	<u>1177449818</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>7466</u>	<u>937536387</u>
	b For terminated vested participants	<u>3934</u>	<u>264732220</u>
	c For active participants	<u>769</u>	<u>100982401</u>
	d Total	<u>12169</u>	<u>1303251008</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>11700000</u>
	c Target normal cost	6c	<u>11700000</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>09/19/2025</u>	Date
	<u>CHELSEA SWIRSKY</u>	<u>23-08200</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>404-224-5000</u>	Telephone number (including area code)
	<u>FIVE CONCOURSE PARKWAY SUITE 1800 ATLANTA, GA 30328</u>		
	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 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	17700217
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	17642828
9	Amount remaining (line 7 minus line 8)	0	57389
10	Interest on line 9 using prior year's actual return of <u>5.70</u> %	0	3271
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		112801618
	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>5.16</u> %		4910194
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1005641
	c Total available at beginning of current plan year to add to prefunding balance		118717453
	d Portion of (c) to be added to prefunding balance		118717453
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	118778113

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.85 %
15	Adjusted funding target attainment percentage	15	80.85 %
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	80.00 %
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
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
	(4) 4th	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 62
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 checked="" type="checkbox"/> Yes <input 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 11700000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	250627560		29217613	
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 40917613
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	40917613	40917613	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under 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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 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.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NCR PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 CARDTRONICS USA, INC.	D Employer Identification Number (EIN) 76-0419117	

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

NORTHERN TRUST COMPANY

36-1561860

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

FID INV INST OPS CO

04-2647786

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

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

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

TOWERS WATSON

52-1868818

(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?
16 50	NONE	634569	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)

FID INV INST OPS CO

04-2647786

(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?
15 50 64	NONE	615541	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ONEDIGITAL INVESTMENT ADVISORS LLC

82-1434504

(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?
28 50 51	NONE	136794	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN TRUST COMPANY

36-1561860

(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 28 50 51	TRUSTEE	136297	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
28 50 51	NONE	128119	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)

AON CONSULTING

22-2232264

(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	70529	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CARR, RIGGS, & INGRAM, LLC

72-1396621

(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	60500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLINGTON TRUST COMPANY

04-2755549

(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?
28 51	NONE	43812	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)

STATE STREET GLOBAL ADVISORS

13-3142135

(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?
28 51	NONE	6056	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NCR PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CARDTRONICS USA, INC.</u>	D Employer Identification Number (EIN) <u>76-0419117</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CTF GLBL TOTAL RETURN PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST CO., N.A.</u>		
c EIN-PN <u>27-2918974-001</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>15791990</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TREASURY US 15 YEAR NL FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>		
c EIN-PN <u>45-3856099-001</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>31961251</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TREASURY US 25 YEAR NL FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>		
c EIN-PN <u>45-3856189-000</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>29548871</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TREASURY US 20 YEAR NL FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>		
c EIN-PN <u>45-3856189-001</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>21453376</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV SHORT TERM INVT FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>45-6138589-084</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>18098351</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TREASURY US 5 YEAR NL FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>		
c EIN-PN <u>47-4104495-001</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>22299168</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TREASURY US 10 YEAR NL FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>		
c EIN-PN <u>47-4226866-001</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>36685640</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA LONG US GOV BOND IDX NL FD](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST CO.](#)

c EIN-PN 90-0337987-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8429622
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA INTERM US GOV BOND IDX NL FD](#)

b Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST CO.](#)

c EIN-PN 90-0337987-209	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11102557
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a Name of MTIA, CCT, PSA, or 103-12 IE: [CF WILLIS TOWERS WATSON GT](#)

b Name of sponsor of entity listed in (a): [TOWERS WATSON INVESTMENT SERVICES, INC.](#)

c EIN-PN 82-6695738-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306438201
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a Name of MTIA, CCT, PSA, or 103-12 IE: [CF WILLIS TOWER WTW GT DIVERSIFIED](#)

b Name of sponsor of entity listed in (a): [TOWERS WATSON INVESTMENT SERVICES, INC.](#)

c EIN-PN 82-6695738-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174932548
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a Name of MTIA, CCT, PSA, or 103-12 IE: [CF WTW GT REAL ASSET FUND](#)

b Name of sponsor of entity listed in (a): [TOWERS WATSON INVESTMENT SERVICES, INC.](#)

c EIN-PN 82-6695738-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154142090
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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)
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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)
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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)
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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)
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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)
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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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NCR PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 CARDTRONICS USA, INC.	D Employer Identification Number (EIN) 76-0419117

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	308633	123156
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)	24294	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	129961	0
(5) Partnership/joint venture interests	1c(5)	33327741	47467429
(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)	321687178	830936780
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	716687555	113122864

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	1072165362	991650229
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1700000	1700000
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	57000	61201
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1757000	1761201
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1070408362	989889028

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	8015	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2862445	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		2870460
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	28864619	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	30416663	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	12769205	
(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)		18481696
(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		7303160
d Total income. Add all income amounts in column (b) and enter total	2d		39872477

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	109158731	
(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)		109158731
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)	615541	
(4) IQPA audit fees	2i(4)	60500	
(5) Investment advisory and investment management fees	2i(5)	314781	
(6) Bank or trust company trustee/custodial fees	2i(6)	221131	
(7) Actuarial fees	2i(7)	634569	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	9386558	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11233080
j Total expenses. Add all expense amounts in column (b) and enter total	2j		120391811

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-80519334
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: **CARR, RIGGS & INGRAM LLC**

(2) EIN: **72-1396621**

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		30000000
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 545647.

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

A Name of plan <u>NCR PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARDTRONICS USA, INC.</u>	D Employer Identification Number (EIN) <u>76-0419117</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
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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): 04-3275867

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		52
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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.)
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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.
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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: 1.8 % Private Equity: 13.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 61.5 %
 High-Yield Debt: 1.4 % Real Assets: 14.2 % Cash or Cash Equivalents: 7.3 % Other: 0.0 %

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 _____.

NCR Pension Plan

**Financial Statements and Supplemental Schedules
December 31, 2024 and 2023**

NCR Pension Plan
December 31, 2024 and 2023

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** Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.*



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INDEPENDENT AUDITOR'S REPORT

To the Pension Investment Committee and Management of the
NCR Pension Plan

Opinion

We have audited the accompanying financial statements of the NCR Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024 and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of the Plan as of December 31, 2024 and 2023 and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 NCR Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 generally accepted auditing standards 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 generally accepted auditing standards, 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 NCR Pension 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 NCR Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS AND INGRAM, L.L.C.

Atlanta, Georgia
October 13, 2025

NCR Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

<i>December 31,</i>	2024	2023
(in thousands of dollars)		
Assets:		
Investments, at fair value		
Hedge funds	\$ 113,123	\$ 96,799
Common commingled trusts	830,937	941,787
Joint ventures and partnerships	47,467	33,271
Total investments at fair value	<u>991,527</u>	<u>1,071,857</u>
Receivables:		
Interest and dividends receivable	<u>123</u>	<u>309</u>
Total receivables	<u>123</u>	<u>309</u>
Total assets	<u>991,650</u>	<u>1,072,166</u>
Liabilities:		
Payable for securities purchased	61	57
Accrued liabilities	<u>1,700</u>	<u>1,700</u>
Total liabilities	<u>1,761</u>	<u>1,757</u>
Net assets available for benefits	<u><u>\$ 989,889</u></u>	<u><u>\$ 1,070,409</u></u>

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

NCR Pension Plan
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2024

For the Year Ended December 31,

2024

(in thousands of dollars)

Additions:

Dividends and interest	\$ 2,870
Net appreciation in fair value of investments	37,002
Total additions	<u>39,872</u>

Deductions:

Distributions to plan participants	109,159
Plan expenses	11,233
Total deductions	<u>120,392</u>

