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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DOMTAR US HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 08/03/2001

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)
DOMTAR INDUSTRIES LLC

395 DE MAISONNEUVE BLVD. WEST
MONTREAL, QUEBEC H3A 1L6 CA

2b Employer Identification Number (EIN) 25-1157103

2c Plan Sponsor's telephone number 514-848-5555

2d Business code (see instructions) 322100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JEAHN-GABRIEL NEVEU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	2206
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1206
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1096
b Retired or separated participants receiving benefits	**6b**	445
c Other retired or separated participants entitled to future benefits	**6c**	533
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2074
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	63
f Total. Add lines **6d** and **6e**.	**6f**	2137
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

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

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

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

A Name of plan
DOMTAR US HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DOMTAR INDUSTRIES LLC

D Employer Identification Number (EIN)
25-1157103

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	149218194
b Actuarial value	**2b**	164140013

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	446	55967128	55967128
b For terminated vested participants	558	20276604	20276604
c For active participants	1206	52822939	54776521
d Total	2210	129066671	131020253

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.17 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	987390
b Expected plan-related expenses	**6b**	1100000
c Target normal cost	**6c**	2087390

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 — Date: 10/02/2025

STEPHEN S. JONES — Type or print name of actuary

23-06347 — Most recent enrollment number

MERCER — Firm name

202-331-2524 — Telephone number (including area code)

1050 CONNECTICUT AVE NW
SUITE 700
WASHINGTON, DC 20036

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4189969	34232570
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2926034	0
9	Amount remaining (line 7 minus line 8)	1263935	34232570
10	Interest on line 9 using prior year's actual return of 6.59 %	83293	2255926
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.27 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
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)	1347228	36488496

Part III Funding Percentages

14	Funding target attainment percentage	14	96.40 %
15	Adjusted funding target attainment percentage	15	116.37 %
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	99.65 %
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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	4.96 %	5.59 %	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	2087390
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	4715964	431021
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	2518411

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1347228	1171183	2518411

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. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan
DOMTAR US HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
DOMTAR INDUSTRIES LLC

D Employer Identification Number (EIN)
25-1157103

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).. . . . . [X] 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

PACIFIC INVESTMENT MANGT CO. LLC

33-0629048

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

PRIME PROPERTY FUND, LLC

36-4516330

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

PRINCIPAL ENHANCED

20-0928198

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

GOLDENTREE MULTI SECTOR FUND

LP 300 PARK AVENUE
20TH FLOOR
NEW YORK, NY 10022

(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)

ALIGHT SOLUTIONS LLC

82-1061233

(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	RECORD KEEPING	194139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	111506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TWEEDY BROWN CO.

13-3381587

(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	INVESTMENT MANAGER	109835	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MELLON BANK, N.A.

25-0659306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	50063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(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	ACCOUNTANT	29400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON INVESTMENT SERVICES

53-1868818

(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?
27	CONSULTANT	28769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BLACKROCK FINANCIAL MANAGEMENT LP

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	INVESTMENT MANAGER	8973	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: STEPHEN S. JONES	b	EIN: 13-2834414
c	Position: ENROLLED ACTUARY		
d	Address: 1050 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	e	Telephone: 202-331-2524

Explanation: INTERNAL REASSIGNMENT WITHIN MERCER

a	Name: SCOTT BEARDEN	b	EIN: 13-2834414
c	Position: ENROLLED ACTUARY		
d	Address: 1225 17TH STREET SUITE 1300 DENVER, CO 80202	e	Telephone: 404-725-5095

Explanation: SCOTT BEARDEN IS NO LONGER EMPLOYED AT MERCER

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan
DOMTAR US HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DOMTAR INDUSTRIES LLC

D Employer Identification Number (EIN)
25-1157103

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DOMTAR DB PENSION MASTER TRUST

b Name of sponsor of entity listed in (a): DOMTAR INDUSTRIES LLC

c EIN-PN 25-1157103-012 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: DOMTAR DB PENSION MASTER TRUST

b Name of sponsor of entity listed in (a): DOMTAR INDUSTRIES LLC

c EIN-PN 81-6183846-012 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139623140

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection**

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

A Name of plan
DOMTAR US HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
DOMTAR INDUSTRIES LLC

D Employer Identification Number (EIN)
25-1157103

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	149441025	139623140
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	149441025	139623140
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	49992	73846
k Total liabilities (add all amounts in lines 1g through1j)	1k	49992	73846
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	149391033	139549294

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)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2020731
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2020731
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11107223	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	-2618	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11104605
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)	0	
(2) Contract administrator fees	2i(2)	194139	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	29400	
(5) Investment advisory and investment management fees	2i(5)	147576	
(6) Bank or trust company trustee/custodial fees	2i(6)	50063	
(7) Actuarial fees	2i(7)	111506	
(8) Legal fees	2i(8)	2375	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	222806	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		757865
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11862470
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9841739
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545641.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan
DOMTAR US HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
DOMTAR INDUSTRIES LLC

D Employer Identification Number (EIN)
25-1157103

Part I Distributions

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

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

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

EIN(s): 81-6183846 _____

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** 51

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 19.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 63.0 %

High-Yield Debt: 5.0 % Real Assets: 11.0 % Cash or Cash Equivalents: 2.0 % 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_____.

Financial Statements and Report of Independent Certified Public Accountants

Domtar US Hourly Pension Plan

December 31, 2024 and 2023

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits as of December 31, 2024 and 2023	6
Statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023	7
Notes to financial statements	8

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Pension Administrative Committee and
Participants of the Domtar US Hourly Pension Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of Domtar US Hourly Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

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

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

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Grant Thornton

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

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

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

Grant Thornton LLP

Southfield, Michigan
October 15, 2025

Domtar US Hourly Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31,

	2024	2023
Assets:		
Investments, at fair value:		
Plan interest in Domtar Industries LLC Defined Benefit Plan Master Trust	$ 139,623,140	$ 149,441,025
Liabilities:		
Accrued liabilities	73,846	49,992
Net assets available for benefits	$ 139,549,294	$ 149,391,033

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

Domtar US Hourly Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31,

	2024	2023
Additions:		
Investment income:		
Plan interest in Domtar Industries LLC Defined Benefit Plan Master Trust	$ 2,020,731	$ 9,666,534
Total additions, net	2,020,731	9,666,534
Deductions:		
Benefits paid directly to participants and beneficiaries	11,107,223	11,859,031
Annuity refund	(2,618)	(236,841)
Administrative expenses	757,865	1,132,012
Total deductions	11,862,470	12,754,202
Net decrease	(9,841,739)	(3,087,668)
Net Assets Available for Benefits:		
Beginning of year	149,391,033	152,478,701
End of year	$ 139,549,294	$ 149,391,033

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

NOTE A - DESCRIPTION OF PLAN

In 2001, Domtar Maine Corporation entered into a new pension plan agreement, the Domtar US Hourly Pension Plan (the "Plan"), sponsored and administered by Domtar Industries LLC (the "Company" and "Plan Administrator"). Georgia Pacific Corporation ("GP") and the Company entered into a purchase agreement dated June 1, 2001. Based on this agreement, certain GP employees who were participating in the Georgia Pacific Corporation Pension Plan for Hourly-Rated Employees ("GP Hourly Plan") became employees ("GP Transferred Employees") of the Company on August 3, 2001. Effective August 3, 2001, the Plan was established, and included those GP Transferred Employees.

Pursuant to the Amended and Restated Transaction Agreement between the Company and Weyerhaeuser Company in 2007, certain Weyerhaeuser employees became employees of the Company ("Weyerhaeuser Transferred Employees") and were eligible to participate in the Plan.

Effective December 31, 2017 ("Merger Date"), the E.B. Eddy Paper, Inc. Hourly Employees' Pension Plan, Port Huron Mill and the Domtar US Nekoosa Papers Pension Plan (together, the "Merging Plans") were merged into the Plan. The mergers did not change the benefits or rights of the participants and beneficiaries in the Plan or in the Merging Plans.

The Plan is a non-contributory defined benefit plan and provides for retirement, termination of employment, death and disability benefits for certain U.S. employees covered by collective bargaining agreements as well as certain U.S. non-union hourly employees. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan document was amended and restated effective July 1, 2022.

The Plan is designed to comply with the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Company's funding policy is to make contributions in accordance with ERISA minimum funding requirements. The Company has consistently made contributions greater than or equal to these requirements and was in compliance with the minimum funding requirements for the years ended December 31, 2024 and 2023.

Pension Benefits

The Plan has ongoing benefit accruals for the below described grandfathered participants, but is completely closed to new entrants effective December 31, 2012 for all employees except the non-union hourly and Nekoosa employees (Office and Professional Employees International Union ("OPEIU")), whose effective date was December 31, 2013, and the Nekoosa employees (United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of U.S. and Canada ("UAJ&AP&PI") and International Association of Machinists and Aerospace Workers ("IAM")), whose effective date was December 31, 2014.

As of December 31, 2012, benefit accruals were frozen for all participants who bargain with the United Steelworkers ("USW") or who work at the Plymouth location, that either were under age 55, had age plus service less than 70 ("Non-grandfathered participants") or who waived their grandfathered status.

As of December 31, 2013, benefit accruals were frozen for all Non-grandfathered participants working at non-union hourly locations, as well as Nekoosa location "OPEIU" employees, as determined on that date.

As of December 31, 2014, benefit accruals were frozen for Non-grandfathered participants working at the Nekoosa location (UAJ&AP&PI and IAM employees).

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

All grandfathered participants continue to accrue benefits in the Plan. Participants are vested in plan benefits after attainment of normal retirement age (65 years) while employed by the Company or completion of five years of service. Participants have the option of receiving their vested benefit in the form of a one-time lump-sum payment or a monthly annuity payable for their lifetime. The monthly benefit payable to a participant upon normal retirement age is a formula based on (1) the applicable benefit level in effect at the time of termination, multiplied by (2) the number of full and partial years of credited service at such time. GP and Weyerhaeuser Transferred Employees are also eligible to receive additional benefits for certain years of service prior to their participation in this plan. In 2023, the monthly benefit increased $1 for all grandfathered employees. In 2024, the monthly benefit increased $1 for all grandfathered employees.

The Plan provides disability and death benefits as stipulated by the Plan document. An eligible employee will receive a disability benefit calculated just like a normal retirement benefit.

2022 Annuity Purchase

On June 30, 2022, the Company entered into an annuity purchase transaction with The Prudential Insurance Company of America ("Prudential") where $71,417,956 of assets were transferred to Prudential. This transaction relieved the Company of responsibility for the pension benefit obligations for certain retirees specified in the contract with Prudential.

Prudential refunded the Plan $2,618 and $236,841 for the year ended December 31, 2024 and 2023, respectively, related to the annuity purchase transaction.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform with accounting principles generally accepted in the United States of America ("US GAAP"), have been used consistently in the preparation of the Plan's financial statements.

