

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BEMIS RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMCOR FLEXIBLES NORTH AMERICA, INC.</u></p> <p><u>2200 BADGER AVE</u> <u>OSHKOSH, WI 54904</u></p>	<p>1c Effective date of plan <u>12/01/1945</u></p> <p>2b Employer Identification Number (EIN) <u>43-0178130</u></p> <p>2c Plan Sponsor's telephone number <u>920-527-5317</u></p> <p>2d Business code (see instructions) <u>326100</u></p>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2965
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1021
	6a(2)	714
	6b	988
	6c	478
	6d	2180
	6e	159
	6f	2339
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1B 1H 3H 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

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

A Name of plan <u>BEMIS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMCOR FLEXIBLES NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>43-0178130</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>237359658</u>
b Actuarial value	2b		<u>261095624</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1083</u>	<u>173732005</u>	<u>173732005</u>
b For terminated vested participants	<u>909</u>	<u>34692222</u>	<u>34692222</u>
c For active participants	<u>1021</u>	<u>40146900</u>	<u>42261647</u>
d Total	<u>3013</u>	<u>248571127</u>	<u>250685874</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.09 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>1400000</u>
c Target normal cost	6c		<u>1400000</u>

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

SIGN HERE			
	Signature of actuary	<u>09/22/2025</u>	Date
	<u>DAMION A. L. GOODEN</u>	<u>23-07436</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>248-936-7700</u>	Telephone number (including area code)
	<u>TRAVELLERS TOWER 26555 EVERGREEN ROAD, SUITE 1600 SOUTHFIELD, MI 48076</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.49</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	104.15 %
15	Adjusted funding target attainment percentage	15	104.15 %
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	108.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

21 Discount rate:

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

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 62

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	1400000
b Excess assets, if applicable, but not greater than line 31a	31b	1400000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

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

A Name of plan BEMIS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMCOR FLEXIBLES NORTH AMERICA, INC.	D Employer Identification Number (EIN) 43-0178130	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

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

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	391762	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 12 15 28 38 50 59 61 62 63 64	NONE	325057	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TOWERS WATSON INVESTMENT SVC INC.

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	210911	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 52 59	NONE	176394	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FAEGRE DRINKER BIDDLE & REATH LLP

41-0244008

(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?
29 50	NONE	44286	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BAKER TILLY US, LLP

39-0859910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BLACKROCK INST. TRUST COMPANY N.A

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?
21 24 28 51 50	NONE	13495	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
18 19 49 51	NONE	9399	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>BEMIS RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMCOR FLEXIBLES NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>43-0178130</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TREASURY U.S. 10 YEAR KEY</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY NA</u>		
c EIN-PN <u>47-4226866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4913391</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TREASURY U.S. 15 YEAR KEY</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY NA</u>		
c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3638180</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TREASURY U.S. 20 YEAR KEY</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY NA</u>		
c EIN-PN <u>45-3856189-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1922113</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SERVICES, INC</u>		
c EIN-PN <u>82-6695738-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55612126</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLTV GOVT SHORT TERM INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS INC.</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43164288</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>REAL ASSETS FUND</u>		
b Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SERVICES, INC</u>		
c EIN-PN <u>82-6695738-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31818976</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA LONG US GOVT BOND NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-142</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13507009</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TREASURY U.S. 5 YEAR KEY

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY NA

c EIN-PN 47-4104495-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4610878
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERMED U.S. GOVT BOND INDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-144	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28869225
--------------------------------	------------------------	--

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BEMIS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMCOR FLEXIBLES NORTH AMERICA, INC.	D Employer Identification Number (EIN) 43-0178130

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13725016	5246535
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)	235316452	188056186
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1755668	1623765
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	150	105

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	250797286	194926591
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13437628	5000000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13437628	5000000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	237359658	189926591

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)	56439	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		56439
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		828242
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2152
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		886833

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	46296961	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		46296961
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	325057	
(4) IQPA audit fees	2i(4)	14500	
(5) Investment advisory and investment management fees	2i(5)	233805	
(6) Bank or trust company trustee/custodial fees	2i(6)	176394	
(7) Actuarial fees	2i(7)	391762	
(8) Legal fees	2i(8)	44286	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	837135	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2022939
j Total expenses. Add all expense amounts in column (b) and enter total	2j		48319900

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-47433067
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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548124.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan BEMIS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMCOR FLEXIBLES NORTH AMERICA, INC.	D Employer Identification Number (EIN) 43-0178130	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-3689044

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	604
--	----------	------------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 1.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 59.8 %
 High-Yield Debt: 0.0 % Real Assets: 14.1 % Cash or Cash Equivalents: 24.3 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Bemis Retirement Plan

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statement of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	19
Schedule H, Line 4(j) - Schedule of Reportable Transactions	20

Independent Auditors' Report

To the Participants and Plan Administrator of
Bemis Retirement Plan

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

We have performed audits of the financial statements of Bemis Retirement 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, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year 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 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Baker Tilly US, LLP

Milwaukee, Wisconsin
October 14, 2025

Bemis Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments held outside the Bemis Company, Inc. Master Pension Trust (at fair value)	\$ 1,623,765	\$ 1,755,668
Plan interest in Bemis Company, Inc. Master Pension Trust (at fair value)	188,302,826	235,603,990
Total investments	189,926,591	237,359,658
Total assets	189,926,591	237,359,658
Net assets available for benefits	\$ 189,926,591	\$ 237,359,658

