

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: NCR VOYIX SAVINGS PLAN
1b Three-digit plan number (PN): 052
1c Effective date of plan: 05/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): NCR VOYIX CORPORATION
2b Employer Identification Number (EIN): 31-0387920
2c Plan Sponsor's telephone number: 937-445-5000
2d Business code (see instructions): 334110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN 31-0387920	
a Sponsor's name NCR CORPORATION		4d PN 052	
c Plan Name NCR SAVINGS PLAN			
5 Total number of participants at the beginning of the plan year		5	15725
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	9517
a(2) Total number of active participants at the end of the plan year		6a(2)	4359
b Retired or separated participants receiving benefits		6b	287
c Other retired or separated participants entitled to future benefits		6c	6510
d Subtotal. Add lines 6a(2), 6b, and 6c		6d	11156
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	100
f Total. Add lines 6d and 6e		6f	11256
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	15062
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	10786
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	4
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:
 2E 2F 2G 2J 2K 2S 2T 3H 3J

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
(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
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NCR VOYIX SAVINGS PLAN	B Three-digit plan number (PN) ▶	052
C Plan sponsor's name as shown on line 2a of Form 5500 NCR VOYIX CORPORATION	D Employer Identification Number (EIN) 31-0387920	

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

FID INV INST OPS CO

04-2647786

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

FID MGMT TRUST CO

04-2723880

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

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

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 37 50 51 64 65	RECORDKEEPER	499395	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	204560	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)

CARRS RIGGS & INGRAM

72-1396621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	56000	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)

AON HEWITT

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	40000	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)

(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"/>

(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
FID INV INST OPS CO	60	0
(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.	
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	
(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 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NCR VOYIX SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>052</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NCR VOYIX CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0387920</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL-MID CAP CORE COMM POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MGMT CO</u>		
c EIN-PN <u>20-4659714-029</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM COLL DAILY S&P 500 EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>		
c EIN-PN <u>45-6138589-001</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>269059776</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM COLL DAILY RUSSELL 2000</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>		
c EIN-PN <u>45-6138589-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39551109</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM COLL DAILY EAFE INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>		
c EIN-PN <u>45-6138589-017</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>19322100</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM COLL DAILY AGGREGATE BOND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u>		
c EIN-PN <u>45-6138589-029</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>23233011</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRCK LIFEPATH INDEX RETIRE FUND W</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>87-1103620-001</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>268412687</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRCK LIFEPATH INDEX 2025 FUND W</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>87-1035812-001</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>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2030 FUND W		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 87-1035932-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 187457833
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2035 FUND W		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 87-1053383-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151152134
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2040 FUND W		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 87-1054299-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116987906
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2045 FUND W		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 87-1081115-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82497185
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2050 FUND W		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 87-1081397-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64984747
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2055 FUND W		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 87-1102204-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32153438
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2060 FUND W		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 87-1102365-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19359298
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2065 FUND W		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 87-1130439-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9106288
a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST SMID CP CORE		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-4377500-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5094056
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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NCR VOYIX SAVINGS PLAN	B Three-digit plan number (PN) ▶ 052
C Plan sponsor's name as shown on line 2a of Form 5500 NCR VOYIX CORPORATION	D Employer Identification Number (EIN) 31-0387920

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	974145	768132
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	948354	41961636
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	60836959	44033273
(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)	20362827	9972105
(9) Value of interest in common/collective trusts	1c(9)	1688727254	1288371567
(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)	112735408	77542966
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	38634970	34681876

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	1923219917	1497331555
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1254059	46103208
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13149	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1267208	46103208
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1921952709	1451228347

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)	21405471	
(B) Participants.....	2a(1)(B)	55514536	
(C) Others (including rollovers).....	2a(1)(C)	7729944	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		84649951
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2492226	
(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)	871610	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3363836
(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)	2359695	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2359695
(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)		102024606
(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)		81916717
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		274314805

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	237127852	
(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)		237127852
f Corrective distributions (see instructions)	2f		2687
g Certain deemed distributions of participant loans (see instructions).....	2g		119689
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	690108	
(4) IQPA audit fees	2i(4)	56000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	40000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		786108
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		238036336

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		36278469
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		507002831

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CARR, RIGGS & INGRAM LLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		

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)
NCR ATLEOS SAVINGS PLAN	76-0419117	002

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 _____.