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for a discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year. Net master trust investment income (loss) was allocated to each participating plan on a pro-rata basis based on the Plan's interest in the Domtar Industries LLC Defined Benefit Plan Master Trust ("Master Trust").

Benefit Payments

Benefit payments to participants or beneficiaries are recorded upon distribution.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

All administrative expenses of the Plan are paid by the Plan as provided by the Plan document, unless otherwise paid by the Company. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

Use of Estimates

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

Risks and Uncertainties

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

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

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired participants or their beneficiaries, (b) active participants or their beneficiaries, and (c) terminated participants with vested benefits or their beneficiaries. The accumulated plan benefits for active participants are based on credited service preceding the valuation date. Benefit obligations under all circumstances including retirement, death, disability and termination of employment are included in accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date.

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

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

a) Accumulated plan benefit information as of December 31, 2023, the latest actuarial valuation, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Active and terminated vested participants	$ 68,946,918
Participants receiving benefits and beneficiaries	50,134,257
Total vested benefits	119,081,175
Non-vested benefits	2,230,676
Total actuarial present value of accumulated plan benefits	$ 121,311,851

b) The actuarial present value of accumulated plan benefits decreased since December 31, 2022 as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	$ 123,975,999
Increase (decrease) during the year attributable to:	
Benefits accumulated	601,365
Increase for interest due to decrease in discount period	7,640,903
Benefits paid	(11,859,031)
Change in plan provisions	215,194
Change in actuarial assumptions	737,421
Net decrease	(2,664,148)
Actuarial present value of accumulated plan benefits as of December 31, 2023	$ 121,311,851

c) The significant assumptions used in the actuarial valuation as of December 31, 2023 are as follows:

Discount rate	6.30%
Retirement age	3.5% at ages 55 to 58, 6% at age 59; 8% at age 60; 12.5% at age 61; 25% at ages 62 to 64; 35% at age 65; 30% at ages 66 and 67; 20% at ages 68 and 69; 100% at ages 70 and above
Mortality table	
Healthy and disabled	Healthy: Pri-2012 sex-distinct separate employee, retiree and contingent survivor (for existing survivors only) generational tables with blue collar adjustments, projected with MP-2021 projection scale. Disabled: Social Security Administration Actuarial Study #123 mortality table, projected generationally with MP 2021 improvement scale.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant assumptions used in the actuarial valuation as of December 31, 2022 are as follows:

Discount rate	6.50%
Retirement age	3.5% at ages 55 to 58, 6% at age 59; 8% at age 60; 12.5% at age 61; 25% at ages 62 to 64; 35% at age 65; 30% at ages 66 and 67; 20% at ages 68 and 69; 100% at ages 70 and above
Mortality table	
Healthy and disabled	Pri-2012 employee generational table with blue collar adjustments for pre-retirement mortality, and Mercer Industry Longevity Experience Studies (MILES) - Basic Materials and Paper & Packaging table with blue collar adjustments for post-retirement mortality, both projected with MSS-2022 improvement scale.

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

During the current year, the change in discount rate from 6.50% to 6.30%, resulted in an increase to the actuarial present value of accumulated plan benefits of $1,852,722. The impact was in addition to the other actuarial assumption changes, including the change in the post-retirement mortality table that was updated from MILES to Pri-2012, the mortality projection scale that was updated from MSS-2022 to MP-2021 (annuities), and the lump sum mortality that was updated according to 417(e) from 2023 to 2024. The other actuarial changes resulted in a decrease to the actuarial present value of accumulated plan benefits of $1,115,301.

Monthly benefits are calculated using a benefit rate table and total years of service. Benefit rates for grandfathered employees increase over time in accordance with the Plan document. Increases in these rates are reflected in the benefits accumulated amount in the years the increase becomes effective.

NOTE D - INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator has elected to have the audits performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan administrator determined that the certifications received from Bank of New York Mellon, N.A. ("BNY Mellon, N.A." or the "Trustee") meet the requirements of ERISA Section 103(a)(3)(C). The Trustee certified that the following data included in the accompanying financial statements are complete and accurate:

- Plan interest in the Master Trust included in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023.
- Plan interest in the Master Trust investment income (loss) included in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023.
- Net assets available for benefits and net master trust investment income (loss) information included in Note E.

NOTE E - INTEREST IN THE MASTER TRUST

The Master Trust was established effective April 1, 2010, for the investment of assets of the Plan and other Company sponsored retirement plans. The assets of the Master Trust are held by BNY Mellon, N.A. Use of the Master Trust permits the commingling of assets for these plans. Although the assets are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the investment income to the participating plans. As of December 31, 2024 and 2023, the Plan's interest in the assets of the Master Trust was 57.93% and 59.45%, respectively, with the remaining interest in the Domtar US Salaried Pension Plan ("Salaried Plan"). As of March 30, 2024, the Salaried Plan merged into the Resolute FP US Pension Plan. However, the assets remained in the Master Trust as of December 31, 2024.

The following tables present the investments and other assets and liabilities of the Master Trust as of December 31, 2024 and 2023:

	2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets:		
Investments, at fair value:		
Cash	$ 69,218	$ 68,954
Common stocks	19,933,134	10,012,755
Registered investment companies	118,003,012	86,766,480
Collective trusts	44,773,954	19,378,519
Private placement funds	57,109,508	22,733,756
Total investments, at fair value	239,888,826	138,960,464
Receivables	1,212,163	697,540
Total assets	241,100,989	139,658,004
Liabilities:		
Other liabilities	56,212	34,864
Total net assets	$ 241,044,777	$ 139,623,140

	2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets:		
Investments, at fair value:		
Cash	$ 466,596	$ 254,766
Common stocks	21,305,573	7,036,968
Registered investment companies	131,663,905	93,952,438
Collective trusts	38,680,848	15,481,548
Private placement funds	57,766,666	32,092,761
Total investments, at fair value	249,883,588	148,818,481
Receivables	1,504,831	623,463
Total assets	251,388,419	149,441,944
Liabilities:		
Other liabilities	1,935	919
Total net assets	$ 251,386,484	$ 149,441,025

NOTE E - INTEREST IN THE MASTER TRUST (CONTINUED)

The following are net appreciation (depreciation) in the fair value of investments and interest and dividend income for the Master Trust for the years ended December 31, 2024 and 2023:

	2024	2023
Net (depreciation) appreciation in fair value of investments	$ (1,002,272)	$ 9,746,471
Interest and dividend income	8,372,631	8,487,990
Net Master Trust investment income	$ 7,370,359	$ 18,234,461

NOTE F - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Common stocks: consist of equities in various companies and are valued using observable, unadjusted quoted prices in active markets. These investments are classified within Level 1 of the valuation hierarchy.

NOTE F - FAIR VALUE MEASUREMENTS (CONTINUED)

Registered investment companies: valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These investments are classified within Level 1 of the valuation hierarchy.

Collective trusts: valued at the NAV of units of a collective trusts. The NAV is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by the fund less its liabilities.

Private placement funds: consist of two real estate funds and a multi-asset credit fund. These investments are generally valued by independent pricing sources or dealers. Pricing methods are based upon market transactions for comparable investments and various relationships between these investments that are generally recognized by institutional traders. These investments generally do not have a readily determinable fair value and are estimated at fair value, which primarily utilizes NAV or the equivalent, as a practical expedient, as reported by the investment manager.

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

The Plan's investments consist of their interest in the Master Trust. Refer to Note E for details of the fair value of all assets within the Master Trust.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Cash	$ 69,218	$ -	$ -	$ 69,218
Common stocks	19,933,134	-	-	19,933,134
Registered investment companies	118,003,012	-	-	118,003,012
Total investments in fair value hierarchy	$ 138,005,364	$ -	$ -	138,005,364
Investments measured at NAV:				
Collective trusts				44,773,954
Private placement funds				57,109,508
Total investments, at fair value				$ 239,888,826

NOTE F - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Cash	$ 466,596	$ -	$ -	$ 466,596
Common stocks	21,305,573	-	-	21,305,573
Registered investment companies	131,663,905	-	-	131,663,905
Total investments in fair value hierarchy	$ 153,436,074	$ -	$ -	153,436,074
Investments measured at NAV:				
Collective trusts				38,680,848
Private placement funds				57,766,666
Total investments, at fair value				$ 249,883,588

The table below presents additional information for the Master Trust's investments, whose fair value is estimated using the practical expedient of reported NAV for the year ended December 31, 2024:

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Collective trusts	$ 44,773,954	$ -	Immediate	N/A
Private placement funds				
U.S. Core real estate fund	$ 19,168,979	$ -	Quarterly	90 days
U.S. Core Plus real estate fund	$ 18,679,416	$ -	Quarterly	90 days
Multi-asset credit fund	$ 19,261,113	$ -	Quarterly	90 days

The table below presents additional information for the Master Trust's investments, whose fair value is estimated using the practical expedient of reported NAV for the year ended December 31, 2023:

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Collective trusts	$ 38,680,848	$ -	Immediate	N/A
Private placement funds				
U.S. Core real estate fund	$ 20,012,455	$ -	Quarterly	90 days
U.S. Core Plus real estate fund	$ 19,281,142	$ -	Quarterly	90 days
Multi-asset credit fund	$ 18,473,069	$ -	Quarterly	90 days

NOTE F - FAIR VALUE MEASUREMENTS (CONTINUED)

The following are investment strategy descriptions for the private placement funds that are not direct filing entities.

U.S. Core real estate fund

The Fund invests in US real estate and real estate-related investments, broadly defined, with the majority of the return being realized from income, with modest appreciation, and using leverage when appropriate.

U.S. Core Plus real estate fund

The Fund invests in a US nationally diversified portfolio of office, industrial, retail and multi-family properties. The fund pursues an “enhanced” and “core-plus” investment strategy that combines the income-generating attributes of stabilized assets, with higher risk adjusted returns available from value-added and development opportunities and utilizes moderate levels of leverage to enhance returns and portfolio diversification.

Multi-asset credit fund

The fund invests across a broad universe of credit-related investments, including, but not limited to, bank debt, high yield bonds, and Structured Products.

NOTE G - TAX STATUS

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated April 15, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”) and are exempt from federal income tax. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. Management is not aware of any uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

NOTE H - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

As described in Note B, the Plan has paid certain expenses related to plan operations to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

NOTE I - PLAN TERMINATION

In the event the Plan terminates, 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:

1. Pension benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees 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 plan termination.

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

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. 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 age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of the individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE J - SUBSEQUENT EVENTS

Management evaluated subsequent events for the Plan through October 15, 2025, the date the financial statements were available to be issued.

As of January 31, 2025, the Salaried Plan's interest in the Master Trust was fully redeemed. The Domtar US Hourly Plan is the only Plan that remains in the Master Trust. The Plan Administrator is not aware of any other subsequent events that would require recognition or disclosure in the financial statements.