See notes to financial statements

Bemis Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Net appreciation on investments held outside the Bemis Company, Inc. Master Pension Trust	\$ 58,591	\$ 103,037
Change in plan interest in Bemis Company, Inc. Master Pension Trust	828,242	5,835,977
Total investment income	886,833	5,939,014
Total additions	886,833	5,939,014
Deductions		
Benefits paid to participants	46,296,961	17,779,738
Administrative expenses	2,022,939	1,471,417
Total deductions	48,319,900	19,251,155
Net decrease	(47,433,067)	(13,312,141)
Net assets available for benefits		
Beginning of year	237,359,658	250,671,799
End of year	\$ 189,926,591	\$ 237,359,658

See notes to financial statements

Bemis Retirement Plan

Statement of Accumulated Plan Benefits

December 31, 2023

Actuarial present value of accumulated plan benefits**Vested benefits**

Participants and beneficiaries currently receiving payments	\$ 171,060,881
Other participants	74,968,248

Total vested benefits 246,029,129

Nonvested benefits 2,052,044

Total actuarial present value of accumulated plan benefits \$ 248,081,173

See notes to financial statements

Bemis Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ 243,869,789
Increase (decrease) during the year attributable to:	
Actuarial losses	2,188,171
Decrease in the discount period	12,922,350
Change in actuarial assumptions	6,880,601
Benefits paid	(17,779,738)
Net increase	4,211,384
Actuarial present value of accumulated plan benefits at end of year	\$ 248,081,173

See notes to financial statements

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Bemis Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established effective December 21, 1945, as restated January 1, 2021. Prior to the plan freeze noted below, the Plan covered certain salaried employees, office clerical supervisory employees and certain other nonunion hourly employees at participating locations of Amcor Flexibles North America, Inc. (the Company), who have completed one year of qualifying service (1,000 hours during a 12 month period). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Amcor U.S. Benefits Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

As of January 1, 2006, the Plan was partially frozen and no new entrants were allowed in the Plan. Employees that were at least age 40, and their age plus years of service with the Company equal 60 or more as of December 31, 2005 were grandfathered and continued to accrue benefits. Employees who were not grandfathered, had their credited service frozen as of December 31, 2005, but continued to accrue benefits as their wages increased. As of January 1, 2014, the Plan was frozen for all participants. Benefit accruals were frozen as of December 31, 2013.

Master Trust

The Plan's investments are primarily invested through the Bemis Company, Inc. Master Pension Trust (the Master Trust), which was established for the investment of assets of the Plan and one other Company sponsored retirement plan. Effective December 1, 2022, the Plan's assets were segregated from the other assets of the Master Trust as the Amcor U.S. Benefits Committee implemented a new investment policy for each of the plans, causing the Plan to have a divided interest in the Master Trust.

The assets of the Master Trust are held by Northern Trust Company (Northern Trust). The Plan also holds investments outside the Master Trust, which are held by State Street Bank and Trust Company (State Street). Northern Trust and State Street are collectively referred to as the Trustees of the Plan.

Funding Policy

All contributions of the Plan are made by the Company. Contributions are based upon actuarial calculations of amounts necessary to provide for defined pension benefit payments upon retirement or death. The calculations are made annually by the independent actuary retained by the Company. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024 and 2023, of which there were none.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. See Note 9 for more information.

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights or upon death or disability. Prior to July 31, 2023, participants became vested in the Plan upon completion of at least five years of service or attainment of the normal retirement age (65, 66 or 67 depending on year of birth) with completion of five years of service, although the Plan does allow for early retirement at the age of 55 and completion of 10 years of service; and disability retirement at the age of 50 with the completion of 10 years of service. If employees terminated before rendering the required years of service, they forfeited the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Effective July 31, 2023, all participants who are active employees of the Company are fully vested in their accrued monthly pension. Upon becoming vested, participants are entitled to benefits as determined by various formulas that involve, in part, years of qualifying service, average salary and Social Security offset. The benefit varies between employees based on, in part, the type of retirement the employee is eligible for (normal, early, etc.), hire date and when the employee became a participant in the Plan. Several payment options are available upon retirement with the normal benefit reduced by early retirement. If the present value of the participant's benefit is less than \$7,000, a lump-sum distribution will be made. Effective July 25, 2024, the Plan was amended to implement a lump sum window program. This program allowed eligible active or terminated participants, as defined in the plan amendment, to elect a one-time lump sum distribution of their accrued benefits during a limited election period. The distributions were made in December 2024.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary in the form of a lump sum payment. Active employees who become totally disabled at the age of 50 and completed 10 years of service, may receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and 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.

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Investment Valuation and Income Recognition

The Plan's and Master Trust's 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. Plan interest in Bemis Company, Inc. Master Pension Trust includes the gains and losses on investments bought, sold and held during the year. The Amcor U.S. Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 and 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Recent Regulatory Updates

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements.

Subsequent Events

Subsequent events were evaluated through October 14, 2025, the date the financial statements were available to be issued. Effective June 12, 2025, the Plan was amended to allow for an annuity contract buy-out purchase, which required certain payments to participants of less than or equal to \$2,525 per month to purchase annuity contracts with Fidelity & Guaranty Life Insurance Company (F&G). In June 2025, the Plan transferred \$95,171,000 to F&G who purchased annuities in the name of each participant and took responsibility of the future liability related to the annuity contracts, effective September 1, 2025.