Net decrease in net assets available for benefits	<u>(80,520)</u>
---	-----------------

Net assets available for benefits

Beginning of year	1,070,409
End of year	<u>\$ 989,889</u>

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

NCR Pension Plan
Statements of Accumulated Plan Benefits
December 31, 2024 and 2023

<i>December 31,</i>	2024	2023
(in thousands of dollars)		
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Retired participants and beneficiaries currently receiving payment	\$ 919,857	\$ 925,305
Other participants	209,356	213,487
	<u>1,129,213</u>	<u>1,138,792</u>
Non-vested benefits	<u>3,590</u>	<u>4,617</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 1,132,803</u>	<u>\$ 1,143,409</u>

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

NCR Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year ended December 31, 2024

For the Year Ended December 31,

2024

(in thousands of dollars)

Actuarial present value of accumulated plan benefits at beginning of year	\$ 1,143,409
Increase (decrease) during the year attributable to:	
Interest accrued	81,662
Actuarial gains and losses	6,113
Change in assumptions	10,778
Benefits paid	<u>(109,159)</u>
Net decrease	<u>(10,606)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 1,132,803</u></u>

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

NCR Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the NCR Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

General

In September 2023, the Board of Directors unanimously approved a plan to separate NCR Corporation into two independent, publicly traded companies (i.e. Company “spin-off”). As part of this spin-off, NCR Atleos (the “Company”) assumed the U.S. pension plan assets and liabilities. Prior to this, the Plan was sponsored by NCR Voyix Corporation, which was previously NCR Corporation.

The Plan is a defined benefit plan sponsored by Cardtronics USA, Inc., an NCR Atleos Corporation subsidiary. The Plan is subject to the provisions of the Internal Revenue Code of 1986, as amended (“IRC”) and the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Plan assets are held and managed by The Northern Trust Company (“Northern Trust”). Northern Trust makes investment transactions as directed by the Pension Investment Committee (“Investment Committee”). Fidelity Workplace Services Company, LLC (“Fidelity”) provides certain recordkeeping and administrative services and certain other ERISA compliance services for the Plan.

Participation

The Plan was closed to new participants on September 1, 2004 other than employees who are represented by the Independent Union of NCR Corporation Guards. The Plan was closed to all new participants effective April 1, 2005, and all participants ceased accruing additional benefits on December 31, 2006.

Retirement Age

The normal retirement age is 65. A vested participant may elect early retirement any time after he or she attains age 55. Early retirement benefits will be reduced as specified in the Plan.

Basic Monthly Pension Benefit

The basic monthly benefit varies among participants in the Plan, as several other plans have been merged into the Plan and the benefit formulas from the prior plans still apply in calculating the monthly benefit, but are generally based on average compensation and years of service. The Plan is summarized in the Summary Plan Description, which has been distributed to all participants. Specific details are contained in the official Plan documents, which may be examined without charge by participants or beneficiaries. Copies of the Plan documents may be obtained by contacting the Company’s benefits service center.

Limited Lump Sum Form of Payment

Vested participants who terminate employment on or after July 1, 2014, may elect, during the six month period beginning on the date of termination of employment, to receive a lump-sum payment on an elected Benefit Commencement Date that is no later than eight months after the date of termination of employment.

Pension PLUS Benefit

In addition to the basic monthly benefit, a cash balance benefit was provided for most participants equal to an initial amount of 2.00% of 1991 annual pay. An additional cash balance benefit of 1.50% of pay per month was provided for participants hired before June 1, 2002. Participants hired on or after June 1, 2002 were provided with a cash balance benefit of 3% of pay per month. All participants ceased accruing additional benefits, including all cash balance benefits, on December 31, 2006.

NCR Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Benefit Service

Benefit service is generally all continuous service with the Company, including active service after normal retirement age. The Plan provides for certain absences to be counted as service and for certain breaks-in-service to be excluded. Benefit service was frozen for all participants effective December 31, 2006.

Vesting

A participant has a non-forfeitable benefit under the Plan when he or she has completed three or more years of vesting service or reaches normal retirement age. Subject to break-in-service rules, a year of vesting service means the completion of 12 months of service. All Plan participants who were active on January 1, 2007 were fully vested at that time.

Surviving Spouse Benefit Before Retirement

A Qualified Pre-retirement Surviving Spouse Annuity benefit is available for all vested participants in the Plan. Survivor payments commence as early as at the death of the vested participant or the date the vested participant would have reached early retirement age, whichever is later. Payments continue until the death of the Surviving Spouse or qualified domestic partner.

Surviving Spouse Benefit After Retirement

A Joint and Survivor Annuity benefit is available for participants in the Plan. If this form of benefit is elected, survivor payments commence at the death of the retired participant. Payments continue until the death of the Surviving Spouse or qualified domestic partner.

Investment Strategy

The Company has historically employed a total return investment approach, whereby a mix of fixed-income, equities and real estate investments are used to maximize the long-term return of plan assets subject to a prudent level of risk. The risk tolerance is established for each plan through careful consideration of plan liabilities, plan funded status and corporate financial condition.

The investment portfolios contain a diversified mix of asset classes, including fixed-income investments, which are diversified across issuers and credit quality. The investment portfolios also contain a blend of equity investments, which are diversified across small and large capitalization stocks and growth and value stocks.

Where applicable, real estate investments are made through real estate securities, partnership interests or direct investment and are diversified by property type and location. Other assets, such as cash or private equity are used judiciously to improve portfolio diversification and enhance risk-adjusted portfolio returns. Due to the timing of security purchases and sales, cash held by fund managers is classified in the same asset category as the related investment. Rebalancing algorithms are applied to keep the asset mix of the plans from deviating excessively from their targets. Investment risk is measured and monitored on an ongoing basis through regular performance reporting, investment manager reviews, actuarial liability measurements and periodic investment strategy reviews.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

NCR Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Concentration of Risks and Uncertainties

The assets of the Plan are primarily financial instruments which are monetary in nature and concentrated in investment securities that are exposed to various risks which can include interest rate risks, market risks and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

The Plan invests in alternative investment vehicles such as common commingled trusts, joint ventures, limited partnerships, and hedge funds. The value, liquidity, and related income of these investments are sensitive to changes in economic conditions, including interest rates, market volatility, and the financial performance of underlying assets or entities. They may also be adversely affected by shifts in investor sentiment, regulatory changes, and limitations on redemption or transferability.

Certain investments held by the Plan may impose redemption restrictions, including lock-up periods, notice requirements, and redemption gates, which limit the Plan's ability to withdraw funds on demand. These restrictions may delay access to capital or prevent timely liquidation of assets to meet benefit obligations or reallocate investments. Additionally, the valuation of these investments may be based on estimates provided by fund managers or third-party administrators, which may differ materially from values realized upon redemption or sale.

Due to the nature and complexity of these investments, it is at least reasonably possible that changes in risks and uncertainties will continue to occur and could materially affect the Plan's financial statements.

The Plan has committed capital to several limited partnerships as of December 31, 2024 and 2023. These commitments are funded 57% and 60% as of December 31, 2024 and 2023, respectively.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Investment Valuation and Income Recognition

Investments generally are reported at fair value or net asset value (NAV) as a practical expedient to 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 further discussion of fair value measurements and NAV. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, qualified institution, and fund managers.

Purchases and sales of securities are recorded as of the trade date. Interest income is recorded as earned on an accrual basis. Dividend income is recorded on the ex-dividend date.

NCR Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses on investments sold during the year and the unrealized appreciation (depreciation) on those investments held at year end.

Contributions

Contributions by the Company are determined, as required by ERISA, on the basis of (i) annual actuarial valuations of the Plan by an independent consulting actuary; (ii) the maximum amount permitted by law or regulation as a Federal income tax deduction; and (iii) the minimum amount certified by the actuary as necessary during any Plan year to avoid an accumulated funding deficiency and/or enable Plan amendments to take effect.