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

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29	1										1
30–34	5	12									17
35–39	13	28	9								50
40–44	13	41	30	9							93
45–49	11	46	32	42	8						139
50–54	7	67	43	75	71	17	1				281
55–59	5	53	26	53	59	58	10	16	31		311
60–64	4	22	24	25	23	29	21	45	31	33	257
65–69	1	2	1	9	3	4	9	4	1	8	42
70 & up			1	1						13	15
Total	60	271	166	214	164	108	41	65	63	54	1,206

In each cell, the top number is the count of active participants for each age/service combination.

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

Actuarial assumptions

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	Stabilized	**Nonstabilized**
• First 5 years	4.75%	4.37%
• Next 15 years	4.96%	4.96%
• Over 20 years	5.59%	4.95%
	Rationale: These are IRS prescribed rates.	
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations, in accordance with IRS regulation 1.430(h)(3)-1. These tables are based on the Society of Actuaries (SOA) Pri-2012 mortality tables, and projected based on an adjusted SOA MP-2021 improvement scale that limits annual improvements to 0% for 2020-2023 and 0.78% thereafter.	
• Current and future disabled retirees	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits. **Rationale:** These are IRS prescribed tables.	
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current 417(e) unisex mortality, projected generationally based on the SOA MP-2021 improvement scale that limits annual improvements to 0% for 2020-2023 and 0.78% thereafter. **Rationale:** These are IRS prescribed rates and tables.	
Other economic assumptions		
• Salary increases	N/A	
• Flat-dollar benefit increases	As per plan provisions.	
• Social Security wage base	N/A	
• Inflation	N/A	
• Expected investment return	4.65% per year for 2022 6.20% per year for 2023 5.60% per year for 2024 **Rationale:** The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's *Capital Market Outlook* for the plan's current asset mix.	

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

• Expenses	$1,100,000 **Rationale:** The expense assumption corresponds to anticipated investment expenses based on 0.3% of market value of assets plus anticipated administrative expenses based on actual 2023 fees and expected 2024 PBGC premiums.
Demographic assumptions	
• Withdrawal	See table of sample rates. **Rationale:** This assumption is based on plan experience that was reviewed in 2018. We have no reason to believe that future experience will be significantly different from this experience.
• Disability incidence	See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits. **Rationale**: This assumption is based on the Conference of Consulting Actuaries' 1985 Pension Disability Study (Class 1 – Unisex) and historically has not produced significant gains or losses.
• Retirement age	

Attained age	Percentage
Under 55	0.0%
55-58	3.5%
59	6.0%
60	8.0%
61	12.5%
62-64	25.0%
65	35.0%
66-67	30.0%
68-69	20.0%
70 and above	100.0%

Rationale: This assumption is based on plan experience that was reviewed in 2018. We have no reason to believe that future experience will be significantly different from this experience.

• Benefit commencement age for	
— Future vested deferred	**Participants assumed to elect lump sum:** Immediate **Participants assumed to elect annuity:** 62 for pre-merger Hourly and Nekoosa Plans; 65 for pre-merger Port Huron Plan
— Current vested deferred	62 for pre-merger Hourly and Nekoosa Plans; 65 for pre-merger Port Huron Plan **Rationale:** Reflects unreduced early retirement age for the majority of plan participants.

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

• Spouse assumptions	**Male participants**	**Female participants**	
— Percentage married	85%	85%	
— Spouse age difference	3 years younger	3 years older	
Form of payment	**Lump sum**	**Single life**	**50% J&S**
• Active retirements	60%	40%	0%
• Future vested deferred	60%	40%	0%
• Future disabilities	0%	100%	0%
• Future deaths	60%	0%	40%
• Current vested deferred	0%	100%	0%
	Rationale: This assumption is based on plan experience (since the inception of the lump sum option in 2016) that was reviewed in 2018. We will continue to monitor experience of this relatively new form of payment option, and update this assumption accordingly		
Unpredictable contingent event assumptions	N/A		

Table of sample rates

Attained age	Percentage	
	Withdrawal	Disability Incidence
20	12.5%	0.030%
25	9.0%	0.043%
30	5.9%	0.064%
35	4.8%	0.098%
40	4.3%	0.158%
45	3.8%	0.259%
50	3.3%	0.448%
55	3.5%	0.845%
60	6.0%	1.204%
65	0.0%	0.000%

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

Actuarial methods

Asset methods

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

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

Participant methods

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

- **Participants included:** Only those employees who have completed the plan's eligibility requirements as of the valuation date are provided by the plan sponsor and included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

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

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

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

A Name of plan
DOMTAR US HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DOMTAR INDUSTRIES LLC

D Employer Identification Number (EIN)
25-1157103

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	2a	149,218,194
b Actuarial value	2b	164,140,013

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	446	55,967,128	55,967,128
b For terminated vested participants	558	20,276,604	20,276,604
c For active participants	1,206	52,822,939	54,776,521
d Total	2,210	129,066,671	131,020,253

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.17%

6 Target normal cost

a Present value of current plan year accruals	6a	987,390
b Expected plan-related expenses	6b	1,100,000
c Target normal cost	6c	2,087,390

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

STEPHEN S. JONES SJ
Signature of actuary

10/2/2025
Date

STEPHEN S. JONES
Type or print name of actuary

2306347
Most recent enrollment number

MERCER
Firm name

202-331-2524
Telephone number (including area code)

1050 CONNECTICUT AVE NW
SUITE 700
WASHINGTON DC 20036
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4,189,969	34,232,570
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2,926,034	0
9	Amount remaining (line 7 minus line 8)	1,263,935	34,232,570
10	Interest on line 9 using prior year's actual return of 6.59%	83,293	2,255,926
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.27%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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)	1,347,228	36,488,496

Part III Funding Percentages

14	Funding target attainment percentage	14	96.40%
15	Adjusted funding target attainment percentage	15	116.37%
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	99.65%
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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	4.96 %	5.59%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2,087,390
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,715,964	431,021
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**	2,518,411

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1,347,228	1,171,183	2,518,411

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. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB, line 15 — Reconciliation of Difference Between Valuation Results and Amounts Used to Calculate AFTAP

The following schedule shows each AFTAP that was certified or recertified for the 2024 plan year, the date made, and a description of the AFTAP change:

Certification date	AFTAP	Update description
09/30/2024	116.37%	$1 Multiplier Increase for Non-Union Hourly Employees on April 1, 2024 and NHCEs from 2022 annuity purchase.

The following chart shows a comparison of the final 2024 AFTAP and the FTAP shown on the 2024 Schedule SB, line 14.

	Final certified AFTAP	Schedule SB Line 14 FTAP	Difference (explained below)
1. Adjusted plan assets			
a. Actuarial value of plan assets	$ 164,140,013	$ 164,140,013	$ 0
b. Credit balances subtracted	0	37,835,724	(37,835,724)
c. Annuity purchases for non-HCEs in prior two plan years[1][2]	$ 71,181,115	0	71,181,115
d. Earmarked contributions during plan year	0	0	0
e. Adjusted plan assets: *(a.) – (b.) + (c.) + (d.)*	$ 235,321,128	$ 126,304,289	$ 109,016,839
2. Adjusted funding target			
a. Funding target	$ 131,020,253	$ 131,020,253	$ 0
b. Funding target increases not already reflected in (a.) due to amendments, UCEBs, etc.	7,464	0	7,464
c. Annuity purchases for non-HCEs in prior two plan years[1][2]	$ 71,181,115	0	71,181,115
d. Adjusted funding target: (a.) + (b.) + (c.)	$ 202,208,832	$ 131,020,253	$ 71,188,579
3. 2023 AFTAP/FTAP: (1.e.) ÷ (2.d.)	116.37%	96.40%	19.97%

[1] Assumed all of the 2022 annuity purchase is attributable to nonhighly-compensated employees ("NHCEs"). The AFTAP range would be the same regardless of the proportion of the 2022 annuity purchase that related to NHCEs.

[2] The aggregate amounts of annuity purchases for nonhighly-compensated employees in the 2022 and 2023 plan years taken into account in this certification are $71,181,115 in the 2022 plan year and $0 in the 2023 plan year. Note, $71,181,115 in the 2022 plan year reflects $71,417,956 for the initial annuity purchase for the Domtar US Hourly Pension Plan, reduced by a $236,841 premium refund received from The Prudential Insurance Company of America on February 14, 2023.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.5%	10,000	350	19,250
56	3.5%	9,650	338	18,928
57	3.5%	9,312	326	18,582
58	3.5%	8,986	315	18,270
59	6.0%	8,671	520	30,680
60	8.0%	8,151	652	39,120
61	12.5%	7,499	937	57,157
62	25.0%	6,562	1,641	101,742
63	25.0%	4,921	1,230	77,490
64	25.0%	3,691	923	59,072
65	35.0%	2,768	969	62,985
66	30.0%	1,799	540	35,640
67	30.0%	1,259	378	25,326
68	20.0%	881	176	11,968
69	20.0%	705	141	9,729
70	100.0%	564	564	39,480
Total			10,000	625,419
Average				62.54

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Schedule SB, line 26b Schedule of Projection of Expected Benefit Payments				
Plan Year	Active	Deferred	In Pay	Total
2024	1,052,572	662,068	4,923,805	6,638,445
2025	1,747,396	724,563	4,782,534	7,254,493
2026	2,349,927	822,020	4,679,547	7,851,494
2027	2,827,856	931,496	4,603,547	8,362,899
2028	3,211,593	1,081,350	4,507,043	8,799,986
2029	3,550,875	1,198,090	4,423,677	9,172,642
2030	3,796,863	1,330,791	4,319,160	9,446,814
2031	4,011,670	1,412,324	4,208,868	9,632,862
2032	4,140,197	1,428,223	4,091,812	9,660,232
2033	4,262,703	1,434,568	3,984,820	9,682,091
2034	4,325,076	1,493,479	3,831,861	9,650,416
2035	4,362,460	1,530,160	3,710,464	9,603,084
2036	4,360,121	1,522,925	3,576,678	9,459,724
2037	4,338,564	1,546,068	3,435,276	9,319,908
2038	4,292,833	1,537,881	3,290,311	9,121,025
2039	4,232,774	1,547,596	3,128,472	8,908,842
2040	4,159,806	1,546,471	2,965,259	8,671,536
2041	4,077,211	1,517,564	2,792,583	8,387,358
2042	3,980,136	1,490,650	2,607,198	8,077,984
2043	3,870,809	1,465,944	2,417,206	7,753,959
2044	3,751,523	1,436,104	2,227,312	7,414,939
2045	3,619,049	1,397,685	2,035,138	7,051,872
2046	3,475,447	1,350,188	1,842,986	6,668,621
2047	3,326,123	1,312,831	1,652,641	6,291,595
2048	3,163,462	1,266,884	1,467,940	5,898,286
2049	2,995,731	1,212,778	1,290,657	5,499,166
2050	2,819,228	1,150,718	1,122,955	5,092,901
2051	2,636,109	1,084,001	966,645	4,686,755
2052	2,451,620	1,017,083	823,099	4,291,802
2053	2,262,496	949,754	693,237	3,905,487
2054	2,074,529	880,712	577,494	3,532,735
2055	1,890,535	812,243	475,858	3,178,636
2056	1,708,714	744,942	387,922	2,841,578
2057	1,533,625	679,405	312,932	2,525,962
2058	1,367,148	616,190	249,891	2,233,229
2059	1,210,722	555,810	197,620	1,964,152
2060	1,065,443	498,695	154,848	1,718,986
2061	931,882	445,176	120,289	1,497,347
2062	810,489	395,477	92,693	1,298,659
2063	701,271	349,722	70,896	1,121,889
2064	603,917	307,933	53,854	965,704
2065	517,883	270,053	40,651	828,587
2066	442,438	235,960	30,504	708,902
2067	376,722	205,469	22,762	604,953
2068	319,808	178,346	16,890	515,044
2069	270,749	154,339	12,459	437,547
2070	228,614	133,176	9,132	370,922
2071	192,523	114,581	6,646	313,750
2072	161,665	98,284	4,797	264,746
2073	135,321	84,022	3,429	222,772