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits under the Plan are based on employee's compensation and years of credited service. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and 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.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and January 1, 2023. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

1. Assumed long-term rate of return on investments of 5.20% and 5.65% compounded annually for January 1, 2024, and 2023, respectively.
2. Life expectancy of participants determined using the PRI-2012 Mortality Table projected with the Amcor 2021 improvement scale for January 1, 2024 and 2023.
3. Discount rate of 5.20% and 5.50% for January 1, 2024 and 2023, respectively.

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

The decrease in the discount rate resulted in an increase of \$6,880,601 in actuarial present value of accumulated benefits for the year ended December 31, 2023.

4. Fair Value Measurements

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

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

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observables 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.

Cash and cash equivalents: Consists of direct cash holdings and institutional short-term investment vehicles which are valued at cost, which approximates fair value and are classified as Level 1.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

Common trust funds: Consisting of common-collective trusts, valued at the NAV. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common-collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023 and does not include the Plan's interest in the Master Trust because that information is presented in a separate table (see Note 5):

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,623,765	\$ -	\$ -	\$ 1,623,765
Total assets in the fair value hierarchy	1,623,765	-	-	1,623,765
Total investments at fair value	\$ 1,623,765	\$ -	\$ -	\$ 1,623,765

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,755,668	\$ -	\$ -	\$ 1,755,668
Total assets in the fair value hierarchy	1,755,668	-	-	1,755,668
Total investments at fair value	\$ 1,755,668	\$ -	\$ -	\$ 1,755,668

5. Interest in Master Trust

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Total investment income (including net appreciation in the fair value of investments) and administrative expenses of the Master Trust are allocated to the individual plans based upon the amount of the time the Plan's assets were invested in the Master Trust.

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

	Master Trust Balances 2024	Plan's Interest in Master Trust Balances 2024	Master Trust Balances 2023	Plan's Interest in Master Trust Balances 2023
Investments:				
Cash and cash equivalents	\$ 46,851,920	\$ 43,410,929	\$ 76,558,464	\$ 72,569,937
U.S. government bonds	29,781,008	28,869,225	28,398,333	28,159,613
Common trust funds	208,204,712	116,022,672	224,158,714	134,874,440
Total	\$ 284,837,640	\$ 188,302,826	\$ 329,115,511	\$ 235,603,990

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following tables present the changes in the net assets of the Master Trust for the year ended December 31, 2024 and 2023:

Master Trust Changes in Net Assets for the Year Ended December 31, 2024

Net appreciation in fair value of investments	\$ 92,998
Net transfers	(44,370,869)
Total	\$ (44,277,871)

Master Trust Changes in Net Assets for the Year Ended December 31, 2023

Net appreciation in fair value of investments	\$ 10,989,383
Net transfers	(26,785,382)
Total	\$ (15,795,999)

Refer to Note 4 for description of the valuation techniques used.

The following tables sets forth by level, within the fair value hierarchy, the assets of the Master Trust at fair value as of December 31, 2024 and 2023:

Master Trust Assets at Fair

Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 46,851,920	\$ -	\$ -	\$ 46,851,920
U.S. government bonds	-	29,781,008	-	29,781,008
Total assets in the fair value hierarchy	46,851,920	29,781,008	-	76,632,928
Investments measured at NAV (a)	-	-	-	208,204,712
Total Master Trust assets, at fair value	\$ 46,851,920	\$ 29,781,008	\$ -	\$ 284,837,640

Master Trust Assets at Fair

Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 76,558,464	\$ -	\$ -	\$ 76,558,464
U.S. government bonds	-	28,398,333	-	28,398,333
Total assets in the fair value hierarchy	76,558,464	28,398,333	-	104,956,797
Investments measured at NAV (a)	-	-	-	224,158,714
Total Master Trust assets, at fair value	\$ 76,558,464	\$ 28,398,333	\$ -	\$ 329,115,511

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line item presented in the Interest in Master Trust table.

Fair Value of Investments Held in the Master Trust That Calculate NAV

The following tables summarize investments held in the Master Trust which are measured at fair value based on NAVs per share as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common trust funds	\$ 208,204,712	\$ -	Daily	Daily

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common trust funds	\$ 224,158,714	\$ -	Daily	Daily

6. Concentrations

As of December 31, 2024 and 2023, the Master Trust had investments totaling \$184,451,847 and \$214,886,163, respectively, concentrated in four funds.

7. Information Certified by Trustees

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of and for the years ended December 31, 2024 and 2023. Accordingly, the Trustees of the Plan and Master Trust, have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023 and the information reported in the supplemental schedule, Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by qualified institutions.

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

8. Related-Party and Party in Interest Transactions

The Plan's investments are administered under contracts with the Trustees. Contributions are held and managed by the Trustees, who invest cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

9. Plan Termination

In March 2023, Amcor Flexibles North America, Inc.'s Board approved the termination of the Plan, effective July 31, 2023, subject to the provisions set forth under ERISA. The Notice of Intent to Terminate the Plan and the Notice to Interested Parties regarding Plan Termination were distributed to plan participants on May 9, 2023. The Plan submitted the Application for Determination for Terminating Plan with the Internal Revenue Service (IRS) on May 23, 2023. Effective June 28, 2024, Amcor Flexibles North America, Inc.'s Board approved the revocation of the plan termination due to changing economic conditions impacting the plan termination process and not being in the best interest of the Company. In July 2024 and August 2024, the Company received confirmation from the IRS and Pension Benefit Guaranty Corporation (PBGC), respectively, confirming the withdrawal of the 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. Annuity 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 PBGC (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested 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 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.

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.