Contributions to the Plan are determined by an actuarial cost method known as the Unit Credit Method using interest rates within the range prescribed by the Internal Revenue Service ("IRS") for 2024 and 2023. Since Plan benefits are frozen, all benefits under the Plan are attributed to past service. The calculations for any termination, death and retirement benefits take into consideration the entitlement to benefits which may begin at various future times. Each age prior to retirement has associated with it appropriate probabilities of termination and death.

Such amounts are determined by an enrolled actuary with the objective of providing sufficient accumulated net assets of the Plan (including future investment earnings and contributions) to pay all future Plan benefits for current and former employees and their beneficiaries at the time those benefits become payable. The return on investments of the Plan serves to reduce future contributions that would otherwise be required to provide for the Plan's defined level of benefits. For the year ended December 31, 2024, the Plan was at a sufficient funding level as determined by the actuary. No Plan Sponsor contributions were made for the year ended December 31, 2024.

Plan Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Distributions to Plan Participants

Benefit payments to participants are recorded when paid.

Reclassifications

Certain reclassifications were made to prior year balances to conform with current year presentation.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, October 13, 2025, and determined there were no events that occurred that require disclosure.

NCR Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Plan Termination Provisions

The Company does not presently intend to terminate the Plan, but reserves the right to terminate the Plan at any time. In the event of a Plan termination, the Plan provides that the net assets of the Plan shall be allocated among participants and beneficiaries of the Plan in the order required by ERISA.

In the event the Plan terminates and the assets are insufficient to cover the obligations of the Plan, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding the Plan termination.
- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. Government agency, up to the applicable limitations (discussed below).
- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d) All non-vested benefits.

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

For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

4. Tax Status of the Plan

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 1, 2021, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Tax positions are recognized only if it is "more likely than not" that the tax position be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax position is recorded. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NCR Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

5. Related Party and Party-in-Interest Transactions

Certain of the Plan's investments are in funds managed by an affiliate of the Plan's trustee, The Northern Trust, and also affiliates of Fidelity, the Plan's recordkeeper. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transactions rules. Willis Towers Watson, the Plan's actuary, is also considered a party-in-interest. BlackRock Capital is a party-in-interest due to its history as an investment advisor to the Plan.

The following table presents the purchases and sales of investments managed by affiliates of parties-in-interest during the Plan year ended December 31, 2024.

Name	Purchases	Sales
CF Blackrock Treasury U.S. 10 Year	\$ -	\$ 11,585,069
CF Blackrock Treasury U.S. 5 Year	-	2,867,998
CF Blackrock Treasury U.S. 15 Year	-	8,330,467
CF Blackrock Treasury U.S. 20 Year	-	1,919,613
CF Blackrock Treasury U.S. 25 Year	1,250,000	24,972
CF Willis Towers Watson GT Subs Reds	56,630,000	55,800,000

The Company provides certain accounting, recordkeeping and administrative services to the Plan for which it receives no compensation.

6. Accumulated Plan Benefits

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

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for participant services already rendered. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated participants or their beneficiaries; (ii) beneficiaries of participants who have died; and (iii) present participants or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to participants' service rendered and compensation received up to the valuation date.

NCR Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits at December 31, 2024 and 2023 were:

- (a) Mortality table – Pri-2012 Employees and Health Annuitant Mortality Table for healthy lives with White Collar Adjustment projected using Scale MP2021 for 2024 and RP2014 Employees and Health Annuitant Mortality Table for healthy lives with White Collar Adjustment projected using Scale MP2020 for 2023
- (b) Interest rates – 7.00% for 2024 and 7.50% for 2023
- (c) Retirement ages – Ages 55 to 70 for salaried Plan participants, depending on Plan provisions; ages 62 to 65 for hourly participants, depending on Plan provisions; and ages 55 to 65 for vested terminations, depending on Plan provisions
- (d) Disability incidence – Based on an experience study conducted by Aon, with annual consideration of whether any conditions have changed that would produce different results in the future; and
- (e) Disability mortality – Pri-2012 Disabled Retirement Mortality Table for disabled lives, projected using Scale MP2021 for 2024 and RP2014 Disabled Retirement Mortality Table for disabled lives, projected using Scale MP2020 for 2023

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

7. Fair Value Measurements

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are:
 - observable; or
 - can be corroborated by observable market data.

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

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

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

NCR Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

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

Hedge funds are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Accordingly, these NAV based investments have been excluded from the fair value hierarchy leveling.

Common commingled trusts are valued using a NAV provided by the manager of each fund. The NAV is based on the underlying net assets owned by the fund, divided by the number of shares or units outstanding. The fair value of the underlying securities within the fund, which are generally traded on an active market, are valued at the closing price reported on the active market on which those individual securities are traded. For investments not traded on an active market, or for which a quoted price is not publicly available, a variety of unobservable valuation methodologies, including discounted cash flow, market multiple and cost valuation approaches, are employed by the fund manager or independent third party to value investments.

Partnerships and joint ventures are valued based on the fair value of the underlying securities within the fund, which include investments both traded on an active market and not traded on an active market. For those investments that are traded on an active market, the values are based on the closing price reported on the active market on which those individual securities are traded. For investments not traded on an active market, or for which a quoted price is not publicly available, a variety of unobservable valuation methodologies, including discounted cash flow, market multiples and cost valuation approaches, are employed by the fund manager to value investments.

Partnerships and joint ventures – other are valued based on the fair value of the underlying securities within the fund, which include investments in private lower middle market companies in Europe primarily in healthcare, services & media, consumer and niche industrial sectors. For investments not traded on an active market, and for which a quoted price is not publicly available, a variety of unobservable valuation methodologies, including discounted cash flow, market multiples and cost valuation approaches, are employed by the fund manager to value investments.

NCR Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, as of December 31, 2024 and 2023.

(in thousands of dollars)

	Investment Assets at Fair Value as of December 31 , 2024			
	Level 1	Level 2	Level 3	Total
Joint ventures and partnerships - Other	\$ -	\$ -	\$ 6,533	\$ 6,533
	-	-	-	-
	-	-	-	-
	-	-	-	-
Total investments, at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,533</u>	<u>\$ 6,533</u>
Hedge funds ^{(A)/(B)}				\$ 113,123
Common commingled trust funds ^(B)				830,937
Joint ventures and partnerships ^(B)				40,934
Total investments, at net asset value				<u>984,994</u>
Total investment assets				<u>\$ 991,527</u>

	Investment Assets at Fair Value as of December 31 , 2023			
	Level 1	Level 2	Level 3	Total
Joint ventures and partnerships - Other	\$ -	\$ -	\$ 4,047	\$ 4,047
	-	-	-	-
	-	-	-	-
	-	-	-	-
Total investments, at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,047</u>	<u>\$ 4,047</u>
Hedge funds ^{(A)/(B)}				\$ 96,799
Common commingled trust funds ^(B)				941,787
Joint ventures and partnerships ^(B)				29,224
Total investments, at net asset value				<u>1,067,810</u>
Total investment assets				<u>\$ 1,071,857</u>

^(A) Hedge funds. The hedge fund's objective is to use leveraged, long, short, and other derivative positions in both domestic and international markets with the goal of generating high returns. The Plan can redeem at various periods from the funds.

^(B) Investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

NCR Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

Management evaluates the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits.

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2024 and 2023.