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions (Pre-Merger Hourly Plan)

• Effective date and plan year	Original plan: August 3, 2001 Restated plan: January 1, 2022, last amended May 9, 2024. Georgia-Pacific Corporation (“GP”) and Domtar Inc. entered into a purchase agreement dated June 1, 2001. Based on this agreement, certain GP employees who were participating in the Georgia-Pacific Corporation Pension Plan for Hourly-Rated Employees (“GP Hourly Plan”) became employees (transferred employees) of Domtar Inc. on August 3, 2001. Effective August 2, 2001, the Domtar US Hourly Pension Plan (“Domtar Hourly Plan”) was established including those transferred employees. The plan provisions of the Domtar Hourly Plan are substantially the same as the GP Hourly Plan. Weyerhaeuser and Domtar Inc. entered into a purchase agreement in 2006. Based on this agreement, certain Weyerhaeuser employees who were participating in the Weyerhaeuser Hourly Pension Plan became employees of Domtar on March 7, 2007, these employees became participants in this plan. Effective December 31, 2017, the Domtar US Nekoosa Papers Pension Plan and the E.B. Eddy Paper, Inc. Hourly Employees Pension Plan, Port Huron Mill (pre-merger Nekoosa and Port Huron Plans) merged into the Plan. Plan year: Calendar year

Schedule SB, Part V — Summary of Plan Provisions

• Status of the plan	The plan has ongoing benefit accruals but the plan is closed to new entrants. As of December 31, 2012, benefit accruals were frozen for all participants who bargain with the United Steelworkers or who work at the Plymouth location, and who were under age 55 and who had age plus service less than 70 (“non-grandfathered participants”), as well as for any such participants who waived grandfathered status. As of January 1, 2013, Participants at two locations, Baltimore/Washington and Ashdown, Arkansas Mill, have been added to the plan. Benefit accruals were also frozen for non-grandfathered participants at these locations. As of April 30, 2013, the Indianapolis location was added to the plan. Non-grandfathered participants at this location accrue no benefit service under this Plan or increases in benefit levels after April 30, 2013, except that all participants from this location (whether grandfathered or non-grandfathered) can accrue additional years of vesting service to become entitled to unvested amounts accrued under the GCIU Plan (“prior plan”) as of April 30, 2013. Such amounts, if they become vested, would be paid from this Plan. No employees (including rehires) hired after April 30, 2013, are eligible to participate in this Plan. As of December 31, 2013, benefit accruals were frozen for all participants without grandfathered status working at non-union hourly locations. Effective December 31, 2017, the Domtar US Nekoosa Papers Pension Plan and the E.B. Eddy Paper, Inc. Hourly Employees Pension Plan, Port Huron Mill (pre-merger Nekoosa and Port Huron Plans) merged into the Plan.
• Significant events that occurred during the year	Increase in the dollar multiplier by $1 for non-union employees with a grandfathered status as of April 1, 2023 (only for locations with active employees remaining). Increase in the dollar multiplier by $1 for union employees with a grandfathered status as of January 1, 2024.

Schedule SB, Part V — Summary of Plan Provisions

Definitions	
• Eligibility	Later of August 3, 2001 and date of hire. Hourly employees who were working for GP's Wood & Fiber Supply immediately prior to being hired by Domtar in Ashdown, Arkansas, are covered as of January 1, 2005. Former Weyerhaeuser employees who became Domtar employees as a result of the purchase agreement are covered as of March 7, 2007. All employees at the Baltimore/Washington and Ashdown, Arkansas, locations in an hourly job classification covered by a collective bargaining agreement with the Union are covered under the Domtar Hourly Plan as of January 1, 2013. Effective May 1, 2013, employees at the Indianapolis location are covered under the Domtar Hourly Plan.
• Vesting & credited service	Measured by completed calendar years and months. Partial calendar months of employment deemed to be full calendar months. Former GP Wood & Fiber Supply hourly employees hired by Domtar in Ashdown, Arkansas, receive credited service for benefit accruals from January 1, 2005. Participants at Plymouth, North Carolina, Rothschild, Wisconsin, and all the non-union former Weyerhaeuser locations have hours counting for vesting and credited service. Participants at Ashdown, Arkansas Mill location have years of vesting service equal to years of vesting service under the prior plan as of December 31, 2012, plus any years of vesting service earned after that date in this plan. Participants at Baltimore/Washington location have years of vesting service equal to years of vesting service under the prior plan as of December 31, 2012, plus any years of vesting service earned after that date in this plan. All employees vested in the prior plan on December 31, 2012, are automatically vested in this plan. Participants at Indianapolis location have years of vesting service equal to years of vesting service under the prior plan as of April 30, 2013, plus any years of vesting service earned after that date in this plan. Grandfathered Indianapolis participants receive credited service for benefit accruals from April 30, 2013 and can accrue two-thirds of a year of credited service in 2013.

Schedule SB, Part V — Summary of Plan Provisions

• Grandfathered (GF) employees	GF employees are those who are : • members of USW locations who are age 55 or have accumulated 70 points (age + service) as of January 1, 2013 who did not elect to waive their grandfathered status, • members of the Indianapolis location who are age 55 or have accumulated 70 points (age + service) as of April 30, 2013, or • members of non-union locations who are age 55 or have accumulated 70 points (age + service) as of January 1, 2014.
Normal retirement	
• Eligibility	The first day of the month coincident with or next following a participant's 65th birthday.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension

The monthly benefit is the applicable benefit level multiplied by the number of years of Credited Service at the date of retirement as listed below:

Antlers, Oklahoma (Ashdown, Arkansas): Benefit level listed below multiplied by Credited Service from later of 1/1/2005 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
1/1/2005 – 11/1/2007	$29
11/1/2007 – thereafter	$34

Baileyville, Maine (OPEIU): Benefit level listed below multiplied by Credited Service from later of 8/3/2001 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
8/3/2001 – 9/30/2002	$28
10/1/2002 – 12/31/2002	$30
1/1/2003 – 12/31/2003	$31
1/1/2004 – 12/31/2004	$32
1/1/2005 – 12/31/2005	$33
1/1/2006 – 12/31/2006	$34
1/1/2007 – 12/31/2007	$35
1/1/2008 – 9/30/2008	$36
9/30/2008 – thereafter	$41

The OPEIU group receives an additional benefit equal to the Credited Service up to 8/3/2001 times the future benefit increases over the $28.00 benefit level.

Baileyville, Maine (USW): Benefit level listed below multiplied by Credited Service from later of 8/3/2001 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
8/3/2001 – 12/31/2001	$30
1/1/2002 – 12/31/2002	$31
1/1/2003 – 12/31/2003	$32
1/1/2004 – 12/31/2004	$33
1/1/2005 – 12/31/2005	$34
1/1/2006 – 12/31/2006	$35
1/1/2007 – 8/31/2007	$36
8/31/2007 – thereafter	$41

The USW group receives an additional benefit equal to Credited Service up to 8/3/2001 times the future increases over the $30.00 benefit level.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

Baileyville, Maine (TRADES): Benefit level listed below multiplied by Credited Service from later of 8/3/2001 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
8/3/2001 – 12/31/2001	$30
1/1/2002 – 12/31/2002	$38
1/1/2003 – 12/31/2003	$39
1/1/2004 – 12/31/2004	$40
1/1/2005 – 12/31/2005	$41
1/1/2006 – 12/31/2006	$42
1/1/2007 – 8/31/2007	$43
8/31/2007 – thereafter	$48

The TRADES group does not receive an additional benefit for the Past Service with Georgia Pacific.

Kingsport, Tennessee (USW): Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 12/31/2007	$40
1/1/2008 – 12/31/2008	$41
1/1/2009 – 12/31/2009	$42
1/1/2010 – 1/27/2011	$43
1/27/2011 – 12/31/2012	$48
1/1/2013 – 12/31/2013	$49
1/1/2014 – 12/31/2014	$50
1/1/2015 – 12/31/2015	$51
1/1/2016 – 12/31/2016	$52
1/1/2017 – 12/31/2017	$53
1/1/2018 – 12/31/2018	$54
1/1/2019 – 12/31/2019	$55
1/1/2020 – 12/31/2021	$56
1/1/2022 – 12/31/2022	$58
1/1/2023 – 12/31/2023	$59
1/1/2024 – thereafter	$60

As of December 31, 2012, benefit accruals were frozen for any non-grandfathered participant.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

Owensboro, Kentucky: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 12/31/2007	$30
1/1/2008 – 12/31/2008	$31
1/1/2009 – 5/31/2009	$32
6/1/2009 – 12/31/2012	$37
1/1/2013 – 12/31/2013	$38
1/1/2014 – 12/31/2014	$39
1/1/2015 – 12/31/2015	$40
1/1/2016 – 12/31/2016	$41
1/1/2017 – 12/31/2017	$42
1/1/2018 – 12/31/2018	$43
1/1/2019 – 12/31/2019	$44
1/1/2020 – 12/31/2021	$45
1/1/2022 – 12/31/2022	$47
1/1/2023 – 12/31/2023	$48
1/1/2024 – therefore	$49

As of December 31, 2012, benefit accruals were frozen for any non-grandfathered participant.