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NCR VOYIX SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>052</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NCR VOYIX CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0387920</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-6568107

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	
---	--

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan NCR VOYIX SAVINGS PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>052</p>
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<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF NCR VOYIX CORPORATION</p>	<p>D Administrator's EIN 31-0387920</p>
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Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer DIGITAL FIRST HOLDINGS LLC	2b EIN 99-2892946	2c Percentage of Total Contributions for the Plan Year 19.78	2d Aggregate Account Balances Attributable to Participating Employer 143354510
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2024)
v. 240311**

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

NCR Voyix Savings Plan

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

NCR Voyix Savings Plan
December 31, 2024 and 2023

	Page(s)
Report of Independent Auditor	1-4
Financial Statements:	
Statements of Net Assets Available for Benefits.....	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-14
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	15

* Other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.



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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
NCR Voyix Savings Plan

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

We have performed audits of the accompanying financial statements of NCR Voyix Savings 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of NCR Voyix Savings 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 these 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 NCR Voyix Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

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

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

Atlanta, Georgia
October 15, 2025

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

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value	\$ 1,444,629,682	\$ 1,900,934,591
Contributions receivable:		
Employer	768,132	974,145
Notes receivable from participants	9,972,105	20,362,827
Due from broker for securities sold	<u>41,961,636</u>	<u>948,354</u>
 Total assets	 <u>1,497,331,555</u>	 <u>1,923,219,917</u>
Liabilities		
Due to broker for securities purchased	46,103,208	1,254,059
Accrued expenses	<u>-</u>	<u>13,149</u>
 Total liabilities	 <u>46,103,208</u>	 <u>1,267,208</u>
 Net assets available for benefits	 <u>\$ 1,451,228,347</u>	 <u>\$ 1,921,952,709</u>

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

NCR Voyix Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

	<u>December 31, 2024</u>
Investment income	
Net appreciation in fair value of investments	\$ 183,941,323
Dividends and Interest	4,851,921
Total investment income	<u>188,793,244</u>
Contributions	
Participant	55,514,536
Employer, net of forfeitures	21,405,471
Rollovers	7,729,944
Total contributions	<u>84,649,951</u>
Interest on notes receivable from participants	<u>871,610</u>
Total additions	<u>274,314,805</u>
Deductions from net assets attributed to:	
Benefits paid to participants	237,250,228
Administrative expenses	786,108
Total deductions	<u>238,036,336</u>
Net increase in net assets available for benefits before transfers	36,278,469
Transfer out to other qualified plans	(507,002,831)
Net assets available for benefits	
Beginning of year	1,921,952,709
End of year	<u>\$ 1,451,228,347</u>

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

NCR Voyix Savings Plan

Notes to Financial Statements

Year Ended December 31, 2024

1. Description of the Plan

General

The NCR Voyix Savings Plan (the Plan) is a defined contribution plan established on May 1, 1985, by NCR Corporation (NCR, Employer, Administrator, or the Company) to give the Company's employees more control over, and participation in, the accumulation of capital for their retirement. For a complete description of the Plan, participants should refer to the Plan Document. For a summary of the Plan terms, participants should refer to the Summary Plan Description for the Plan (including any subsequent Summaries of Material Modifications).

The Plan is designed to qualify as a profit-sharing plan with a qualified cash or deferred arrangement under Section 401(k) of the Internal Revenue Code of 1986, as amended. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The terms of the Plan described below are applicable to the majority of participants. Different terms are applicable for a small group of participants in the Plan due to the mergers of legacy 401(k) plans into the Plan. While terms of certain participants may vary slightly from the terms described below, all participants have substantially the same benefits and requirements.

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services. The Plan's Investment Committee (Investment Committee) determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Plan assets are held and managed by Fidelity Management Trust Company, the trustee and qualified institution for the Plan, which invests contributions and Plan earnings and makes investment transactions. Fidelity Workplace Services provides certain recordkeeping services and acts as the third party administrator for the Plan, performing certain plan administration, annual ERISA compliance testing, and the preparation of the Form 5500.