Bemis Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

10. Tax Status

The IRS has determined and informed the Company by a letter dated January 17, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

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

11. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 Statements of Net Assets Available for Benefits.

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

12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 to Form 5500:

Net assets available for benefits per the financial statements	\$ 189,926,591
Pending trades receivable	5,000,000
Due to broker for securities purchased	(5,000,000)
Net assets available for benefits per Form 5500	\$ 189,926,591

Bemis Retirement Plan

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

EIN: 43-0178130 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds			
	Vanguard	Federal Money Market Inv	\$ 1,612,288	\$ 1,612,288
	Vanguard	500 Index Admiral	9,325	11,477
		Total mutual funds	1,621,613	1,623,765
			\$ 1,621,613	\$ 1,623,765

Bemis Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 43-0178130 Plan Number: 001

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
Category (i) - Single Transactions in Excess of 5%								
Vanguard	Vanguard Federal Money Market Inv	\$ -	\$ 1,470,156	\$ -	\$ -	\$ 1,470,156	\$ 1,470,156	\$ -
Vanguard	Vanguard Federal Money Market Inv	1,467,237	-	-	-	-	1,467,237	-
Vanguard	Vanguard Federal Money Market Inv	-	1,467,237	-	-	1,467,237	1,467,237	-
Vanguard	Vanguard Federal Money Market Inv	1,470,536	-	-	-	-	1,470,536	-
Vanguard	Vanguard Federal Money Market Inv	-	1,470,536	-	-	1,470,536	1,470,536	-
Vanguard	Vanguard Federal Money Market Inv	1,467,777	-	-	-	-	1,467,777	-
Vanguard	Vanguard Federal Money Market Inv	-	1,467,777	-	-	1,467,777	1,467,777	-
Vanguard	Vanguard Federal Money Market Inv	1,466,637	-	-	-	-	1,466,637	-
Vanguard	Vanguard Federal Money Market Inv	-	1,466,637	-	-	1,466,637	1,466,637	-
Vanguard	Vanguard Federal Money Market Inv	1,477,227	-	-	-	-	1,477,227	-
Vanguard	Vanguard Federal Money Market Inv	-	1,477,227	-	-	1,477,227	1,477,227	-
Vanguard	Vanguard Federal Money Market Inv	1,474,714	-	-	-	-	1,474,714	-
Vanguard	Vanguard Federal Money Market Inv	-	1,474,714	-	-	1,474,714	1,474,714	-
Vanguard	Vanguard Federal Money Market Inv	1,478,272	-	-	-	-	1,478,272	-
Vanguard	Vanguard Federal Money Market Inv	-	1,478,272	-	-	1,478,272	1,478,272	-

Bemis Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 43-0178130 Plan Number: 001

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Vanguard	Vanguard Federal Money Market Inv	\$ 1,470,901	\$ -	\$ -	\$ -	\$ -	\$ 1,470,901	\$ -
Vanguard	Vanguard Federal Money Market Inv	-	1,470,901	-	-	1,470,901	1,470,901	-
Vanguard	Vanguard Federal Money Market Inv	1,474,961	-	-	-	-	1,474,961	-
Vanguard	Vanguard Federal Money Market Inv	-	1,474,961	-	-	1,474,961	1,474,961	-
Vanguard	Vanguard Federal Money Market Inv	1,475,534	-	-	-	-	1,475,534	-
Vanguard	Vanguard Federal Money Market Inv	-	1,475,534	-	-	1,475,534	1,475,534	-
Vanguard	Vanguard Federal Money Market Inv	1,533,215	-	-	-	-	1,533,215	-
Vanguard	Vanguard Federal Money Market Inv	-	1,533,215	-	-	1,533,215	1,533,215	-
Vanguard	Vanguard Federal Money Market Inv	27,027,118	-	-	-	-	27,027,118	-
Vanguard	Vanguard Federal Money Market Inv	-	194,889	-	-	194,889	194,889	-
Vanguard	Vanguard Federal Money Market Inv	-	1,078,818	-	-	1,078,818	1,078,818	-
Vanguard	Vanguard Federal Money Market Inv	1,743,467	-	-	-	-	1,743,467	-
Vanguard	Vanguard Federal Money Market Inv	-	27,041,514	-	-	27,041,514	27,041,514	-
Vanguard	Vanguard Federal Money Market Inv	1,078,872	-	-	-	-	1,078,872	-

Bemis Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 43-0178130 Plan Number: 001

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions								
Category (iii) - Series Transactions in Excess of 5%								
Vanguard	Vanguard Federal Money Market Inv (57 Transactions)	\$ 46,219,265	\$ -	\$ -	\$ -	\$ -	\$ 46,219,265	\$ -
Vanguard	Vanguard Federal Money Market Inv (82 Transactions)	-	46,353,461	-	-	46,353,461	46,353,461	-

There were no category (ii) or (iv) reportable transactions.