Cerritos, California: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2010	$30
1/1/2010 – 8/31/2010	$31
9/1/2010 – thereafter	$32

Johnsonburg, Pennsylvania: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 6/11/2007	$39
6/11/2007 – 6/15/2008	$40
6/15/2008 – 6/10/2009	$41
6/10/2009 – 12/31/2012	$46
1/1/2013 – 12/31/2013	$47
1/1/2014 – 12/31/2014	$48
1/1/2015 – 12/31/2015	$49
1/1/2016 – 12/31/2016	$50
1/1/2017 – 12/31/2017	$51
1/1/2018 – 12/31/2018	$52
1/1/2019 – 12/31/2019	$53
1/1/2020 – 12/31/2021	$54
1/1/2022 – 12/31/2022	$56
1/1/2023 – 12/31/2023	$57
1/1/2024 – thereafter	$58

As of December 31, 2012, benefit accruals were frozen for any non-grandfathered participant.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

Rothschild, Wisconsin: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 6/1/2008	$40.25
6/1/2008 – 12/31/2012	$45.25
1/1/2013 – 12/31/2013	$46.25
1/1/2014 – 12/31/2014	$47.25
1/1/2015 – 12/31/2015	$48.25
1/1/2016 – 12/31/2016	$49.25
1/1/2017 – 12/31/2017	$50.25
1/1/2018 – 12/31/2018	$51.25
1/1/2019 – 12/31/2019	$52.25
1/1/2020 – 12/31/2021	$53.25
1/1/2022 – 12/31/2022	$55.25
1/1/2023 – 12/31/2023	$56.25
1/1/2024 – thereafter	$57.25

As of December 31, 2012, benefit accruals were frozen for any non-grandfathered participant.

Plymouth, North Carolina (IUOE, Paper) or (USW, Paper): Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 8/1/2008	$42
8/1/2008 – 12/31/2012	$47
1/1/2013 – 12/31/2013	$48
1/1/2014 – 12/31/2014	$49
1/1/2015 – 12/31/2015	$50
1/1/2016 – 12/31/2016	$51
1/1/2017 – 12/31/2017	$52
1/1/2018 – 12/31/2018	$53
1/1/2019 – 12/31/2019	$54
1/1/2020 – 12/31/2021	$55
1/1/2022 – 12/31/2022	$57
1/1/2023 – 12/31/2023	$58
1/1/2023 – thereafter	$59

As of December 31, 2012, benefit accruals were frozen for any non-grandfathered participant.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

Plymouth, North Carolina (IBEW, Pulp): Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 8/1/2008	$42
8/1/2008 – 12/31/2012	$47
1/1/2013 – 12/31/2013	$48
1/1/2014 – 12/31/2014	$49
1/1/2015 – 12/31/2015	$50
1/1/2016 – 12/31/2016	$51
1/1/2017 – 12/31/2017	$52
1/1/2018 – 12/31/2018	$53
1/1/2019 – 12/31/2019	$54
1/1/2020 – 12/31/2021	$55
1/1/2022 – 12/31/2022	$57
1/1/2023 – 12/31/2023	$58
1/1/2024 – thereafter	$59

As of December 31, 2012, benefit accruals were frozen for any non-grandfathered participant.

Brownsville, Tennessee: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2008	$29
1/1/2008 – 4/1/2009	$31
4/1/2009 – 1/1/2010	$33
1/1/2010 – 4/1/2011	$34
4/1/2011 – 4/1/2012	$36
4/1/2012 – 4/1/2013	$37
4/1/2013 – 4/1/2014	$38
4/1/2014 – 4/1/2015	$39
4/1/2015 – 4/1/2016	$40
4/1/2016 – 4/1/2017	$41
4/1/2017 – 4/1/2018	$42
4/1/2018 – 4/1/2019	$43
4/1/2019 – 4/1/2020	$44
4/1/2020 – thereafter	$45

As of December 31, 2013, benefit accruals were frozen for any non-grandfathered participant.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

Addison, Illinois: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
1/1/2008 – 4/1/2009	$32
4/1/2009 – 1/1/2010	$33
1/1/2010 – 4/1/2011	$34
4/1/2011 – 4/1/2012	$36
4/1/2012 – 4/1/2013	$37
4/1/2013 – 4/1/2014	$38
4/1/2014 – 4/1/2015	$39
4/1/2015 – 4/1/2016	$40
4/1/2016 – 4/1/2017	$41
4/1/2017 – 4/1/2018	$42
4/1/2018 – 4/1/2019	$43
4/1/2019 – 4/1/2020	$44
4/1/2020 – 4/1/2022	$45
4/1/2022 – 4/1/2023	$47
4/1/2023 – thereafter	$48

As of December 31, 2013, benefit accruals were frozen for any non-grandfathered participant.

Dallas, Texas: Benefit level listed below multiplied by Credited Service from later from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2008	$30
1/1/2008 – 4/1/2009	$32
4/1/2009 – 1/1/2010	$33
1/1/2010 – 4/1/2011	$34
4/1/2011 – 4/1/2012	$36
4/1/2012 – 4/1/2013	$37
4/1/2013 – 4/1/2014	$38
4/1/2014 – 4/1/2015	$39
4/1/2015 – 4/1/2016	$40
4/1/2016 – 4/1/2017	$41
4/1/2017 – 4/1/2018	$42
4/1/2018 – 4/1/2019	$43
4/1/2019 – 4/1/2020	$44
4/1/2020 – thereafter	$45

As of December 31, 2013, benefit accruals were frozen for any non-grandfathered participant.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

DuBois, Pennsylvania: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2008	$30
1/1/2008 – 4/1/2009	$31
4/1/2009 – 1/1/2010	$33
1/1/2010 – 4/1/2011	$34
4/1/2011 – 4/1/2012	$36
4/1/2012 – 4/1/2013	$37
4/1/2013 – 4/1/2013	$38
4/1/2014 – 4/1/2015	$39
4/1/2015 – 4/1/2016	$40
4/1/2016 – 4/1/2017	$41
4/1/2017 – 4/1/2018	$42
4/1/2018 – 4/1/2019	$43
4/1/2019 – 4/1/2020	$44
4/1/2020 – 4/1/2022	$45
4/1/2022 – 4/1/2023	$47
4/1/2023 – thereafter	$48

As of December 31, 2013, benefit accruals were frozen for any non-grandfathered participant.

Kingsport, Tennessee (Ridgefield Converting): Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2008	$33
1/1/2008 – 4/1/2009	$34
4/1/2009 – 1/1/2010	$35
1/1/2010 – 4/1/2011	$36
4/1/2011 – 4/1/2012	$37
4/1/2012 – 4/1/2013	$38
4/1/2013 – 4/1/2014	$39
4/1/2014 – 4/1/2015	$40
4/1/2015 – 4/1/2016	$41
4/1/2016 – 4/1/2017	$42
4/1/2017 – 4/1/2018	$43
4/1/2018 – 4/1/2019	$44
4/1/2019 – 4/1/2020	$45
4/1/2020 – thereafter	$46

As of December 31, 2013, benefit accruals were frozen for any non-grandfathered participant.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

Rock Hill, South Carolina: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2008	$30
1/1/2008 – 4/1/2009	$32
4/1/2009 – 1/1/2010	$33
1/1/2010 – 4/1/2011	$34
4/1/2011 – 4/1/2012	$36
4/1/2012 – 4/1/2013	$37
4/1/2013 – 4/1/2014	$38
4/1/2014 – 4/1/2015	$39
4/1/2015 – 4/1/2016	$40
4/1/2016 – 4/1/2017	$41
4/1/2017 – 4/1/2018	$42
4/1/2018 – 4/1/2019	$43
4/1/2019 – 4/1/2020	$44
4/1/2020 – 4/1/2022	$45
4/1/2022 – 4/1/2023	$47
4/1/2023 –thereafter	$48

As of December 31, 2013, benefit accruals were frozen for any non-grandfathered participant

Tatum, South Carolina: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2008	$30
1/1/2008 – 4/1/2009	$31
4/1/2009 – 1/1/2010	$33
1/1/2010 – 4/1/2011	$34
4/1/2011 – 4/1/2012	$36
4/1/2012 – 4/1/2013	$37
4/1/2013 – 4/1/2014	$38
4/1/2014 – 4/1/2015	$39
4/1/2015 – 4/1/2016	$40
4/1/2016 – 4/1/2017	$41
4/1/2017 – 4/1/2018	$42
4/1/2018 – 4/1/2019	$43
4/1/2019 – 4/1/2020	$44
4/1/2020 – 4/1/2022	$45
4/1/2022 – thereafter	$47

As of December 31, 2013, benefit accruals were frozen for any non-grandfathered participant.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

West Chicago, Illinois: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2008	$31
1/1/2008 – 4/1/2009	$32
4/1/2009 – thereafter	$33

As of December 31, 2013, benefit accruals were frozen for any non-grandfathered participant.

Washington Courthouse, Ohio: Benefit level listed below multiplied by Credited Service from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2008	$29
1/1/2008 – 4/1/2009	$31
4/1/2009 – 1/1/2010	$33
1/1/2010 – 4/1/2011	$34
4/1/2011 – 4/1/2012	$36
4/1/2012 – 4/1/2013	$37
4/1/2013 – 4/1/2014	$38
4/1/2014 – 4/1/2015	$39
4/1/2015 – 4/1/2016	$40
4/1/2016 – 4/1/2017	$41
4/1/2017 – 4/1/2018	$42
4/1/2018 – 4/1/2019	$43
4/1/2019 – 4/1/2020	$44
4/1/2020 – 4/1/2022	$45
4/1/2022 – 4/1/2023	$47
4/1/2023 – thereafter	$48

As of December 31, 2013, benefit accruals were frozen for any non-grandfathered participant.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

Kentucky Bleach (Hawesville, Kentucky): Benefit level listed below multiplied by from later of March 7, 2007 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2008	$43
1/1/2008 – 1/1/2009	$44
1/1/2009 – 8/31/2010	$45
9/1/2010 – 12/31/2012	$50
1/1/2013 – 12/31/2013	$51
1/1/2014 – 12/31/2014	$52
1/1/2015 – 12/31/2015	$53
1/1/2016 – 12/31/2016	$54
1/1/2017 – 12/31/2017	$55
1/1/2018 – 12/31/2018	$56
1/1/2019 – 12/31/2019	$57
1/1/2020 – 12/31/2021	$58
1/1/2022 – 12/31/2022	$60
1/1/2023 – 12/31/2023	$61
1/1/2024 – thereafter	$62

As of December 31, 2012, benefit accruals were frozen for any non-grandfathered participant.