The Board of Directors unanimously approved a plan to separate NCR into two independent, publicly traded companies. The separation was completed on October 16, 2023. The Plan was amended for all employees that were employed by the NCR Corporation at the time of the Company separation, whether they remained employed with NCR Voyix Corporation or became employed with the spin-off company NCR Atleos Corporation (employed by Cardtronics USA Inc. in the United States), to remain eligible participants in the Plan up to December 31, 2023. Effective January 1, 2024, employees affected by the Company split were transferred to the NCR Atleos Savings Plan. As a result of this, approximately 4,200 participant accounts totaling \$355,000,000 were transferred out of the NCR Voyix Savings Plan to the NCR Atleos Savings Plan.

Eligibility

The Plan covers substantially all U.S. employees of the Company and its domestic subsidiaries, except for employees covered by a collective bargaining agreement unless there is an agreement making the Plan available to eligible employees in a collective bargaining unit.

Contributions and Funding

All eligible employees of the Company could defer a portion of their compensation by making tax-deferred contributions, as well as Roth 401(k) and after tax contributions, to the Plan. The maximum on pre-tax contribution, after tax contribution, Roth 401(k) contribution and total contribution is 50% of eligible compensation for all employees. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan has an automatic enrollment feature whereby, unless the participant opts out of participation, the participant is automatically enrolled to defer 6% of their compensation, as defined. The maximum contribution percentage limits vary based upon the participant's gross salary. Contributions are subject to certain IRS limits.

NCR Voyix Savings Plan
Notes to Financial Statements
Year Ended December 31, 2024

Effective on and after August 31, 2024, the Company matched employee contributions as follows:

Period	Participants	Percentage Amount of Compensation Contributed as Employee Contributions
On and after April 1, 2015	Participants who make Employee Contributions other than Customer Engineers who are Non—Highly Compensated Employees	50% of the first 10%
On and after April 1, 2015 and prior to August 31, 2024	Participants who make Employee Contributions and who are Customer Engineers and Non—Highly Compensated Employees who are hired or last rehired prior to August 13, 2024	50% of the first 10% and 100% of the next 2%
On and after August 31, 2024	Participants who make Employee Contributions and who are Customer Engineers and Non—Highly Compensated Employees who are hired or last rehired prior to January 1, 2025	50% of the first 10% and 100% of the next 2%
On and after January 1, 2025	Participants who make Employee Contributions and who are Customer Engineers and Non—Highly Compensated Employees who are hired or last rehired on or after to January 1, 2025	50% of the first 10%

Effective January 1, 2022, the Plan changed from an annual matching program to a per pay period matching program that includes a matching contribution “true-up” that is funded subsequent to year end.

Participants direct their contributions, as well as the Company’s matching contributions, into various investment strategies. The investment strategies are comprised of a combination of mutual funds, separately managed accounts, a BrokerageLink account, and common/collective trusts and are managed to derive returns subject to the associated risk tolerance.

Vesting and Forfeitures

Participants are immediately vested in their contributions plus actual earnings thereon. Effective January 1, 2022, the Plan was amended so that every actively employed participant as of January 1, 2022 shall be 100% vested in employer discretionary contributions and employer matching contributions.

Upon termination of employment, participants are entitled to full distribution of their contributions and all vested Company matching contributions; all non-vested Company matching contributions are forfeited. At December 31, 2024 and 2023, forfeited nonvested accounts totaled approximately \$355,000 and \$774,000 respectively. These forfeitures are generally reallocated and used to reduce future Company matching contributions. Forfeitures of approximately \$803,000 were used to offset Company matching contributions during the year ended December 31, 2024.

NCR Voyix Savings Plan

Notes to Financial Statements

Year Ended December 31, 2024

Participant Accounts

Each participant's account is credited with the participant's contributions. Plan earnings are allocated based on participant account balances and individual investments that make up those balances. Participant accounts are valued on a daily basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Participants may withdraw any employee tax-deferred contributions or Roth 401(k) contributions during their employment in the case of a "hardship" (as defined by the Plan), and participants may withdraw after-tax employee contributions for any reason. The participants may not withdraw any Company matching contributions or any earnings on Company matching or employee contributions until they terminate employment with the Company.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to \$50,000 less their highest outstanding loan balance in the last 12 months, or 50 percent of their vested account balance, whichever is less. The loans are collateralized by the balance in the participant's accounts and bear interest at a fixed rate based on the Reuters prime rate plus 1%. Following a change in the prime rate, the new interest rate will be effective for new loans taken on or after the first business day of the next month. Generally, the term of the loan may be between one and five years. Loans that are used for the purchase of a primary residence may have a longer term. Principal and interest is paid ratably through monthly payroll deductions. Upon default, participants are considered to have received a distribution and are subject to income taxes on the distribution amount.