(in thousands of dollars)

	<u>Level 3</u>
Balance, December 31, 2022	\$ -
Transfers, net	3,077
realized and unrealized gains and losses, net	
Purchases, issuances and settlements	<u>970</u>
Balance, December 31, 2023	4,047
Transfers, net	-
realized and unrealized gains and losses, net	284
Purchases, issuances and settlements	<u>2,202</u>
Balance, December 31, 2024	<u><u>\$ 6,533</u></u>

NCR Pension Plan

Supplemental Schedules*

NCR Pension Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including number of shares	(d) Cost	(e) Current Value
Common and commingled trusts				
	* CF WILLIS TOWERS WATSON GT SUBS REDS CLEAR DEF	17,666,217	\$ 242,965,372	\$ 306,438,201
	* CF WILLIS TOWER WTW GT DIVERSIFIED CREDIT FD	12,833,341	150,017,925	174,932,548
	* CF WTW GT REAL ASSET FUND	10,004,744	153,190,419	154,142,090
	* CF BLACKROCK TREASURY U.S. 10 YEAR KEY RATE DURATION NL FUND	8,048,056	72,823,098	36,685,640
	* CF BLACKROCK TREASURY U.S. 15 YEAR KEY RATE DURATION NL FUND	9,195,717	67,242,867	31,961,251
	* CF BLACKROCK TREASURY U.S. 25 YEAR KEY RATE DURATION NL FUND	7,525,315	82,789,474	29,548,871
	* CF BLACKROCK TREASURY U.S. 5 YEAR KEY RATE DURATION NL FUND A	3,266,727	26,942,244	22,299,168
	* CF BLACKROCK TREASURY U.S. 20 YEAR KEY RATE DURATION NL FUND	5,993,665	46,181,582	21,453,376
	* NT COLLECTIVE SHORT TERM INVT FD	9,385,243	9,385,243	18,098,351
	CF CTF GLOBAL TOTAL RETURN II	1,287,041	15,282,229	15,791,990
	CF SSGA INTERMEDIATE U.S. GOVT BOND INDX NL FUND (CM1E)	406,048	10,801,230	11,102,557
	CF SSGA LONG U.S. GOVT BOND INDX NL FUND(CM1D)	224,403	10,846,284	8,429,622
	INTELSAT S.A.	894	-	26,738
	PVTPL VALEANT PHARMACEUTICALS INTL BNDS 9.0% DUE 12-15-2025	26,000	26,823	25,251
	EP ENERGY CORP CL A NEW	2,255	-	1,128
	Common and commingled trusts	85,865,665	\$ 888,494,789	\$ 830,936,780
Hedge funds/Alternative funds				
	CF ENERGY DYNAMICS FUND LTD CLASS D NON RESTRICTED USD SHARES	116,578	18,850,000	20,746,251
	CF BRIGADE STRUCTURED CREDIT OFFSHORE FUND LTD CL B SERIES RU23	7,547	14,000,000	16,755,606
	CF THE CAMPBELL OFFSHORE LIMITED ARPSP SHARECLASS I-2	12,616	12,615,570	15,872,406
	CF SUMMIT PARTNERS SUSTAINABLE OPP L/S FD LTD CL A3 SUB-CL UR SER 05-22	11,250	11,250,000	15,788,062
	CF CRABEL FUND SPC, LTD. - SEGREGATED PORTFOLIO MM CL ALTERNATIVE FEE SER 48	13,359	14,100,586	15,110,921
	CF BROAD PEAK FUND II LTD CLASS LTD A4 NR-SER 39	13,350	13,350,000	14,502,931
	CF BYBROOK CAPITAL FD LTD SHARE CLASS A ELIGIBLE II SER SEP 2023	14,372	13,784,834	14,346,687
	Total Hedge funds/Alternative funds	189,071	\$ 97,950,990	\$ 113,122,864
Joint ventures and partnerships				
	SECURIES OPPORTUNITIES FUND ERISA LP	15,000,000	15,000,000	19,764,865
	TCW DIRECT LENDING VIII LLC.	7,694,780	7,694,780	6,837,655
	APHEON MIDCAP BUYOUT V SCSP	5,937,652	6,220,831	6,505,104
	GEORGIAN ALIGNMENT FUND (INTERNATIONAL) II LP	2,908,037	2,908,037	3,061,791
	GEORGIAN GROWTH FUND INTERNATIONAL VI LP	2,465,007	2,465,007	2,631,064
	ALTOR FUND VI (NO.2) AB	2,300,397	2,495,563	2,571,239
	GALLANT CAPITAL PARTNERS II-A LP -SCA	2,573,703	2,573,703	2,182,215
	TUCKERBROOK SB GLOBAL DISTRESSED FUND	145,682	145,682	1,310,306
	ASCEND CAPITAL PARTNERS FUND II-A, L.P.	1,095,744	1,095,744	1,095,744
	SARATOGA PARTNERS IV, LP	6,676,499	6,676,499	832,499
	MARLIN HERITAGE EUROPE III SCSP EUR	466,299	508,406	482,853
	ALTOR ACT I (NO. 1) AB	164,820	176,063	170,671
	MIAMI VALLEY VENTURE FUND II, LP	1	1	21,423
	Total Joint ventures and partnerships	47,428,622	\$ 47,960,316	\$ 47,467,429
	Total Investments	133,483,357	\$ 1,034,406,095	\$ 991,527,073

◆ **5% Report - Part A**

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,063,130,557.79

◆ **5% Report - Part B**

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,063,130,557.79

◆ **5% Report - Part C Summary**

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
CF WILLIS TOWERS WATSON GT SUBS REDS CLEAR DEF CUSIP: 508999P35	Total acquisitions	2	56,630,000.00		0.00	56,630,000.00	56,630,000.00
	Total dispositions	4		55,800,000.00	0.00	46,435,697.69	55,800,000.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	164	226,324,543.68		0.00	226,324,543.68	226,324,543.68
	Total dispositions	161		293,802,075.23	0.00	293,802,075.23	293,802,075.23

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,063,130,557.79

◆ **5% Report - Part D**

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,063,130,557.79

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	3	14	1	0	0	0	0	0	0	0	0	18
45-49	4	36	24	1	0	0	0	0	0	0	0	65
50-54	4	41	43	40	2	0	0	0	0	0	0	130
55-59	4	22	43	56	55	15	0	0	0	0	0	195
60-64	5	12	38	42	56	82	43	0	0	0	0	278
65-69	1	4	6	8	9	11	29	2	0	0	0	70
70 & over	0	3	1	3	2	0	2	1	1	0	0	13
Total	21	132	156	150	124	108	74	3	1	0	0	769

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

Plan Name: NCR Pension Plan
 EIN / PN: 76-0419117 / 005
 Plan Sponsor: Cardtronics USA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024 Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										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	2	13	1	0	0	0	0	0	0	0	0	16
	-	-	-	-	-	-	-	-	-	-	-	-
45-49	3	36	23	1	0	0	0	0	0	0	0	63
	-	4,945	10,880	-	-	-	-	-	-	-	-	7,055
50-54	3	41	39	37	2	0	0	0	0	0	0	122
	-	6,449	12,495	22,509	-	-	-	-	-	-	-	13,426
55-59	4	22	41	55	55	15	0	0	0	0	0	192
	-	6,000	15,228	27,910	37,680	-	-	-	-	-	-	26,956
60-64	3	12	35	39	56	80	42	0	0	0	0	267
	-	-	16,504	29,578	41,586	47,556	41,693	-	-	-	-	36,798
65-69	0	4	6	7	9	9	29	2	0	0	0	66
	-	-	-	-	-	-	47,461	-	-	-	-	39,914
70 & over	0	3	1	3	2	0	2	1	1	0	0	13
	-	-	-	-	-	-	-	-	-	-	-	-
Total	15	131	146	142	124	104	73	3	1	0	0	739
	-	7,019	14,105	26,794	40,158	48,012	44,298	-	-	-	-	27,337

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: NCR Pension Plan
 EIN / PN: 76-0419117 / 005
 Plan Sponsor: Cardtronics USA, 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 Stabilization	Not Reflecting Stabilization
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First segment rate	4.75%	3.62%
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Second segment rate	4.87%	4.46%
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Third segment rate	5.59%	4.52%
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Effective interest rate	5.03%	4.40%
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Annual rates of increase

Compensation N/A

Future Social Security wage bases N/A

Statutory limits on compensation N/A

Interest crediting for cash balance 3.81%

Plan-related expenses \$11,700,000. The current year estimated expenses are set equal to the actual administrative expenses paid in the prior year plus estimated PBGC premiums for the current year, rounded to the nearest \$100,000.