* Represents party in interest to the Plan

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	9	8	0	0	0	0	0	17
	-	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	1	1	19	49	5	0	0	0	0	75
	-	-	-	-	-	1,511	-	-	-	-	-	1,577
45-49	0	0	0	1	23	64	83	4	0	0	0	175
	-	-	-	-	1,148	2,087	2,693	-	-	-	-	2,305
50-54	0	1	1	1	14	58	96	40	1	0	0	212
	-	-	-	-	-	2,073	3,776	3,827	-	-	-	3,203
55-59	0	0	0	1	12	42	83	76	48	2	2	264
	-	-	-	-	-	3,075	4,342	8,430	12,479	-	-	6,706
60-64	0	0	0	1	12	37	70	39	45	19	19	223
	-	-	-	-	-	2,455	4,661	8,088	14,122	-	-	6,762
65-69	0	0	0	0	3	13	14	5	8	5	5	48
	-	-	-	-	-	-	-	-	-	-	-	8,333
70 & over	0	0	0	0	0	1	1	1	0	4	4	7
	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	1	2	5	92	272	352	165	102	30	30	1,021
	-	-	-	-	1,349	2,188	3,824	7,388	12,990	9,767	9,767	4,838

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

Plan Name: Bemis Retirement Plan
 EIN / PN: 43-0178130/001
 Plan Sponsor: Amcor Flexibles North America, Inc
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.75%	1.76%
■ Second segment rate	5.00%	3.36%
■ Third segment rate	5.74%	3.76%
■ Effective interest rate	5.22%	3.42%

Annual rates of increase

- Statutory limits on compensation N/A

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality

- **Healthy** For minimum funding purposes, the prescribed mortality assumption under IRC 430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Termination (not due to retirement) rates The rates at which participants are assumed to terminate employment by age are shown below:

Percentage assumed to leave during the year	
Attained Age	Rates
20	10.0%
25	10.0%
30	8.4%
35	6.9%
40	6.7%
45	6.4%
50	6.2%
55	6.0%
60	6.0%
65	0.0%

Disability None

Plan Name: Bemis Retirement Plan
 EIN / PN: 43-0178130/001
 Plan Sponsor: Amcor Flexibles North America, Inc
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates at which participants are assumed to retire by age are shown below. The average retirement age is 62.

Percentage assumed to retire during the year	
Age	All Employees
55	5.0%
56	5.0%
57	6.0%
58	6.0%
59	8.0%
60	10.0%
61	15.0%
62	25.0%
63	25.0%
64	25.0%
65	45.0%
66	50.0%
67	45.0%
68	45.0%
69	40.0%
70	100.0%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit Age 65 if grandfathered otherwise Social Security retirement age.
- Disability benefit Not applicable
- Retirement benefit Upon termination of employment

Form of payment

50% elect Single Life Annuity, 25% elect 50% J&S Annuity, 25% elect 100% J&S Annuity

The plan doesn't offer lump sums. A 2016 review of payment forms indicated that roughly half are selecting a single life annuity while the other half are electing one of the joint and survivor forms of payment.

Plan Name: Bemis Retirement Plan
 EIN / PN: 43-0178130/001
 Plan Sponsor: Amcor Flexibles North America, Inc
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Percent married	85% of males; 50% of females. These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement.
Spouse age	Wife 4 years younger than husband.
Administrative expenses	The majority of plan expenses currently being paid from the trust are due to PBGC premiums, legal, actuarial, plan accounting and plan administration. Each year these amounts are estimated based on calculations and discussions with the plan sponsor. For plan year 2023, an amount of \$1,110,000 was used and reflects the best estimate of the administrative expenses to be paid from the trust for the short plan year as a result of the plan termination effective July 31, 2023.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For

Plan Name:	Bemis Retirement Plan
EIN / PN:	43-0178130/001
Plan Sponsor:	Amcor Flexibles North America, Inc
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2022 plan year.).

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

Benefits not valued

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

Sources of Data and Other Information

The plan sponsor, furnished participant data as of 1/1/2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate

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

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

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

Termination Withdrawal rates are based on a plan study done in 2016.

Retirement Retirement rates are based on a plan study done in 2016.

Benefit commencement date for deferred benefits:

- Preretirement death benefit Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
- Deferred vested benefit Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) if grandfathered; otherwise Social Security retirement age.

Form of payment The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on a base study done in 2016.

Percent married The assumed percentage married is based general population statistics on the marital status of individuals of retirement age.

Spouse age The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

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

Changes in Assumptions and Methods

Change in assumptions since prior valuation Other than the prescribed changes in the interest rate and mortality assumption, there were no changes in assumptions made as part of this valuation.

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

Plan Name	Bemis Retirement Plan
Plan Sponsor EIN	43-0178130
ERISA Plan #	001
Plan Year Ending	12/31/2024

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

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

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

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

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

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

A Name of plan BEMIS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMCOR FLEXIBLES NORTH AMERICA, INC.	D Employer Identification Number (EIN) 43-0178130	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	237,359,658
	b Actuarial value	2b	261,095,624
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,083	173,732,005
	b For terminated vested participants	909	34,692,222
	c For active participants	1,021	40,146,900
	d Total	3,013	248,571,127
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	5.09%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	1,400,000
	c Target normal cost	6c	1,400,000

Statement by Enrolled Actuary

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

SIGN HERE	Damion Gooden D.G. Signature of actuary DAMION A. L. GOODEN Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name TRAVELLERS TOWER 26555 EVERGREEN ROAD, SUITE 1600 SOUTHFIELD MI 48076 Address of the firm	<u>9/22/2025</u> Date 2307436 Most recent enrollment number 248-936-7700 Telephone number (including area code)
------------------	---	--

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.49%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	104.15 %
15	Adjusted funding target attainment percentage	15	104.15 %
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	108.70 %
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? Yes No

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
	<input type="checkbox"/> N/A, full yield curve used		
b Applicable month (enter code).....	21b	2	
22 Weighted average retirement age	22	62	
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27		

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years	28	0	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0	