Withdrawals and Benefits

Participants may withdraw vested balances upon reaching the age of 59 and $\frac{1}{2}$, or upon a participant's termination or disability. A participant's beneficiary shall be eligible to receive a distribution of the participant's account upon death of the participant. Hardship withdrawals, as defined by the Plan, may be made from all employee contributions at any time subject to approval by the Plan's Administrator. On termination of service, participants receive a lump-sum amount equal to the value of the vested portion of their account if it is less than \$1,000. Terminated participants with more than \$5,000 in vested benefits may elect to receive a lump-sum payment, quarterly installment payments, or leave the vested benefits within the Plan until reaching the above noted retirement age, death and/or disability. Terminated participants with vested benefits greater than \$1,000 but less than \$5,000 have 45 days to elect to receive a lump-sum payment or quarterly installment payments. If no election is made within 45 days, their vested balances will be rolled over to an individual retirement account.

Hardship Withdrawals

As permitted by the Internal Revenue Code (IRC) a participant may request a financial hardship withdrawal if they experience a severe financial hardship. The financial hardship withdrawal may not exceed the amount of the financial hardship or the value of the vested portion of the participant's balance, whichever is less.

Termination of the Plan

The Company currently has no plans to terminate the Plan; however, the Company reserves the right to terminate the Plan at any time by action of the Board of Directors. No amendment or termination of the Plan may adversely affect a participant's accrued benefits on the date of the amendment or termination. No amendment may change the requirement that the assets of the NCR Voyix Savings Plan Trust (the Trust) be used for the exclusive benefit of the participants, the former participants and the beneficiaries.

NCR Voyix Savings Plan

Notes to Financial Statements

Year Ended December 31, 2024

In the event of a Company cessation of Plan contributions, the Company may, at its option, continue the Trust in existence or cause the Trust to be liquidated. If the Trust is not liquidated, distributions would be made to the various participants when they cease employment. In the event of a termination of the Plan, the Trust would be liquidated and distributions would be made to the various participants, former participants and beneficiaries in a single lump sum promptly after liquidation is effective.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risk and Uncertainties

The Plan provides for various investment options in several investment securities and instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that these changes could materially affect amounts reported in the Plan's financial statements.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value or net asset value, depending on the underlying investments. Investments in money market funds are short term investments valued at the net asset value (NAV) comprised of various marketable instruments with maturities averaging ninety days or less. The underlying securities in these funds are quoted in active markets. Investments in mutual funds are valued at the NAV of shares held by the Plan, which approximates fair value. Investments in common collective trust funds include various index funds. The net asset values of the Plan's interest in the index funds are based on the information reported by the fund managers as of the financial statement dates. The index funds provide for daily redemptions by the Plan at reported NAVs with no advance notice requirement. Under unusual circumstances redemptions may be suspended should the withdrawal cause a material adverse impact on other participating plans. Fair values for these investments within the index funds are based on quoted prices in active markets and securities valued using either observable inputs or quotations from inactive markets. Common stock, preferred stock, and exchange traded funds are valued at the closing price reported on the active market on which the security is traded. All common collective trust funds have daily liquidity and are not subject to any redemption restrictions at the measurement date. The funds have different trading terms varying from one to three days.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on an accrual basis.

The Plan presents in its Statement of Changes in Net Assets Available for Benefits the net appreciation/depreciation in fair value of investments, which consists of the realized gains and losses as well as the unrealized gains and losses on those investments. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NCR Voyix Savings Plan

Notes to Financial Statements

Year Ended December 31, 2024

Notes Receivable from Participants

Notes receivable from participants are valued at their outstanding balances, plus accrued but unpaid interest. Interest income is recorded on accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Due to and from Broker for Securities Purchased and Sold

These items are primarily pending security settlements.

Plan Expenses

All initial and ongoing administrative costs of the Plan are paid by the Company, except for a \$50 participant loan application fee, a participant recordkeeping fee and investment advisory fees. Brokerage fees and commissions are included in the cost of investments when purchased and in determining the net proceeds on sales of investments. Investment management fees are paid from the respective assets of the investment option.

Payments to Withdrawing Participants

The Plan records payments to withdrawing participants at the time of disbursement.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, October 15, 2025. See Note 8 for relevant disclosure.