Ashdown, Arkansas Mill: Benefit level listed below multiplied by from later of January 1, 2013 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
Until 1/1/2013	$46.76
1/1/2013 – 12/31/2013	$47.76
1/1/2014 –12/31/2014	$48.76
1/1/2015 – 12/31/2015	$49.76
1/1/2016 – 12/31/2016	$50.76
1/1/2017 – 12/31/2017	$51.76
1/1/2018 – 12/31/2018	$52.76
1/1/2019 – 12/31/2019	$53.76
1/1/2020 – 12/31/2021	$54.76
1/1/2022 – 12/31/2022	$56.76
1/1/2023 – 12/31/2023	$57.76
1/1/2024 – thereafter	$58.76

The normal retirement benefit payable under this plan will be the difference between the gross benefit calculated under this Plan (including service from prior plan up to December 31, 2012) and the amount calculated under this plan using only the benefit service and benefit levels from the prior plan as of December 31, 2012. For any employee with a non-vested accrued benefit in the prior plan on December 31, 2012, the normal retirement benefit payable under this plan shall also include the accrued benefit earned under the prior plan prior to December 31, 2012 (subject to vesting).

As of December 31, 2012, benefit accruals were frozen for any non-grandfathered participant.

Schedule SB, Part V — Summary of Plan Provisions

- Regular Pension (continued)

Baltimore/Washington (Baltimore, Maryland): Benefit level listed below multiplied by from later of January 1, 2013 and date of hire

Date Credited Service Terminates:	Monthly Benefit:
1/1/2013 – thereafter	$23.40

For any employee with a non-vested accrued benefit in the prior plan on December 31, 2012, the normal retirement benefit payable under this plan shall also include the accrued benefit earned under the prior plan prior to December 31, 2012 (subject to vesting)

As of December 31, 2012, benefit accruals were frozen for any non-grandfathered participant.

Indianapolis, IND: Benefit level listed below multiplied by from later of April 30, 2013 and date of hire:

Date Credited Service Terminates:	Monthly Benefit:
1/1/2005 – 12/31/2005	$18.15
1/1/2006 – 12/31/2006	$19.95
1/1/2007 – 12/31/2007	$20.99
1/1/2008 – 12/31/2008	$22.12
1/1/2009 – 4/1/2009	$22.97
4/1/2009 – 12/31/2009	$9.72
1/1/2010 – 12/31/2010	$10.08
1/1/2011 – 12/31/2011	$10.44
1/1/2012 – 12/31/2012	$10.80
1/1/2013 – 12/31/2013	$11.16
1/1/2014 – 12/1/2014	$11.66
12/1/2014 – thereafter	$12.16

After 1/1/2013, the benefit level multiplier is based on year of termination for grandfathered participants.

Prior to 1/1/2013, the benefit level multiplier is based on the year the credited service was earned.

Non-grandfathered Indianapolis participants accrue no benefit service under this Plan or increases in benefit levels after April 30, 2013.

For any Indianapolis participant with a non-vested accrued benefit in the GCIU Plan on April 30, 2013, the normal retirement benefit payable under this Plan shall also include the accrued benefit earned under the GCIU Plan prior to April 30, 2013 (subject to vesting).

This location was closed as of December 1, 2014.

Schedule SB, Part V — Summary of Plan Provisions

• Additional Pension Benefits for service before March 7, 2007	Former Weyerhaeuser participants will receive the following additional benefits for their service before March 7, 2007. Participants receive the difference between the gross benefit calculated under this Plan (including service from Weyerhaeuser up to March 7, 2007) and the amount calculated under this plan using only the benefit service and benefit levels from Weyerhaeuser as of March 7, 2007. If the Participant retires under the plan, he will receive the difference between the early Vested Retirement Reduction and the Early Retirement reduction for his benefit accumulated under the Weyerhaeuser Pension Plan. If the Participant dies after reaching age 55, he will receive the difference between the early Vested Retirement Reduction and the Early Retirement reduction for his benefit accumulated under the Weyerhaeuser Pension Plan. If a Participant becomes disabled, he will receive the difference between an unreduced immediate annuity and a reduced annuity deferred to his Early Retirement Age.
Early retirement	
• Eligibility	Attained age 55 with at least 5 years of Vesting Service. Attained age 55 with at least 10 years of Vesting Service for former Weyerhaeuser locations and for Ashdown, Arkansas Mill location. Attained age 40 with at least 5 years of Vesting Service for employees at the Johnsonburg, Pennsylvania location hired before January 1, 2003.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued pension deferred to age 65, or immediate pension equal to accrued pension reduced by 6% per year from age 62 to early retirement date for Domtar, Inc. locations. Accrued pension deferred to age 65 or immediate pension equal to accrued pension reduced by 5% per year from age 62 to early retirement date for former Weyerhaeuser locations. For participants at the Ashdown, Arkansas Mill location, the early retirement benefit is the difference between the gross early retirement benefit calculated under this plan (including service from prior plan up to December 31, 2012) and the early retirement benefit calculated under this Plan using only the Benefit Service and Benefit Levels from the prior plan as of December 31, 2012. A reduction of 6% per year from ages 55 to early retirement date is applicable. For participants at the Baltimore/Washington location, the early retirement benefit is the normal retirement benefit reduced by 6% for each year prior to age 65. If the participant has a combination of vesting service and attained age (not counting partial years) equal to at least 85 (“85 points”), there is no reduction. Additionally, any participant (whether GF or Non-GF) who was under age 55 on December 31, 2012, and terminates employment on or after reaching his or her early retirement date (without 85 points) but before age 65, shall be eligible for an early retirement benefit equal to the difference between 1) the accrued benefit under the prior plan prior to July 2006 reduced at 3% for each year prior to age 62 and 2) that same accrued benefit reduced 6% for each year prior to age 65. Any participant who has not attained age 55 or had attained age 55 but had not attained 85 points as of December 31, 2012, and terminates employment with 85 points on or after reaching his or her early retirement date but before age 65. shall be eligible for an early retirement benefit equal to the difference between 1) the accrued benefit under the prior plan prior unreduced and 2) that same accrued benefit reduced 6% for each year prior to age 65. For participants at the Indianapolis location, the early retirement benefit is the normal retirement benefit reduced by 8% for each year prior to age 65 per year from age 65 to age 60 and 5% per year from age 60 to age 55 for both active and deferred vested participants.
Late retirement	
• Eligibility	An employee may work beyond age 65.
• Benefit	The larger of the benefit accrued as of the Normal Retirement Date, actuarially increased for delayed commencement, or the Normal Retirement Benefit based on Continuous Service at the postponed retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Eligibility	5 years of Vesting Service.
• Benefit	The benefit accrued to termination date as determined under Normal Retirement Benefit is fully vested and payable without reduction starting at age 65. A former participant with a fully vested benefit who has completed at least 5 years of Vesting Service may elect to have his benefit payments commence on the first day of any month coincident with or following attainment of age 55, reduced by 6% per year from ages 62 to 55. A participant at a non-union former Weyerhaeuser location with a fully vested benefit who has completed at least 10 years of Vesting Service may elect to have his benefit payments commence on the first day of any month coincident with or the following attainment of age 55, reduced by 6% per year from ages 65 to 55. A participant at a union former Weyerhaeuser location with a fully vested benefit who has completed at least 10 years of Vesting Service (or 5 years of Vesting Service if the participant was hired before January 1, 2003 at the Johnsonburg, Pennsylvania location) may elect to have his benefit payments commence on the first day of any month, reduced to the actuarial equivalent using the 1951 Group Annuity Mortality with one year setback, blended 90% male and 10% female, and an interest rate of 4%. Participants at the Johnsonburg, Pennsylvania location hired before 1/1/2003 have a limit on the benefit reduction of 1/15th for each of the first five years before age 65, 1/30th for each of the next five years, and the actuarial equivalence before age 55. Participants at the Cerritos, California or Owensboro, Kentucky locations hired before 1/1/2003, at the Hawesville, Kentucky location hired before 6/1/2003, or at the Kingsport, Tennessee location hired before 1/1/2005 have a limit on the benefit reduction of 6% per year prior to age 65. Participants at the Indianapolis location with a fully vested benefit who have completed at least 5 years of Vesting Service may elect to have their benefit payments commence on the first day of any month coincident with or following the attainment of age 55, reduced by 8% per year from ages 65 to 60 and by 5% per year from ages 60 to 55.

Schedule SB, Part V — Summary of Plan Provisions

Disability	
• Eligibility	Totally disabled and have 5 years of Vesting Service. Totally disabled, attained age 40 and 10 years of Vesting Service at Johnsonburg, Pennsylvania. Totally disabled and have 10 years of Vesting Service for all others Weyerhaeuser locations. Totally disabled is defined as being totally disabled by the Social Security Administration pursuant to a current Social Security disability award. Eligibility ends upon attainment of early retirement age for participants at the Plymouth, Rothschild, and non-union hourly locations. Eligibility ends upon attainment of normal retirement age for all other participants.
• Benefit	The benefit accrued to disability date as determined under Normal Retirement Benefit is fully vested and payable immediately. Payment of disability benefits ends upon the earliest to occur of the following: (i) the Participant ceases to be totally disabled; (ii) the Participant refuses to provide the Plan Administrator with evidence of continued disability; or (iii) attainment of Normal Retirement Age, at which time the Participant's disability benefit is automatically converted to a normal retirement benefit payable in a form elected by the Participant. Disability benefits for participants at the Ashdown, Arkansas Mill location take into consideration benefit service from the prior plan. Disability benefits for participants at the Baltimore/Washington location take into consideration benefit service from the prior plan (unless a disability benefit is provided under the prior plan.) Disability benefits for participants at the Indianapolis location take into consideration benefit service from the prior plan. Disability benefits for participants at the Kentucky Bleach (Hawesville, KY) location are actuarially reduced for commencement prior to normal retirement age.
Pre-retirement death	
• Eligibility	5 years of Vesting Service.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	For Domtar, Inc. participants, annuity payable for life equal to 50% of the benefit accrued to date of death, as determined under Normal Retirement Benefit, reduced for the election of the joint and 50% spouse's benefit, and for the commencement of payments prior to the employee's normal retirement age. If the employee dies prior to the attainment of earliest retirement age, benefit commencement is deferred until the date he would have reached his earliest retirement age. For participants of former Weyerhaeuser locations of Cerritos, California, Hawesville, Kentucky, Johnsonburg, Pennsylvania, Kingsport, Tennessee, and Owensboro, Kentucky, annuity payable for life equal to 100% of the benefit accrued at the date of death, as determined under Normal Retirement Benefit, reduced for the election of the joint and 100% spouse's benefit, and for the commencement of payments prior to the employee's normal retirement age. Early retirement reductions are used if the participant has attained early retirement eligibility. Vested retirement reductions are used otherwise. Benefits cannot commence until the employee's earliest retirement age. If the employee is not married at the date of death and has at least 10 years of Vesting Service, the employee's named beneficiary is entitled to a lump sum in the amount of $500 for each year of Benefit Service (including benefit service from Weyerhaeuser as of March 7, 2007). For participants at the non-union former Weyerhaeuser locations or at the Plymouth, North Carolina, or Rothschild, Wisconsin locations, annuity payable for life equal to 100% of the benefit accrued to date of death, as determined under Normal Retirement Benefit, reduced for the election of the joint and 100% spouse's benefit, and for the commencement of payments of the prior to the employee's normal retirement age. Early retirement reductions are used if the participant has attained early retirement eligibility. Vested retirement reductions are used otherwise. Benefits can commence immediately following the employee's death. For participants at the Ashdown, Arkansas Mill location, the death benefits are the difference between the gross death benefit calculated under this plan (including service from prior plan up to December 31, 2012) and the amount calculated under this Plan using only the Benefit Service and Benefit Levels from the prior plan as of December 31, 2012. For participants at the Baltimore/Washington location, the death benefits take into consideration any early retirement benefits related to service under the prior plan. For participants at the Indianapolis location, grandfathered and non-grandfathered participants who accrued a previously unvested GCIU Plan benefit in this Plan are entitled to death benefits taking into consideration the benefit service earned as a participant in the GCIU Plan. Additionally, grandfathered participants are entitled to death benefits based on benefit service in this Plan after April 30, 2013.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	Life annuity if not married at retirement.
• Automatic form for married participants	For Domtar, Inc. participants, 50% joint and survivor annuity if married at retirement. For former Weyerhaeuser participants, 100% joint and survivor annuity if married at retirement. The Joint and survivor annuities are the actuarial equivalent of the life annuity benefit described above.
• Optional forms	Single life annuity. 50% joint and survivor annuity. 66-2/3% joint and survivor annuity. 75% joint and survivor annuity. 100% joint and survivor annuity. Participants also have the option of a lump sum payment upon termination of employment. Domtar, Inc. participants also have the option a single life annuity with a 36 month certain period. Former Weyerhaeuser participants also have the option of a single life annuity with a 60, 120, 180 month certain period. For Indianapolis active participants with 10 years of vesting service, they have the option to take a lump sum equal to $500 x benefit service if their spouse waives the 50% joint and survivor annuity.
• Optional form conversion factors	Rothschild and Plymouth locations: GAM83 mortality table, 50/50 blend of male/female mortality, using 9.50% interest. All other locations: RP2000 blue collar, projected to 2005, 80/20 blend of male/female mortality, using 6.00% interest. Lump Sum form of payment (where applicable): IRC Section 417(e) mortality table for the plan year of distribution, and IRC Section 417(e) interest rate for the month of November preceding the plan year of distribution.