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1,400,000	
b Excess assets, if applicable, but not greater than line 31a	31b	1,400,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Amcor Flexibles North America, Inc
EIN/PN	43-0178130/001
Plan Name	Bemis Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Damion Gooden
Enrollment Number	23-07436

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

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

SCHEDULE SB ATTACHMENTS

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

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.050	1,000,000	1.000000	0.050000	2.750000
56	0.050	950,000	0.950000	0.047500	2.660000
57	0.060	902,500	0.902500	0.054150	3.086550
58	0.060	848,350	0.848350	0.050901	2.952258
59	0.080	797,449	0.797449	0.063796	3.763959
60	0.010	733,653	0.733653	0.073365	4.401918
61	0.150	660,288	0.660288	0.099043	6.041633
62	0.250	561,245	0.561245	0.140311	8.699291
63	0.250	420,933	0.420933	0.105233	6.629702
64	0.250	315,700	0.315700	0.078925	5.051201
65	0.450	236,775	0.236775	0.106549	6.925671
66	0.500	130,226	0.130226	0.065113	4.297467
67	0.450	65,113	0.065113	0.029301	1.963161
68	0.450	35,812	0.035812	0.016116	1.095854
69	0.400	19,697	0.019697	0.007879	0.543630
70	1.000	11,818	0.011818	0.011818	0.827262

Average age at retirement 61.689559

Rounded for Schedule SB item 22 62

Plan Name: Bemis Retirement Plan
 EIN / PN: 43-0178130/001
 Plan Sponsor: Amcor Flexibles North America, Inc
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	342,927	425,230	17,249,631	18,017,788
2025	952,446	900,836	16,712,691	18,565,973
2026	1,450,056	1,024,473	16,199,560	18,674,089
2027	1,866,833	1,130,118	15,646,224	18,643,175
2028	2,214,133	1,391,430	15,089,753	18,695,316
2029	2,477,752	1,667,311	14,537,719	18,682,782
2030	2,673,152	1,911,632	13,968,822	18,553,606
2031	2,839,793	2,155,224	13,386,750	18,381,767
2032	2,967,569	2,301,758	12,784,878	18,054,205
2033	3,067,726	2,439,697	12,168,716	17,676,139
2034	3,150,074	2,608,703	11,543,117	17,301,894
2035	3,211,922	2,724,822	10,908,139	16,844,883
2036	3,255,299	2,838,106	10,265,037	16,358,442
2037	3,286,681	2,945,382	9,616,667	15,848,730
2038	3,311,354	2,993,307	8,966,325	15,270,986
2039	3,326,080	3,027,593	8,317,719	14,671,392
2040	3,330,788	3,038,733	7,674,826	14,044,347
2041	3,323,245	3,032,728	7,041,757	13,397,730
2042	3,299,231	3,018,513	6,422,696	12,740,440
2043	3,268,575	2,984,713	5,821,712	12,075,000
2044	3,233,313	2,927,490	5,242,634	11,403,437
2045	3,183,930	2,852,290	4,689,032	10,725,252
2046	3,116,398	2,766,414	4,164,042	10,046,854
2047	3,031,589	2,673,752	3,670,290	9,375,631
2048	2,933,531	2,569,111	3,209,934	8,712,576
2049	2,824,615	2,452,313	2,784,627	8,061,555
2050	2,704,659	2,325,515	2,395,511	7,425,685
2051	2,575,544	2,193,823	2,043,163	6,812,530
2052	2,440,226	2,057,649	1,727,560	6,225,435
2053	2,298,538	1,917,641	1,448,075	5,664,254
2054	2,151,708	1,775,720	1,203,513	5,130,941
2055	2,002,170	1,633,377	992,155	4,627,702
2056	1,851,695	1,492,137	811,787	4,155,619
2057	1,702,130	1,353,501	659,828	3,715,459
2058	1,555,033	1,218,896	533,429	3,307,358
2059	1,411,876	1,089,615	429,608	2,931,099
2060	1,273,986	966,779	345,375	2,586,140
2061	1,142,488	851,292	277,813	2,271,593
2062	1,018,292	743,830	224,186	1,986,308
2063	902,085	644,853	182,000	1,728,938
2064	794,307	554,614	149,047	1,497,968
2065	695,180	473,163	123,417	1,291,760
2066	604,707	400,365	103,500	1,108,572
2067	522,733	335,942	87,963	946,638
2068	448,987	279,489	75,726	804,202
2069	383,101	230,507	65,935	679,543
2070	324,630	188,430	57,910	570,970
2071	273,085	152,648	51,134	476,867
2072	227,964	122,526	45,240	395,730
2073	188,763	97,430	39,989	326,182

Plan Name: Bemis Retirement Plan
 EIN / PN: 43-0178130/001
 Plan Sponsor: Amcor Flexibles North America, Inc
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of Provisions

Effective Date	December 21, 1945
Plan Year	Calendar year
Participation	No new participants after 12/31/2005. Prior to 2006, Qualified Employees became a Participant after 1 year of Eligibility Service. Due to 1-year service requirement, no employees hired after 2004 will enter the plan.