3. Plan Transfers

During 2024, investment assets and loans totaling approximately \$507,000,000 were transferred out of the Plan and into other qualified retirement plans.

4. Information Certified by the Qualified Institution

At December 31, 2024 and 2023, the Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information related to investments, notes receivable from participants, and due to/from brokers for securities purchased and sold, disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation(depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company (the trustee and qualified institution of the Plan).

NCR Voyix Savings Plan

Notes to Financial Statements

Year Ended December 31, 2024

5. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy:

Mutual Funds – Valued at the closing price reported on the active markets on which the securities are traded and is classified within Level 1 in the fair value hierarchy tables below.

BrokerageLink Account – The Self-directed brokerage account holds mutual funds and money market funds valued at the quoted NAV of shares held by the Plan at year-end.

Common Collective Trust Funds (CCTs) –The Plan's CCTs are valued based on NAV per share or unit as a practical expedient as reported by the fund manager, multiplied by the number of shares or units held as of the measurement date. Accordingly, these NAV based investments have been excluded from the fair value hierarchy.

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

NCR Voyix Savings Plan
Notes to Financial Statements
Year Ended December 31, 2024

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

Investment Assets at Fair Value as of December 31 , 2024				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 126,670,293	\$ -	\$ -	\$ 126,670,293
Brokeragelink account	34,681,876	-	-	34,681,876
Total investments, at fair value	<u>\$ 161,352,169</u>	<u>\$ -</u>	<u>\$ -</u>	<u>161,352,169</u>
Common collective trust funds ^(A)				<u>1,283,277,513</u>
Total investments, at net asset value				<u>1,283,277,513</u>
Total investment assets				<u><u>\$ 1,444,629,682</u></u>

Investment Assets at Fair Value as of December 31 , 2023				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 181,976,540	\$ -	\$ -	\$ 181,976,540
Brokeragelink account	38,634,970	-	-	38,634,970
Total investments, at fair value	<u>\$ 220,611,510</u>	<u>\$ -</u>	<u>\$ -</u>	<u>220,611,510</u>
Common collective trust funds ^(A)				<u>1,680,323,081</u>
Total investments, at net asset value				<u>1,680,323,081</u>
Total investment assets				<u><u>\$ 1,900,934,591</u></u>

^(A) Investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits. As of December 31, 2024 and 2023, there were no known unfunded commitments and redemptions can occur daily.

6. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated February 10, 2023, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NCR Voyix Savings Plan

Notes to Financial Statements

Year Ended December 31, 2024

7. Related Party and Party-In-Interest Transactions

Certain investment options are managed by Fidelity, which also serves as the Plan's record-keeper and trustee. Therefore, these transactions qualify as exempt party-in-interest transactions. Generally, investment options (other than mutual funds and publicly offered securities) may qualify as party-in-interest transactions if the issuer, investment manager, or trustee of the investment option is a plan fiduciary or service provider. Fees for investment management services are allocated to the participants with balances in those funds. The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts.

The Plan receives revenue credits from Fidelity on a quarterly basis. The revenue credit account can be used to pay Plan expenses or can be allocated to eligible Plan participants as defined in the service agreement with Fidelity and its affiliates. Revenue credits earned from this agreement are recorded as investment income in the statement of changes of net assets available for benefits.

8. Subsequent Events

Digital First Holdings LLC was sold to an unrelated third party on September 1, 2024. As a result of this sale, the Plan was amended for all employees that were employed by Digital Holdings LLC prior to the sale to remain eligible participants in the Plan up to December 31, 2024. Effective January 1, 2025 active employees of Digital First Holdings LLC were transferred to a new qualified 401(k) savings plan. As a result of this, approximately 700 participant accounts totaling \$1,600,000 were transferred out of the NCR Voyix Savings Plan.

Effective January 1, 2025, the Plan was amended for the Company to match 50% of employee contributions, up to 10% of eligible pay, and 100% of employee contributions of the next 2% of eligible pay for all Customer Engineer employees hired prior to January 1, 2025. Effective January 1., 2025, the Plan was amended for the Company to match to match 50% of employee contributions, up to 10% of eligible pay for all other employees.