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: NCR Pension Plan
EIN / PN: 76-0419117 / 005
Plan Sponsor: Cardtronics USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

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

Mortality

- **Healthy** 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).
- **Disabled** Same as described above for Healthy Mortality.

Termination Rates varying by age

Percentage leaving during the year	
Attained Age	Rate
20	20.0%
25	20.0%
30	20.0%
35	10.0%
40	10.0%
45	7.0%
50	7.0%
55	7.0%
60	7.0%
>60	0.0%

Plan Name: NCR Pension Plan
 EIN / PN: 76-0419117 / 005
 Plan Sponsor: Cardtronics USA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability

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

Disability Rates Per 1,000 Employees (Exclusive of Death and Withdrawal)		
Age	Males	Females
15 - 27	0.03%	0.03%
28 - 30	0.03%	0.04%
31 - 32	0.03%	0.05%
33 - 34	0.03%	0.06%
35	0.04%	0.07%
36	0.04%	0.08%
37	0.05%	0.09%
38	0.06%	0.10%
39	0.07%	0.12%
40	0.08%	0.13%
41	0.09%	0.15%
42	0.10%	0.17%
43	0.12%	0.19%
44	0.14%	0.22%
45	0.16%	0.24%
46	0.18%	0.27%
47	0.21%	0.30%
48	0.25%	0.33%
49	0.28%	0.36%
50	0.33%	0.40%
51	0.39%	0.44%
52	0.46%	0.49%
53	0.53%	0.54%
54	0.61%	0.59%
55	0.69%	0.64%
56	0.77%	0.69%
57	0.86%	0.74%
58	0.95%	0.80%
59	1.05%	0.85%
60	1.15%	0.90%
61	1.26%	0.96%
62	1.38%	1.01%
63	1.51%	1.05%
64+	1.64%	1.09%

Plan Name: NCR Pension Plan
EIN / PN: 76-0419117 / 005
Plan Sponsor: Cardtronics USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age.

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

Percentage retiring during the year		
Age	Non-Teradata Rates	Teradata Rates
55	6.0%	10.0%
56	6.0%	10.0%
57	6.0%	10.0%
58	6.0%	10.0%
59	6.0%	10.0%
60	12.0%	15.0%
61	12.0%	35.0%
62	20.0%	60.0%
63	20.0%	20.0%
64	20.0%	20.0%
65	20.0%	45.0%
66	25.0%	15.0%
67	25.0%	15.0%
68	25.0%	15.0%
69	25.0%	15.0%
70+	100.0%	100.0%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Current Actives - Age 65
 Current Terminated Vested
 Age 63 if eligible for early retirement subsidy
 Age 59 if eligible for CIC benefits
 Age 65 otherwise
- Disability benefit Upon disablement

Plan Name: NCR Pension Plan
 EIN / PN: 76-0419117 / 005
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 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- **Retirement benefit** 40% of retirees between ages 55 and 62 are assumed to defer benefits until age 63.
- Form of payment** 40% of new retirees who commence immediately will elect a lump sum payment. It is assumed that all other participants elect single life annuity, except the current PensionPLUS actives where we assume 100% elect Lump Sum equal to Account Balance.
- Percent married** 85% of males; 70% of females.
- Spouse age** Wife two years younger than husband
- 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 as required by regulations under IRC §430.
- 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 as required by regulations under IRC §430.

Because the plan is frozen, target normal cost is equal to expected plan-related expenses.
- 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.

Plan Name: NCR Pension Plan
EIN / PN: 76-0419117 / 005
Plan Sponsor: Cardtronics USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Benefits not valued All benefits described in the Plan Provisions section of this report were valued including based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, through its third party administrator (Fidelity), furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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 Economic Assumptions

Discount 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.

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Cash Balance Interest crediting rate	<p>The plan credits interest to cash balance accounts using the 30-year Treasury rate for the second calendar month preceding the first day of the calendar quarter for which the credit occurs.</p> <p>The long-term estimate of the 30-year Treasury rate is 3.81%. This assumption is based on the year-end 2023 discount rate (under ASC 715) reduced by 120 basis points. The 120 bps spread is intended to be a long-term assumption and reasonability is verified annually based on a combination of the WTW capital market assumed normative spread between 30-year corporate Aa bonds and the 30-year Treasury rate (roughly 120bps as of October 1, 2023).</p>
Lump sum conversion rate	<p>Lump sum benefits are valued using IRS-prescribed lump sum mortality and lump sum interest rate equal to benefit obligations discount rate.</p>
Plan-related expenses	<p>As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).</p>
Assumed return for asset smoothing	<p>The accounting expected return on assets, net of assumed investment expenses and gross of assumed administration expenses. For the 2024 Plan Year, this is 7.00% (limited to the applicable third segment rate of 5.74%).</p>

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	<p>Assumptions used for funding purposes are as prescribed by IRC §430(h).</p>
Disabled Mortality	<p>Assumptions used for funding purposes are as prescribed by IRC §430(h).</p>
Termination	<p>Termination rates were based on an experience study conducted in 2018 by Aon, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. These assumptions were reviewed against experience from 2018 – 2020 in an experience study performed by Aon and were subsequently confirmed to remain appropriate at December 31, 2021.</p>

Plan Name:	NCR Pension Plan
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Disability Disability rates were based on an experience study conducted in 2018 by Aon, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. These assumptions were reviewed against experience from 2018 – 2020 in an experience study performed by Aon and were subsequently confirmed to remain appropriate at December 31, 2021.

Retirement Retirement rates were based on an experience study conducted in 2018 by Aon, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. These assumptions were reviewed against experience from 2018 – 2020 in an experience study performed by Aon and were subsequently confirmed to remain appropriate at December 31, 2021.

Benefit commencement date for deferred benefits:

- Preretirement death benefit Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
- Deferred vested benefit Deferred vested participants are assumed to begin benefits at age 63 (or current age if later) if early retirement subsidies are available and at age 65 in not. The commencement age is based on experience from 2018 – 2020 in an experience study performed by Aon. Benefits for those commencing benefit after age 65 were increased to be actuarially equivalent.

Form of payment The percentage of retiring participants assumed to take an annuity is based on observed experience over the period 2018-2020 in a 2021 study performed by Aon.

Percent married The assumed percentage married is based on percentage married observed among recent retirees.

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Spouse age The assumed age difference for spouses is based on the age difference observed among recent retirees.

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.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

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

The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.

The mortality basis for lump sum payments changed from the 2023 plan year IRC section 417(e)(3) mortality table to the 2024 plan year IRC section 417(e)(3) mortality table.

Decrease in the cash balance interest crediting rate from 4.50% to 3.81% to better reflect anticipated long-term projection of 30-year treasury rates.

Change in methods since prior valuation

There have been no method changes in the plan reporting valuation since the prior year.

Plan Name: NCR Pension Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Cardtronics USA, Inc.
EIN/PN	76-0419117 / 005
Plan Name	NCR Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Chelsea Swirsky
Enrollment Number	23-08200

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.