Definitions

Eligibility Service	1000 hours of service in the first 12 months from date of hire or in any subsequent plan year
Elapsed Time	Aggregate time elapsed since date of hire excluding breaks and including pre-acquisition service for specified locations only (expressed in years and days)
Bemis Elapsed Time (for Group A determination)	Same as Elapsed Time but excluding service after 12/31/2005 and excluding pre-acquisition service (expressed in years and days)
Vesting	100% after 5 years of Vesting Service
Credited Service	Generally Elapsed Time excluding service prior to becoming a Qualified Employee. Credited service is frozen as of 12/31/2013
Group A Participants	As of December 31, 2005, a Participant that is at least age 40 and has combined age and Bemis Elapsed Time of at least 60 (both age and service measured in years and fractional years)
Group B Participants	Participants on December 31, 2005 that are not Group A Participants
Pre-1997 Grandfather	Generally, employees hired prior to January 1, 1992 that were active Participants on December 31, 1996

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Monthly Earnings

If paid on a salaried or commission basis, Monthly Earnings for the applicable Plan Year equal max of (a, b) less any amounts deferred under a non-qualified deferred compensation plan:

- a Monthly salary rate 1/1 plus 1/12 of total commissions paid during prior plan year (all limited to 1/12 of current year pay limit)
- b 1/12th of prior year total compensation less nondiscretionary bonus paid in prior year plus nondiscretionary bonus earned in prior year but paid in following year (all limited to 1/12 of prior year pay limit)

If paid on an hourly basis, Monthly Earnings for the applicable Plan Year equal max of (a, b) less any amounts deferred under a non-qualified deferred compensation plan:

- a $173 \frac{1}{3} \times$ base hourly rate on 1/1 (limited to 1/12 of current year pay limit)
- b 1/12th of total compensation in prior year (all limited to 1/12 of prior year pay limit)

Final Average Earnings (FAE)

The highest average Monthly Earnings for any 5 consecutive years out of the last 15 consecutive years (or such actual years if less than 5). Pay after 2014 plan year will not be considered.

Primary Social Security Benefit (PSSB)

Estimated PIA amount at earlier of date of termination or 12/31/2013 assuming commencement in the month of attainment of Normal Retirement Age (or actual termination if later). Future earnings are assumed level to Normal Retirement based on pay rate at 12/31 prior to termination or 12/31/2013.

Accrued Monthly Pension

The amount in (a) or (b), whichever is applicable, but not less than any minimum amount in (c), (d), or (e)

- a. Group A Participants:
 - i. Termination prior to age 55 with 10 years of Elapsed Time: $A \times B$
 - A. 50% (FAE - PSSB)
 - B. Credited Svc at 12/31/2013 / Max (30, Est. Credited Svc at NRA)
 - ii. Termination after attainment of age 55 and 10 years of Elapsed Time: $A \times B$
 - A. 50% (FAE - PSSB)

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- B. Min (30, Credited Svc at 12/31/2013) / 30
- b. Group B Participants:
 - i. Termination prior to age 55 with 10 years of Elapsed Time: A x B
 - A. 50% (FAE – PSSB)
 - B. Credited Svc 12/31/2005 / Max (30, Est. Credited Svc at NRD)
 - ii. Termination after attainment of age 55 and 10 years of Elapsed Time: A x B
 - A. 50% (FAE – PSSB)
 - B. Min(30, Credited Svc 12/31/2005) / 30
- c. \$75
 - i. For select individuals, an amount shown in the plan document multiplied by min (30, Credited Svc 12/31/2005)
 - ii. \$6 x min (30, Credited Svc 2/29/2000)

The Accrued Monthly Pension at any 1/1 cannot be less than the Accrued Monthly Pension at the prior 1/1

Eligibility for Benefits

Normal Retirement	Year of Birth	Normal Retirement Age (NRA)
	Before 1943	65
	1943 to 1959	66
	After 1959	67

If hired after March 1, 2000 and hired after age 62, the Normal Retirement Age is no earlier than 3 years after date of hire. If a Pre-1997 Grandfather, the Normal Retirement Age (NRA) is 65 regardless of year of birth.

Early Retirement Retirement before NRA and on or after attaining both age 55 and completing 10 years of Elapsed Time

Postponed Retirement Retirement after NRA

Plan Name: Bemis Retirement Plan
 EIN / PN: 43-0178130/001
 Plan Sponsor: Amcor Flexibles North America, Inc
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Vested Termination	Termination for reasons other than death or retirement after completing 5 years of Elapsed Time
Disability	Permanent and total disability after attaining both age 50 and completing 10 years of Elapsed Time
Preretirement Death Benefit	Death while eligible for retirement benefits with a surviving spouse

Benefits Paid Upon the Following Events

Normal Retirement	The monthly benefit determined as of NRA
Early Retirement	<p><i>Benefit 1:</i> Accrued Monthly Pension payable on 1st of month following election of commencement prior to NRA reduced as follows:</p> <p><i>Pre-1997 Grandfathers:</i> Entire benefit reduced 2% for each year from 65 to 62 and 4% for each year from 62 to 55</p> <p><i>Others:</i> Reduced 5% for the first 5 years prior to NRA and 4% for each year thereafter</p> <p><i>Benefit 2:</i> Social Security Supplement payable from Early Retirement to age 65</p> <p><i>Pre-1997 Grandfathers:</i> 50% x PSSB x Early Retirement Factor above x Fraction:</p> <ul style="list-style-type: none">- Group A Participants: Min(30, Credited Svc at 12/31/2013) / 30- Group B Participants: Min(30, Credited Svc at 12/31/2005) / 30 <p><i>Others:</i> Not available</p>
Postponed Retirement	Monthly pension benefit determined as of actual retirement date.
Vested Termination	Accrued Monthly Pension payable at NRA. If 10 years of Elapsed Time, the Accrued Monthly Pension can commence as early as age 55 with reductions of 6 2/3% for the first 5 years prior to NRA and 3 1/3% for each additional year.