NCR Voyix Savings Plan

Supplemental Schedule

NCR Savings Plan
 EIN 31-0387920 Plan No. 052
 Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
 December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lender, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	NTGI-QM COL DLY SP500 EQ INDX	Common Collective Trust Fund	\$	269,059,776
	BTC LPTH IDX RET W	Common Collective Trust Fund		268,412,687
	BTC LPTH IDX 2030 W	Common Collective Trust Fund		187,457,833
	BTC LPTH IDX 2035 W	Common Collective Trust Fund		151,152,134
	BTC LPTH IDX 2040 W	Common Collective Trust Fund		116,987,906
	BTC LPTH IDX 2045 W	Common Collective Trust Fund		82,497,185
	BTC LPTH IDX 2050 W	Common Collective Trust Fund		64,984,747
	NTGI-QM RUSL 2000 EQ INDX FD	Common Collective Trust Fund		39,551,109
	BTC LPTH IDX 2055 W	Common Collective Trust Fund		32,153,438
	NTGI-QM AGGREGATE BOND INDX FD	Common Collective Trust Fund		23,233,011
	BTC LPTH IDX 2060 W	Common Collective Trust Fund		19,359,299
	NTGI-QM DAILY EAFE INDX FD	Common Collective Trust Fund		19,322,100
	BTC LPTH IDX 2065 W	Common Collective Trust Fund		9,106,288
				<u>1,283,277,513</u>
	JPM US GOVT MM CAP	Mutual Funds		44,032,879
	OAKMARK R6	Mutual Funds		25,774,147
*	FIDELITY MID CAP IDX	Mutual Funds		23,553,372
	DODGE & COX INTL STK	Mutual Funds		12,389,292
	EV INC FND BOSTON I	Mutual Funds		6,501,794
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*	FIDELITY LT TR BD IDX	Mutual Funds		4,018,430
*	FIDELITY GOVT MMKT	Mutual Funds		393
				<u>126,670,293</u>
*	BROKERAGELINK	Self Directed Accounts		34,681,876
*	Notes Receivable From Participants	Notes Receivable From Participants ⁽¹⁾		<u>9,972,105</u>
				<u><u>\$ 1,454,601,787</u></u>

(1) Interest rates are between 4.25% and 9.50%. The notes are due at various dates through 2039.

* Party in interest

** Per Department of Labor Section 2520.103-11(d), cost may be omitted as all investments are participant directed.

Schedule C, Line 2(h) Formula Descriptions

NCR Voyix Savings Plan

EIN: 31-0387920, PN: 052

Plan Year Ending: December 31, 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

PAYOR NAME	ADDRESS	ADDRESS 2	CITY	STATE	ZIP CODE	COMPENSATION
ABERDEEN U.S. SMALL CAP EQUITY FD CL A	1735 MARKET ST	32ND FL	PHILADELPHIA	PA	19103	0.40%
ABSOLUTE CAPITAL ASSET ALLOCATOR INVS	101 PENNSYLVANIA BLVD		PITTSBURGH	PA	15228	0.40%
ADV PREFERRED GOLD BULLION STRAT INV	1445 RESEARCH BLVD STE 530		ROCKVILLE	MD	20850	0.40%
ADVISORS CAPITAL SMALL MID CAP INVSTR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL US DIVIDEND FD INVESTOR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
AKRE FOCUS FUND RETAIL	777 E. WISCONSIN AVE. 4TH FL		MILWAUKEE	WI	53202	0.40%
ALGER HEALTH SCIENCES FD CL A	600 PLAZA ONE	6TH FL	JERSEY CITY	NJ	07311	0.40%
ALLSPRING DIVRSFD CAP BUILDER FD INST	525 MARKET ST MAC A0103 122		SAN FRANCISCO	CA	94105	0.10%
ALLSPRING INDX ASSETALLOCATION FD A	525 MARKET ST MAC A0103 122		SAN FRANCISCO	CA	94105	0.40%
ALLSPRING PRECIOUS METALS FUND A	525 MARKET ST MAC A0103 122		SAN FRANCISCO	CA	94105	0.40%
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA INCOME FUND INSTITUTIONAL	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.10%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA PARTICIPATION FD INVESTOR CLASS	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN BEACON ARK TRANS INNOVTN INVSTR	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON FEACFLOATING RT INC INV	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN CENTURY GLOBAL GOLD INV CL	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN FUNDAMENTALINVESTORS CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN INCOME FUND OF AMERICA CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN SMALL CAP WORLD CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	\$18.00
AQR MANAGED FUTURES STRATEGY HV CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
ARTISAN HIGH INCOME FUND INVESTOR	875 E WISCONSIN AVE STE 800		MILWAUKEE	WI	53202	0.39%
BARON EMERGING MARKETS FUND RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BERKSHIRE FOCUS FUND	475 MILAN DR STE 103		SAN JOSE	CA	95134	0.40%
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%