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name NCR CORP PENSION
Account number NCRPEN

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,063,130,557.79

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name NCR CORP PENSION
Account number NCRPEN

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◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,063,130,557.79

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account number NCRPEN
Account Name NCR CORP PENSION

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◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate Acquisition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
CF WILLIS TOWERS WATSON GT SUBS REDS CLEAR DEF CUSIP: 508999P35	Total acquisitions 2	56,630,000.00		0.00	56,630,000.00	56,630,000.00
	Total dispositions 4	55,800,000.00		0.00	46,435,697.69	55,800,000.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66686U452	Total acquisitions 164	226,324,543.68		0.00	226,324,543.68	226,324,543.68
	Total dispositions 161	293,802,075.23		0.00	293,802,075.23	293,802,075.23

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,063,130,557.79

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,063,130,557.79

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
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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 NCR Pension Plan	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Cardtronics USA, Inc.	D Employer Identification Number (EIN) 76-0419117	
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	1,070,408,925
	b Actuarial value	2b	1,177,449,818
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	7,466	937,536,387
	b For terminated vested participants	3,934	264,732,220
	c For active participants	769	100,982,401
	d Total	12,169	1,303,251,008
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	11,700,000
	c Target normal cost	6c	11,700,000

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	Chelsea Swirsky Signature of actuary	9/19/2025 Date 2308200 Most recent enrollment number 404-224-5000 Telephone number (including area code)
	Chelsea Swirsky Type or print name of actuary Willis Towers Watson US LLC Firm name Five Concourse Parkway Suite 1800 Atlanta GA 30328 Address of the firm	

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

Part 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 62
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 checked="" type="checkbox"/> Yes	<input 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	11,700,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	250,627,560		29,217,613
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	40,917,613	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	40,917,613
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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SCHEDULE SB ATTACHMENTS

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

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

Non-Teradata

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	0.06	1,000	1.000000	0.060000	3.300000
56	0.06	940	0.940000	0.056400	3.158400
57	0.06	884	0.883600	0.053016	3.021912
58	0.06	831	0.830584	0.049835	2.890432
59	0.06	781	0.780749	0.046845	2.763851
60	0.12	734	0.733904	0.088068	5.284109
61	0.12	646	0.645836	0.077500	4.727516
62	0.20	568	0.568335	0.113667	7.047357
63	0.20	455	0.454668	0.090934	5.728820
64	0.20	364	0.363735	0.072747	4.655803
65	0.20	291	0.290988	0.058198	3.782840
66	0.25	233	0.232790	0.058198	3.841037
67	0.25	175	0.174593	0.043648	2.924426
68	0.25	131	0.130944	0.032736	2.226056
69	0.25	98	0.098208	0.024552	1.694094
70	1.00	74	0.073656	0.073656	5.155938
Average age at retirement Non-Teradata Headcount					62.202590 660

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SCHEDULE SB ATTACHMENTS

Teradata

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	0.10	1,000	1.000000	0.100000	5.500000
56	0.10	900	0.900000	0.090000	5.040000
57	0.10	810	0.810000	0.081000	4.617000
58	0.10	729	0.729000	0.072900	4.228200
59	0.10	656	0.656100	0.065610	3.870990
60	0.15	590	0.590490	0.088574	5.314410
61	0.35	502	0.501917	0.175671	10.715917
62	0.60	326	0.326246	0.195747	12.136341
63	0.20	130	0.130498	0.026100	1.644278
64	0.20	104	0.104399	0.020880	1.336302
65	0.45	84	0.083519	0.037584	2.442928
66	0.15	46	0.045935	0.006890	0.454760
67	0.15	39	0.039045	0.005857	0.392403
68	0.15	33	0.033188	0.004978	0.338521
69	0.15	28	0.028210	0.004232	0.291974
70	1.00	24	0.023979	0.023979	1.678500

Average age at retirement

60.002526

Teradata Headcount

109

Combined Weighted Average Age, Rounded for Schedule SB item 22

62

Plan Name: NCR Pension Plan
 EIN / PN: 76-0419117 / 005
 Plan Sponsor: Cardtronics USA, 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	4,651,872	3,893,310	95,764,576	104,309,758
2025	5,159,975	8,722,017	93,008,938	106,890,930
2026	6,053,151	10,870,747	90,044,280	106,968,178
2027	6,837,967	13,121,708	86,906,197	106,865,872
2028	7,316,421	15,548,881	83,596,133	106,461,435
2029	7,823,735	17,711,787	80,150,557	105,686,079
2030	8,357,165	19,211,412	76,620,605	104,189,182
2031	8,479,078	20,286,436	72,991,627	101,757,141
2032	8,553,105	21,005,485	69,264,195	98,822,785
2033	8,311,153	21,585,253	65,469,811	95,366,217
2034	8,314,595	21,913,916	61,637,453	91,865,964
2035	8,157,536	22,020,447	57,785,492	87,963,475
2036	7,907,717	21,982,751	53,940,452	83,830,920
2037	7,760,790	21,763,343	50,128,138	79,652,271
2038	7,569,771	21,418,973	46,372,803	75,361,547
2039	7,421,704	20,994,824	42,696,598	71,113,126
2040	7,111,250	20,493,001	39,119,347	66,723,598
2041	6,850,258	19,903,907	35,658,388	62,412,553
2042	6,594,348	19,269,241	32,328,543	58,192,132
2043	6,262,645	18,566,742	29,142,242	53,971,629
2044	5,948,385	17,802,147	26,109,969	49,860,501
2045	5,629,915	16,983,563	23,240,560	45,854,038
2046	5,304,448	16,121,368	20,541,548	41,967,364
2047	4,960,921	15,221,223	18,019,484	38,201,628
2048	4,610,988	14,283,716	15,679,860	34,574,564
2049	4,255,663	13,320,906	13,526,996	31,103,565
2050	3,894,822	12,339,661	11,563,732	27,798,215
2051	3,535,506	11,348,678	9,790,982	24,675,166
2052	3,181,273	10,356,776	8,207,412	21,745,461
2053	2,835,880	9,373,836	6,809,099	19,018,815
2054	2,503,651	8,410,523	5,589,396	16,503,570
2055	2,188,573	7,477,771	4,538,978	14,205,322
2056	1,894,053	6,585,996	3,646,180	12,126,229
2057	1,622,727	5,744,514	2,897,454	10,264,695
2058	1,376,320	4,961,096	2,277,971	8,615,387
2059	1,155,679	4,241,588	1,772,283	7,169,550
2060	960,814	3,589,808	1,364,947	5,915,569
2061	791,016	3,007,416	1,041,113	4,839,545
2062	645,006	2,493,989	786,935	3,925,930
2063	521,032	2,047,363	589,867	3,158,262

Plan Name: NCR Pension Plan
EIN / PN: 76-0419117 / 005
Plan Sponsor: Cardtronics USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

2064	417,039	1,663,924	438,836	2,519,799
2065	330,808	1,338,966	324,319	1,994,093
2066	260,079	1,073,698	238,331	1,572,108
2067	202,667	855,476	174,317	1,232,460
2068	156,523	671,668	127,014	955,205
2069	119,784	523,125	92,276	735,185
2070	90,800	404,364	66,898	562,062
2071	68,150	310,389	48,442	426,981
2072	50,616	236,768	35,076	322,460
2073	37,181	179,645	25,433	242,259

Plan Name: NCR Pension Plan
EIN / PN: 76-0419117 / 005
Plan Sponsor: Cardtronics USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date	January 1, 1940; restated January 1, 2002, January 1, 2011, January 1, 2016, and January 1, 2020; last amendment executed September 15, 2021 to add some administrative language retroactively.
Covered employees	<p>All employees (excluding foreign nationals) of NCR Atleos are eligible to participate on their first day of employment if employed prior to September 1, 2004, except the following groups which are not covered:</p> <ol style="list-style-type: none">(1) Employees covered under other plans established by the company.(2) Employees in certain subsidiaries or business units.(3) Leased employees.(4) Employees classified as part-time who work less than 1,000 hours.(5) Payroll service or agency employees. <p>Employees in former Plans 019 and 026 must also be age 21 and have completed one year of service to participate.</p> <p>Effective December 31, 1998, employees of the NCR Employee Benefit Association are excluded from active participation in the Plan.</p>
Participation date	Date of becoming a covered employee