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability Retirement If disabled after age 55, Accrued Monthly Pension reduced the same as under Early Retirement. If disabled prior to 55, reduced the same as under Vested Termination.

Qualified Pre-retirement Survivor Annuity If death of Active Participant after eligibility for Early Retirement: the survivor portion of the Early Retirement benefit payable as 100% J&S annuity for the life of the spouse. If death of Active Vested Participant prior to eligibility for Early Retirement: the survivor portion of the 50% J&S option deferred to Early Retirement and reduced for early commencement.

If death of Terminated Participant entitled to a Vested Termination benefit: The same benefit payable if death of an Active Vested Participant prior to eligibility for Early Retirement provided the death benefit was not waived.

Special Provisions Available at Select Locations

Bemis Clysar, Inc. Termination of employment on or after age 60: Accrued Monthly Pension is unreduced.
Termination of employment between ages 55 and 60 with 10 years of Elapsed Time: Accrued Monthly Pension reduced 5% per year from age 60.
Termination prior to meeting either of above eligibilities: Same as Vested Termination benefit above

Hayssen Offset Not valued since offset based on benefit at December 31, 1972 (see Appendix A of plan document)

PMCo Merger December 31, 1996 accrued benefit at PMCo is added to the BRP benefit for service after 1996

Paramount Tennessee Merger (Paramount) December 31, 1997 accrued benefit under the Paramount Salaried Plan or Paramount Hourly Plan (whichever is applicable) is added to the BRP benefit for service after 1997.

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Paramount Texas Merger (Longview)

Salaried (a)+(b):

- a. \$15 x credited service December 31, 1996 under the Paramount Texas Plan
- b. BRP benefit for service after 1996

Hourly (a)+(b)+(c):

- a. \$15 x credited service December 31, 1997 under the Paramount Texas Plan
- b. BHRP benefit of \$15 times service during 1998
- c. BRP benefit for service after 1998

Custom Resins Offset

Not applicable since no remaining active participants (see Appendix F of plan document)

Mankato Offset

Not valued since offset based on benefit at December 31, 1970 (see Appendix G of plan document).

Forms of Payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% J&S annuity to spouse, 50%, 75% or 100% J&S annuity to designated joint annuitant, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on factors as described in the plan document.

Maximum Compensation

Prior to 2004, \$200,000.

Maximum Benefits

Benefits have been limited to the IRS 415(b) limit. In 2023, this limit is \$265,000. The limit is reduced for commencements prior to age 62 and for less than 10 years of Participation service.

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Bemis Retirement Plan
EIN / PN: 43-0178130/001
Plan Sponsor: Amcor Flexibles North America, Inc
Valuation Date: January 1, 2024

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Receivables - Other - USD			
Other Receivables: United States dollar	0.000	5,000,000.00	5,000,000.00
Total - all currencies		5,000,000.00	5,000,000.00
Total Receivables - Other - USD		5,000,000.00	5,000,000.00
Value of Interest in Common/Collective Trusts			
United States - USD			
CF BLACKROCK TSY US10 YR KEY RATE DUR NL FD A CUSIP: 9Y999F643	1,077,894.340	11,514,217.96	4,913,390.56
CF BLACKROCK TREAS US 5 YR KEY RATE DUR NL FD A CUSIP: 0SN999E69	675,472.770	5,209,680.93	4,610,878.45
CF BLACKROCK TSY U.S. 15 YR KEY RATE DUR NL FD CUSIP: 9Y999F585	1,046,757.270	11,172,675.33	3,638,179.70
CF BLACKROCK TSY US 20YR KEY RATE DUR NL CUSIP: 4PS999S87	537,001.710	4,566,692.00	1,922,112.77
CF SSGA INTERMED U.S. GOVT BOND INDX NL FUND (CM1E) CUSIP: 1AL999H33	1,055,817.760	27,390,939.68	28,869,225.01
CF SSGA LONG U.S. GOVERNMENT BOND NON-LENDING FUND CUSIP: 4A2999T87	368,088.540	15,947,763.43	13,507,008.98
CF WTW GT LONG CREDIT FUND CUSIP: 67999BH67	4,928,449.010	59,739,040.08	55,612,125.78
CF WTW GT SUBS REAL ASSET FUND CUSIP: 997070685	2,065,241.960	23,702,048.79	31,818,976.35
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	43,164,287.980	43,164,287.98	43,164,287.98
Total United States - USD		202,407,346.18	188,056,185.58
Total Value of Interest in Common/Collective Trusts		202,407,346.18	188,056,185.58

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
ESC MNLEHMAN BRTHRS HLDGRR ESCROW CUSIP: 525ESC2L2	638.000	339.91	44.66
ESC MNLEHMAN BRTHRS HLDGRR VAR ESCROW CUSIP: 525ESC1K5 D040306M040309GL	854.000	453.77	0.60
ESC MNLEHMAN BRTHRS HLDGRR VAR ESCROW CUSIP: 525ESC2J7 D111606M111609GL	341.000	181.74	0.24
ESC MNLEHMAN BRTHRS HLDGRR VAR RT ESCROW CUSIP: 525ESC0X8	854.000	456.07	59.78
Total United States - USD		1,431.49	105.28
Total Other		1,431.49	105.28
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-5,000,000.00	-5,000,000.00
Total - all currencies		-5,000,000.00	-5,000,000.00
Total Other Liabilities		-5,000,000.00	-5,000,000.00
Total		202,408,777.67	188,056,290.86

** All or a portion of this security participates in Securities Lending.