Schedule SB, Part V — Summary of Plan Provisions

• Social Security Supplemental Benefit	For participants at the Johnsonburg, Pennsylvania or Plymouth, North Carolina locations, a participant who retires after age 55 and prior to age 65 shall be entitled to a Social Security Supplemental Benefit if the participant enrolls in certain health plans designated by the Employer. The amount of the additional payment shall be a percentage of your pension benefit as follows: Age 60: 24% Age 61: 30% Age 62 and older: 40% The Social Security Supplement shall be payable beginning on the later of the participant's retirement date or the month he attains age 60, continuing until the earlier of the month in which the participant attains age 65, or in the case of his death, would have attained age 65, or until the participant (or, in the instance of the participant's death, his beneficiary if any under the plan) is no longer enrolled in a designated health plan. In no instance shall the Social Security Supplement exceed the projected amount of the participant's Social Security benefit as of his Social Security normal retirement age.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is $275,000.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions (Pre-Merger Nekoosa Plan)

• Effective date and plan year	Original plan: August 3, 2001 Restated plan: January 1, 2012, last amended May 9, 2024. Georgia-Pacific Corporation ("GP") and Domtar Inc. entered into a purchase agreement, dated June 1, 2001. Based on this agreement, certain GP employees who were participating in the Employees Retirement Plan of Nekoosa Papers, Inc. ("GP Nekoosa Plan") became employees (transferred employees) of Domtar Inc. on August 3, 2001. Effective December 31, 2017, the Domtar US Nekoosa Papers Pension Plan merged into the Domtar US Hourly Pension Plan. Plan year: Calendar year
• Status of the plan	The plan is closed to new entrants and only has ongoing benefit accruals for participants with grandfathered status. As of December 31, 2012, benefit accruals were frozen for any USW Local No. 59 participant without grandfathered status and the plan is closed to new entrants in this union. As of December 31, 2013, benefit accruals were frozen for any Local 39 participant without grandfathered status and the plan is closed to new entrants in this union. As of December 31, 2014, benefit accruals were frozen for any Nepco Unit Local No. 434 or Nepco Lodge No. 1543 participant without grandfathered status and the plan is closed to new entrants in this union Effective December 31, 2017, the Domtar US Nekoosa Papers Pension Plan merged into the Domtar US Hourly Pension Plan.
• Significant events that occurred during the year	Increase in the dollar multiplier by $3 for employees of Local 39, Nepco Unit Local No. 434, or Nepco Lodge No. 1543 with a grandfathered status as of November 1, 2023. Increase in the dollar multiplier by $1 for all union employees with a grandfathered status as of January 1, 2024.
Definitions	
• Eligibility	Later of August 3, 2001 or date of hire.

Schedule SB, Part V — Summary of Plan Provisions

• Creditable service	Calendar years with at least 1,000 hours plus fractional years, except for the short plan year beginning 8/3/2001 and ending 12/31/2001. Creditable service for non-grandfathered participants in USW Local No. 59 is frozen as of December 31, 2012. Creditable service for non-grandfathered participants in Local 39 is frozen as of December 31, 2013. Creditable service for non-grandfathered participants in Nepco Unit Local No. 434 or Nepco Lodge No. 1543 is frozen as of December 31, 2014. For eligibility purposes, creditable service will be calculated from date of hire until last date of employment.
• Grandfathered (GF) employees	GF employees are those who are members of USW Local No. 59, who are age 55 or have accumulated 70 points (age + service) as of January 1, 2013 who did not elect to waive their grandfathered status. GF employees are also those who are members of Local 39 who are age 55 or have accumulated 70 points (age + service) as of January 1, 2014. GF employees are also those who are members of Nepco Unit Local No. 434 or Nepco Lodge No. 1543 who are age 55 or have accumulated 70 points (age + service) as of January 1, 2015.
Normal retirement	
• Eligibility	Last day of the month coincident with or next following attainment of age 65.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit

If a member of Nepco Unit Local No. 434 or Nepco Lodge No. 1543, the applicable annual benefit multiplied by the sum of the number of years of Creditable Service from 8/3/2001:

Date Creditable Service Terminates	Monthly Benefit
8/3/2001 – 12/31/2001	$31
1/1/2002 – 12/31/2002	$32
1/1/2003 – 12/31/2003	$33
1/1/2004 – 12/31/2004	$34
1/1/2005 – 12/31/2005	$35
1/1/2006 – 12/31/2006	$36
1/1/2007 – 12/31/2007	$37
1/1/2008 – 12/31/2008	$38
1/1/2009 – 12/31/2009	$39
1/1/2010 – 5/31/2010	$40
6/1/2010 – 12/31/2014	$45
1/1/2015 – 12/31/2015	$46
1/1/2016 – 12/31/2016	$47
1/1/2017 – 12/31/2017	$48
1/1/2018 – 12/31/2018	$49
1/1/2019 – 12/31/2019	$50
1/1/2020 – 12/31/2020	$51
1/1/2021 – 10/31/2023	$52
11/1/2023 – 12/31/2023	$55
1/1/2024 – thereafter	$56

Plus

An additional benefit equal to the Creditable Service up to 8/3/2001 times the future increase over $31.00 benefit level.

As of December 31, 2014, benefit accruals were frozen for any of Nepco Unit Local No. 434 or Nepco Lodge No. 1543 participant without grandfathered status.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit (cont.)

If a member of USW Local No. 59, the applicable annual benefit multiplied by the sum of the number of years of Creditable Service from 8/3/2001:

Date Creditable Service Terminates	Monthly Benefit
8/3/2001 – 12/31/2001	$31
1/1/2002 – 12/31/2002	$32
1/1/2003 – 12/31/2003	$33
1/1/2004 – 12/31/2004	$34
1/1/2005 – 12/31/2005	$35
1/1/2006 – 12/31/2006	$36
1/1/2007 – 12/31/2007	$37
1/1/2008 – 12/31/2008	$38
1/1/2009 – 5/31/2009	$39
6/1/2009 – 12/31/2012	$44
1/1/2013 – 12/31/2013	$45
1/1/2014 – 12/31/2014	$46
1/1/2015 – 12/31/2015	$47
1/1/2016 – 12/31/2016	$48
1/1/2017 – 12/31/2017	$49
1/1/2018 – 12/31/2018	$50
1/1/2019 – 12/31/2019	$51
1/1/2020 – 12/31/2021	$52
1/1/2022 – 12/31/2022	$54
1/1/2023 – 12/31/2023	$55
1/1/2024 – thereafter	$56

Plus

An additional benefit equal to the Creditable Service up to 8/3/2001 times the future increase over $31.00 benefit level.

As of December 31, 2012, benefit accruals were frozen for any United Steel Worker (USW Local No. 59) participant without grandfathered status including those who waived grandfathered status in exchange for an enhanced DC benefit.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit (cont.)

If a member of Local 39, the applicable annual benefit multiplied by the sum of the number of years of Creditable Service from 8/3/2001:

Date Creditable Service Terminates	Monthly Benefit
8/3/2001 – 12/31/2001	$31
1/1/2002 – 12/31/2002	$32
1/1/2003 – 12/31/2003	$33
1/1/2004 – 12/31/2004	$34
1/1/2005 – 12/31/2005	$35
1/1/2006 – 12/31/2006	$36
1/1/2007 – 12/31/2007	$37
1/1/2008 – 12/31/2008	$38
1/1/2009 – 7/31/2009	$39
8/1/2009 – 12/31/2013	$44
1/1/2014 – 12/31/2014	$45
1/1/2015 – 12/31/2015	$46
1/1/2016 – 12/31/2016	$47
1/1/2017 – 12/31/2017	$48
1/1/2018 – 12/31/2018	$49
1/1/2019 – 12/31/2019	$50
1/1/2020 – 12/31/2020	$51
1/1/2021 – 10/31/2023	$52
11/1/2023 – 12/31/2023	$55
1/1/2024 – thereafter	$56

Plus

An additional benefit equal to the Creditable Service up to 8/3/2001 times the future increase over $31.00 benefit level.

As of December 31, 2013, benefit accruals were frozen for any Local 39 participant without grandfathered status.

Early retirement

- Eligibility: Attained age 55 with at least 10 years of Creditable Service.
- Benefit: Accrued pension deferred to age 65, or immediate pension equal to accrued pension reduced by 6% per year from age 62 to early retirement.

Late retirement

- Eligibility: An employee may work beyond age 65.
- Benefit: The Normal Retirement Benefit based on Continuous Service at the postponed retirement date.