Definitions

Vesting service	For service prior to 1976, full years and completed months at the rate of 166 hours for each completed month divided by 2,000. For service from 1976 to 1994, a year of service is any plan year a participant completed at least 1,000 hours of service. For service after January 1, 1995, one year is each 12-month period of eligible service.
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Benefit service	For service prior to 1976, full years and completed months at the rate of 166 hours for each completed month divided by 2,000. For service from 1976 to 1994, a year of service is any plan year a participant completed at least 2,000 hours of service, prorated for partial year (by tenths). For service after 1995, a participant is credited with 1/12 of a year for each month in which he completes at least one hour of service.
Compensation	Compensation received during a Plan Year that is currently includable in gross income for federal income tax purposes, including sick pay, any salary deferral contributions made by the company on behalf of the participant under section 125 or 401(k) arrangement, and excluding expense reimbursements, fringe benefits, severance pay, and retention/completion bonuses.
Final Average Monthly Salary	The average monthly salary for the highest sixty (60) consecutive months of salary during the last 120 months of salary immediately preceding the last day worked prior to retirement or other termination of employment, excluding overtime, commissions, bonuses, and any other special compensation.
Modified Average Pay	<p>The average annual Compensation determined by averaging annual Compensation for the period January 1, 1986 through December 31, 1990 multiplied by Benefit Service through December 31, 1990 plus total Compensation from January 1, 1991 through the date of termination, or September 30, 2006 if earlier.</p> <p>Effective January 1, 2002, pay for all years is limited to \$200,000; increased to \$205,000 for 2004, \$210,000 for 2005, and \$220,000 for 2006.</p>
Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 for a vested participant

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Monthly pension benefit

Accrued Basic Benefit for Salaried Employees Hired Before June 1, 2002

The greatest of (1), (2), or (3), below:

- (1) For participants hired prior to May 1, 1985, Final Average Earnings times Benefit Service times 1.5% less the sum of (a), (b), and (c):
 - a. 1.5% of the Primary Social Security Benefit times Benefit Service (up to a maximum of 50%)
 - b. The annuity equivalent of the participant's PensionPLUS account balance; and
 - c. The annuity equivalent of the employer's portion of the Savings Plan
- (2) The accrued benefit as of December 31, 1994 defined under the prior plan formula
- (3) The participant's Modified Average Pay multiplied by the percentage from the table below based on completed years of Benefit Service

Effective September 1, 2004 this benefit was frozen for all employees who were not age 40 on that date or entitled to the benefit outlined under (1) above.

Effective December 31, 2006, this benefit was frozen for all employees.

Years of Benefit Service	Percentage	Years of Benefit Service	Percentage
1	1.3%	26	36.6%
2	2.6%	27	38.1%
3	3.9%	28	39.7%
4	5.2%	29	41.2%
5	6.5%	30	42.8%
6	7.8%	31	44.4%
7	9.2%	32	46.0%
8	10.5%	33	47.6%
9	11.9%	34	49.2%
10	13.2%	35	50.8%
11	14.6%	36	52.4%
12	16.0%	37	54.1%
13	17.4%	38	55.7%
14	18.8%	39	57.4%
15	20.2%	40	59.0%
16	21.7%	41	60.7%
17	23.1%	42	62.4%
18	24.6%	43	64.1%

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19	26.0%	44	65.8%
20	27.5%	45	67.5%
21	29.0%	46	69.2%
22	30.5%	47	70.9%
23	32.0%	48	72.6%
24	33.5%	49	74.3%
25	35.0%	50	76.0%

Accrued Basic Benefit for Hourly Employees Hired Before June 1, 2002 or Plant Guard (Plan 019) Employees

For nonexempt employees, the average monthly accrued benefit is based on the dollar multiplier according to benefit class times Benefit Service.

PensionPLUS

Effective January 1, 1992, for most participants not covered under a collective bargaining agreement, a cash balance feature was added to the Plan. Under this feature, the Plan provided a "seed" credit equal to 2.0% of 1991 pay and ongoing credits of 1.5% of Compensation. Participants (not in Plan 019) hired on or after June 1, 2002 receive ongoing credits of 3.0%.

A monthly (simple) interest credit is added to the account, with the rate being determined annually prior to 2002. For the 2002 plan year and beyond, the interest rate used during each quarter is the 30-year Treasury rate in effect on the last day of the second month preceding the calendar quarter.

The account balance is payable as a lump sum or as an actuarially equivalent annuity at termination. It is converted based on the Section 417(e) rates. However, for a participant who terminates employment on or after June 1, 2002 but prior to age 55 and commences benefits after age 55, the annuity shall be the Accrued PensionPLUS Benefit reduced by 6% for each year the participant retires prior to age 65.

Participants in former Plan 026 are excluded from participation in the PensionPLUS benefit. Union employees in former Plan 011 were extended PensionPLUS benefits during 1998.

Participants in form Plan 019 were extended PensionPLUS benefit during 2002. The Plan provided a "seed" credit of \$1,300 and ongoing credits of 1.5% of compensation.

Effective September 1, 2004 this benefit was frozen for all employees who were not age 40 on that date or entitled to the benefit outlined under (1) above, with the exception of Plant Guard employee benefits which continued to accrue under their original formulas until March 31, 2005.

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Effective December 31, 2006, this benefit was frozen for all employees. Interest credits continue.

Monthly preretirement death benefit 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday and reached early retirement age.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Age 55 or age 60 and 10 years of Benefit Service.
Late retirement	Retirement after NRD
Deferred vested termination	The earliest of three years of Benefit Service or age 65.
Disability	Ten years of Benefit Service and no election for Early/Normal Retirement
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with either a surviving spouse or designated beneficiary

Benefits Paid Upon the Following Events

Normal retirement	A monthly benefit equals to the Accrued Basic Benefit calculated as of the normal retirement date, actuarially reduced if the form is other than a straight life annuity. In addition, the PensionPLUS (cash balance) account balance is paid as a lump sum or an actuarially equivalent annuity.
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Early retirement	A monthly benefit equals to the Accrued Basic Benefit calculated as of the early retirement date, reduced by 6.0% for each year the participant retires prior to age 62 for employees in former plans 001, 014, 019, and 026, prior to age 65 for other employees, and further reduced if the form is other than a straight life annuity. (Alternate reductions may apply to prior plan benefits.) In addition, the PensionPLUS (cash balance) account balance is paid as a lump sum or an annuity. Effective September 1, 1999, participants in the WCS population are entitled to receive the frozen accrued benefit determined as of January 31, 2000, unreduced for early retirement.
Late retirement	A monthly benefit equals to the greater of the Accrued Basic Benefit calculated as of the actual retirement date and the age 65 benefit increased actuarially for late commencement, reduced if the form is other than a straight life annuity. In addition, the PensionPLUS (cash balance) account balance is paid as a lump sum or an actuarially equivalent annuity.
Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced 6.0% for each year that payment precedes the participant's NRD. In addition, the PensionPLUS account balance is paid as a lump sum or an actuarially equivalent annuity at termination or later.
Disablement	Two times the Accrued Basic Benefit reduced to one time the Accrued Basic Benefit during any month in which Social Security benefits are received.

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Preretirement death

Unmarried employee forfeits Accrued Basic Benefit otherwise payable from the Pension Plan. PensionPLUS (cash balance) benefits are payable to the deceased participant's designated beneficiary in the form of a lump sum calculated as if the participant terminated on the date of death.

Married employee will have surviving spouse benefits paid as the provision below:

Accrued Basic Benefit (Death after 55)

- The participant's spouse is entitled to an annuity equal to what would have been payable had the participant retired immediately before his death, elected a 50% Joint and Survivor annuity and then died. The annuity will be reduced based on the participant's age as of death (or later elected commencement date) and the reductions for Early Retirement.

Accrued Basic Benefit (Death before 55)

- The participant's spouse is entitled to a benefit payable beginning the month the participant would have attained Early Retirement Age as if the participant had terminated employment on his date of death, survived to Early Retirement Age, elected a 50% Joint & Survivor annuity and died immediately following Early Retirement Age. The annuity will be reduced based on the participant's age as of commencement and the reductions for Early Retirement.

PensionPLUS (cash balance) Death Benefit

- In addition to the above benefits, on the death of a vested participant, the participant's spouse is entitled to a monthly annuity payable for life which is actuarially equivalent to the participant's account balance. Optionally, the benefit can be paid in the form of a lump sum if so elected, or payable to another beneficiary.

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Other Plan Provisions

Forms of payment

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

Optional forms are joint and 75% or 100% survivor annuity, or (for married participants) a life annuity. For converting annuities to joint and survivor forms of payment, actuarial equivalence is based on IRS Section 417(e) interest and mortality. Interest rates are based on a one-quarter stability period and five-month look-back. For converting Basic Benefits to lump sums and PensionPLUS (cash balance) balances to annuities, the basis is as above except the stability period is one quarter.

Effective January 1, 2017 (and adopted August 7, 2017), for lump sums paid in 2017, the plan used a one-month look-back. The pre-2017 and 2017 bases are grandfathered as required under Treasury Regulation Section 1.417(e)-1(d)(10)(ii).

Effective January 1, 2018 (and adopted August 7, 2017), for lump sums paid in 2018 and after, the plan used a five-month look-back. The pre-2018 and 2018 bases are grandfathered as required under Treasury Regulation Section 1.417(e)-1(d)(10)(ii).

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and pay

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

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Future Plan Changes

No future plan changes were recognized in determining pension cost or financial disclosure information.

Changes in Benefits Valued Since Prior Year

No changes.

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NCR Pension Plan

Supplemental Schedules*

NCR Pension Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including number of shares	(d) Cost	(e) Current Value
Common and commingled trusts				
	* CF WILLIS TOWERS WATSON GT SUBS REDS CLEAR DEF	17,666,217	\$ 242,965,372	\$ 306,438,201
	* CF WILLIS TOWER WTW GT DIVERSIFIED CREDIT FD	12,833,341	150,017,925	174,932,548
	* CF WTW GT REAL ASSET FUND	10,004,744	153,190,419	154,142,090
	* CF BLACKROCK TREASURY U.S. 10 YEAR KEY RATE DURATION NL FUND	8,048,056	72,823,098	36,685,640
	* CF BLACKROCK TREASURY U.S. 15 YEAR KEY RATE DURATION NL FUND	9,195,717	67,242,867	31,961,251
	* CF BLACKROCK TREASURY U.S. 25 YEAR KEY RATE DURATION NL FUND	7,525,315	82,789,474	29,548,871
	* CF BLACKROCK TREASURY U.S. 5 YEAR KEY RATE DURATION NL FUND A	3,266,727	26,942,244	22,299,168
	* CF BLACKROCK TREASURY U.S. 20 YEAR KEY RATE DURATION NL FUND	5,993,665	46,181,582	21,453,376
	* NT COLLECTIVE SHORT TERM INVT FD	9,385,243	9,385,243	18,098,351
	CF CTF GLOBAL TOTAL RETURN II	1,287,041	15,282,229	15,791,990
	CF SSGA INTERMEDIATE U.S. GOVT BOND INDX NL FUND (CM1E)	406,048	10,801,230	11,102,557
	CF SSGA LONG U.S. GOVT BOND INDX NL FUND(CM1D)	224,403	10,846,284	8,429,622
	INTELSAT S.A.	894	-	26,738
	PVTPL VALEANT PHARMACEUTICALS INTL BNDS 9.0% DUE 12-15-2025	26,000	26,823	25,251
	EP ENERGY CORP CL A NEW	2,255	-	1,128
	Common and commingled trusts	85,865,665	\$ 888,494,789	\$ 830,936,780
Hedge funds/Alternative funds				
	CF ENERGY DYNAMICS FUND LTD CLASS D NON RESTRICTED USD SHARES	116,578	18,850,000	20,746,251
	CF BRIGADE STRUCTURED CREDIT OFFSHORE FUND LTD CL B SERIES RU23	7,547	14,000,000	16,755,606
	CF THE CAMPBELL OFFSHORE LIMITED ARPSP SHARECLASS I-2	12,616	12,615,570	15,872,406
	CF SUMMIT PARTNERS SUSTAINABLE OPP L/S FD LTD CL A3 SUB-CL UR SER 05-22	11,250	11,250,000	15,788,062
	CF CRABEL FUND SPC, LTD. - SEGREGATED PORTFOLIO MM CL ALTERNATIVE FEE SER 48	13,359	14,100,586	15,110,921
	CF BROAD PEAK FUND II LTD CLASS LTD A4 NR-SER 39	13,350	13,350,000	14,502,931
	CF BYBROOK CAPITAL FD LTD SHARE CLASS A ELIGIBLE II SER SEP 2023	14,372	13,784,834	14,346,687
	Total Hedge funds/Alternative funds	189,071	\$ 97,950,990	\$ 113,122,864
Joint ventures and partnerships				
	SECURIES OPPORTUNITIES FUND ERISA LP	15,000,000	15,000,000	19,764,865
	TCW DIRECT LENDING VIII LLC.	7,694,780	7,694,780	6,837,655
	APHEON MIDCAP BUYOUT V SCSP	5,937,652	6,220,831	6,505,104
	GEORGIAN ALIGNMENT FUND (INTERNATIONAL) II LP	2,908,037	2,908,037	3,061,791
	GEORGIAN GROWTH FUND INTERNATIONAL VI LP	2,465,007	2,465,007	2,631,064
	ALTOR FUND VI (NO.2) AB	2,300,397	2,495,563	2,571,239
	GALLANT CAPITAL PARTNERS II-A LP -SCA	2,573,703	2,573,703	2,182,215
	TUCKERBROOK SB GLOBAL DISTRESSED FUND	145,682	145,682	1,310,306
	ASCEND CAPITAL PARTNERS FUND II-A, L.P.	1,095,744	1,095,744	1,095,744
	SARATOGA PARTNERS IV, LP	6,676,499	6,676,499	832,499
	MARLIN HERITAGE EUROPE III SCSP EUR	466,299	508,406	482,853
	ALTOR ACT I (NO. 1) AB	164,820	176,063	170,671
	MIAMI VALLEY VENTURE FUND II, LP	1	1	21,423
	Total Joint ventures and partnerships	47,428,622	\$ 47,960,316	\$ 47,467,429
	Total Investments	133,483,357	\$ 1,034,406,095	\$ 991,527,073

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
1. Shortfall	01/01/2024	(2,519,635)	15.00000	(2,519,635)	(229,237)
2. Shortfall	01/01/2023	85,838,982	14.00000	82,365,513	7,861,195
3. Shortfall	01/01/2021	(25,264,155)	12.00000	(22,080,567)	(2,355,670)
4. Shortfall	01/01/2020	(45,781,273)	11.00000	(35,001,393)	(3,986,187)
5. Shortfall	01/01/2019	302,618,569	10.00000	227,863,642	27,927,512
Total				250,627,560	29,217,613

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Schedule SB, Line 24 Change in Actuarial Assumptions

Decrease in the cash balance interest crediting rate from 4.50% to 3.81% to better reflect anticipated long-term projection of 30-year treasury rates.

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