Deferred vested

- Eligibility: On completion of 5 years of Creditable Service.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The benefit accrued to termination date as determined under Normal Retirement Benefit is fully vested and payable without reduction starting at age 65. A former participant with a fully vested benefit who has completed at least 10 years of Vesting Service may elect to have his benefit payments commence on the first day of any month coincident with or following attainment of age 55, reduced by 6% per year from ages 62 to 55.
Disability	
• Eligibility	Totally disabled, completed 10 years of Creditable Service, and in receipt of disability benefit payments under the Social Security Act
• Benefit	For those with 10 or more years of Creditable Service, the benefit accrued to disability date as determined under Normal Retirement Benefit is fully vested and payable immediately.
Pre-retirement death	
• Eligibility	Completion of 5 years of Creditable Service.
• Benefit	Annuity payable for life equal to 50% of the benefit accrued to date of death, as determined under Normal Retirement Benefit, reduced for the election of the joint and 50% spouse's benefit, and for the commencement of payments prior to the employee's normal retirement age. If the employee dies prior to the attainment of earliest retirement age, benefit commencement is deferred until the date he would have reached his earliest retirement age.
Form of benefits	
• Automatic form for unmarried participants	Life annuity if not married at retirement.
• Automatic form for married participants	50% Joint and Survivor annuity which is the actuarial equivalent of benefit described above if employee is married at retirement.
• Optional forms	50% Joint and Survivor annuity 75% Joint and Survivor annuity 100% Joint and Survivor annuity Life annuity with lump sum payment at death Life annuity with guaranteed payments for 5, 10, 15, or 20 years. Annuity adjusted to provide a level income with Social Security Participants also have the option of a lump sum payment upon termination of employment.
• Optional form conversion factors	Actuarial equivalence for optional forms is based on the 1971 Group Annuity Mortality table, assuming 80% male, 20% female, and 7.00% interest. Lump Sum: Mortality and interest required under IRC Section 417(e).
Miscellaneous	
• Maximum Benefits	Annual Benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is $275,000.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions (Pre-Merger Post Huron Plan)

• Effective date and plan year	Original plan: E.B. Eddy Paper, Inc. Hourly Employees Pension Plan, Port Huron Mill Effective Date: September 10, 1987 Restated plan: January 1, 2022, last amended May 9, 2024. Effective December 31, 2017, the E.B. Eddy Paper, Inc. Hourly Employees Pension Plan, Port Huron Mill merged into the Domtar US Hourly Pension Plan. Plan year: Calendar year
• Status of the plan	As of December 31, 2012, benefit accruals were frozen for participants without grandfathered status. The plan is closed to new entrants. Effective December 31, 2017, the E.B. Eddy Paper, Inc. Hourly Employees Pension Plan, Port Huron Mill merged into the Domtar US Hourly Pension Plan.
• Significant events that occurred during the year	Increase in the dollar multiplier by $1 for employees with a grandfathered status as of January 1, 2024 (no grandfathered actives remain as of January 1, 2024).
Definitions	
• Employee	“Employee” means a person who is regularly employed on an hourly-rated basis and who is a member of the United Steel Workers Local 51 employed at Port Huron Mill.
• Continuous service	Continuous Service prior to September 10, 1987 is the Employee’s last period of continuous employment commencing on his most recent date of hire and ending on the Effective Date. Continuous Service after September 10, 1987 shall mean the period of time, measured in whole years and fractions thereof to the nearest day, commencing on the later of the Effective Date and the date of hire of such Employee and ending on his subsequent severance from Service Date.
• Eligibility	Any Employee included as a participant under the provisions of the Prior Plan on the Effective Date, or any other Employee shall become a participant on or after the Effective Date as of the first day following the later of his 21st birthday and his completion of one year of Continuous Service. The plan is closed to new entrants as of December 31, 2012.
• Grandfathered (GF) employees	GF employees are those aged 55 years or who have accumulated 70 points (age + service) as of January 1, 2013 and did not elect to waive their grandfathered status.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement

- Eligibility

A participant's Normal Retirement Date will be the first day of the month following the later of his 65th birthday and the completion of five years of Plan participation.

- Benefit

The monthly normal retirement pension payable to a participant who retires shall be equal to the benefit rate in effect at the severance from service date multiplied by the applicable Continuous Service as outlined below:

Benefit Rate in Effect

Date Credited Service Terminates	Continuous Service Prior to 9/10/1987	Continuous Service After 9/10/1987
9/10/1987 – 7/30/1988	$0.00	$15.50
7/31/1988 – 7/30/1989	0.25	15.75
7/31/1989 – 7/30/1990	0.75	16.25
7/31/1990 – 7/30/1991	1.15	16.65
7/31/1991 – 7/30/1992	1.55	17.05
7/31/1992 – 7/30/1993	1.95	17.45
7/31/1993 – 7/30/1994	2.35	17.85
7/31/1994 – 7/30/1995	5.50	21.00
7/31/1995 – 7/30/1996	6.50	22.00
7/31/1996 – 7/30/1999	7.50	23.00
7/31/1999 – 7/30/2000	9.50	25.00
7/31/2000 – 7/31/2001	10.50	26.00
7/31/2001 – 7/30/2002	11.50	27.00
7/31/2002 – 7/30/2003	12.50	28.00
7/31/2003 – 7/30/2004	14.50	30.00
7/31/2004 – 7/30/2005	15.50	31.00
7/31/2005 – 7/30/2006	16.50	32.00
7/31/2006 – 7/30/2007	18.50	34.00
7/31/2007 – 7/30/2008	19.50	35.00
7/31/2008 – 7/31/2009	20.50	36.00
7/31/2009 – 12/31/2012	25.50	41.00
1/01/2013 – 12/31/2013	26.50	42.00
1/01/2014 – 12/31/2014	27.50	43.00
1/01/2015 – 12/31/2015	28.50	44.00
1/01/2016 – 12/31/2016	29.50	45.00
1/01/2017 – 12/31/2017	30.50	46.00
1/01/2018 – 12/31/2018	31.50	47.00
1/01/2019 – 12/31/2019	32.50	48.00
1/01/2020 – 12/31/2021	33.50	49.00
1/01/2022 – 12/31/2022	35.50	51.00
1/01/2023 – 12/31/2023	36.50	52.00
1/01/2024 – thereafter	37.50	53.00

As of December 31, 2012, benefit accruals were frozen for any participant without grandfathered status.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	A participant may retire on the first day of any month after completing 15 years of Continuous Service and attaining age 55.
• Benefit	The Early Retirement Benefit, if deferred to his Normal Retirement Date, is equal to the Normal Retirement Benefit based on service to the Early Retirement Date. Alternately, the benefit commencing on the Early Retirement Date is equal to the Normal Retirement Benefit reduced ½ of 1% for each month by which early retirement precedes normal retirement.
Late retirement	
• Eligibility	A participant may retire after his Normal Retirement Date.
• Benefit	The Normal Retirement Benefit based on Continuous Service at the postponed retirement date.
Deferred vested	
• Eligibility	A participant is entitled to a Vested Benefit upon termination after completing 5 years of service.
• Benefit	The Vested Benefit, commencing on the participant's Normal Retirement Date, is equal to the Normal Retirement Benefit accrued to the date of termination. The participant who has completed 15 years of Continuous Service may elect to have the benefit commence as early as age 55 but reduced ½ of 1% for each month by which early retirement precedes normal retirement.
Disability	
• Eligibility	A participant who after completing 10 years of Continuous Service, as a result of injury or disease is unable to perform his regular duties with the Company and is entitled to receive a disability benefit under Title II of the Federal Social Security Act, may retire and receive a Disability Retirement Benefit.
• Benefit	The Disability Retirement Benefit is equal to the participant's accrued Normal Retirement Benefit and is payable from the first of the month following proof of disability until the participant's death, recovery prior to age 65, or refusal to submit to medical examination prior to age 55 as required by the retirement committee.
Pre-retirement death	
• Eligibility	If a participant dies before retirement and after becoming eligible for a Vested Benefit, the surviving spouse will be eligible for a Surviving Spouse Death Benefit.
• Benefit	The Surviving Spouse Death Benefit shall commence no earlier than the date the participant would have been age 55. This benefit shall be equal to the benefit the spouse would have received had the participant (i) retired on the later of the first of the month in which he died or attained age 55 and (ii) elected a 50% joint & survivor benefit.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% Joint and Survivor annuity which is the actuarial equivalent of benefit described above if employee is married at retirement.
• Optional forms	50% Joint and Survivor annuity 66-2/3% Joint and Survivor annuity 75% Joint and Survivor annuity 100% Joint and Survivor annuity 10 Year Certain and Life annuity Social Security Level Income annuity Participants also have the option of a lump sum payment upon termination of employment.
• Optional form conversion factors	Mortality and interest required under IRC Section 417(e) for Social Security Level Income and lump sum options. UP-84 mortality table and 7.00% interest for other forms.
Miscellaneous	
• Maximum Benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is $275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through December 31, 2023, are included in this valuation.

- **Most recent plan amendments included:**
  - The monthly multiplier increased by $1 for non-union participants with a grandfathered status as of April 1, 2023.
  - The monthly multiplier increased by $3 for union participants of Local 39, Nepco Unit Local No. 434, or Nepco Lodge No. 1543 at the Nekoosa mill with a grandfathered status effective November 1, 2023.
  - The monthly multiplier increased by $1 for all union participants with a grandfathered status effective January 1, 2024, including the Nekoosa mill union participants described above.
- **Plan amendments excluded:** Amendments effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. Because all participants are assumed to retire by age 70, this valuation does not include increases for participants over age 70.

Schedule SB, Part V — Summary of Plan Provisions

- *Deferred vested participants:* No provision is made for late retirement increases for deferred vested participants as the number of deferred vested participants past Normal Retirement Age is negligible.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

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

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* None.
  - *Plan amendments:* See above.
  - *Prohibited payments:* None.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit. The target normal cost does not reflect any limitation on benefit accruals.

- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- The monthly multiplier increased by $3 for union participants of Local 39, Nepco Unit Local No. 434, or Nepco Lodge No. 1543 at the Nekoosa mill with a grandfathered status effective November 1, 2023, and increased by $1 for all union participants with a grandfathered status effective January 1, 2024.
- The monthly multiplier increased by $1 for non-union participants with grandfathered status effective April 1, 2023.
- Maximum benefit amounts under IRS rules were updated from 2023 to 2024.

Schedule SB, line 32 – Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases			
Year established	**Outstanding balance**	**Years remaining**	**2024 installment**
2024	4,715,964	15	431,021
Total	**$ 4,715,964**		**$ 431,021**

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expected investment return increased from 6.20% in 2023 to 5.60% in 2024.
- The expense component of normal decreased from $1,700,000 in 2023 to $1,100,000 in 2024.