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PAYOR NAME	ADDRESS	ADDRESS 2	CITY	STATE	ZIP CODE	COMPENSATION
BLACKROCK COMMODITY STRATEGIES FUND CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK MID CAP GROWTH EQUITY CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK TECHNOLOGY OPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BNY MELLON SMALLCAP STOCK INDEX INVESTOR	144 GLENN CURTISS BLVD 8TH FL		UNIONDALE	NY	11556	0.35%
BRIDGEWAY ULTRA SMALL CO MARKET	20 GREENWAY PLAZA	STE 450	HOUSTON	TX	77046	0.10%
BROWN INTERNATIONAL SMALL COMPANY INSTL	1290 BROADWAY	STE 1100	DENVER	CO	80203	0.10%
CLEARBRIDGE SELECT FUND I	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.15%
COLUMBIA THERMOSTAT CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COMMERCE VALUE INSTITUTIONAL	922 WALNUT ST 4TH FL		KANSAS CITY	MO	64106	0.35%
CONESTOGA SMALL CAP INVESTOR CLASS	225 PICTORIA DR	STE 450	CINCINNATI	OH	45246	0.40%
CONQUER RISK DEFENSIVE BULL I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
CONQUER RISK MANAGED VOLATILITY FUND I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
CONQUER RISK TACTICAL OPP FUND I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
CONQUER RISK TACTICAL ROTATION I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
DFA EMERGING MARKETS SMALL CAP	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERMEDIATE GOVT F/I PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL SMALL COMPANY PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL SUSTAIN CORE 1 PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIREXION MONTHLY SM CAP BULL 2X INV	155 SEAPORT BOULEVARD	STE P8	BOSTON	MA	02210	0.40%
DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
EP INTERNATIONAL BOND FUND CLI	LOTS 81 82	ST C	DORADO	PR	00646	0.10%
EUROPAC GOLD FUND CL I	LOTS 81 82	ST C	DORADO	PR	00646	0.10%
EUROPAC GOLD FUND CLASS A	LOTS 81 82	ST C	DORADO	PR	00646	0.08%
FIRST EAGLE GOLD CLASS A	1345 AVE OF THE AMERICAS 48TH FLR		NEW YORK	NY	10105	0.40%
FRANKLIN BIOTECH DISCOVERY FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN INCOME CLASS A1	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
GLENMEDE LARGE CAP GROWTH	1650 MARKET ST. STE 1200		PHILADELPHIA	PA	19103	0.40%
GUGGENHEIM LIMITED DURATION CL P	9601 BLACKWELL RD STE 400		ROCKVILLE	MD	20850	0.40%

Schedule C, Line 2(h) Formula Descriptions

NCR Voyix Savings Plan

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Plan Year Ending: December 31, 2024

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PAYOR NAME	ADDRESS	ADDRESS 2	CITY	STATE	ZIP CODE	COMPENSATION
HARBOR CAP APP INST	111 S. WACKER DR	34TH FL	CHICAGO	IL	60606	0.10%
HCM DIVIDEND SECTOR PLUS FUND CL A	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.10%
HCM INCOME PLUS FUND CLASS A	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.10%
HCM TACTICAL GROWTH FUND CL A	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.10%
INVESCO ENERGY CLASSA	11 GREENWAY PLAZA; STE 100		HOUSTON	TX	77046	0.40%
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA; STE 100		HOUSTON	TX	77046	0.40%
INVESCO INTL SMALL MID COMPANY A	11 GREENWAY PLAZA; STE 100		HOUSTON	TX	77046	0.40%
JANUS HENDERSON GLOB TECH & INNOV T	151 DETROIT ST.		DENVER	CO	80206	0.35%
KINETICS GLOBAL FUNDNO LOAD CLASS SHARES	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS MARKET OPPORTUNITIES FD	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS PARADIGM FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
MACQUARIE EMERG MARKETS EQUITY A	2005 MARKET ST		PHILADELPHIA	PA	19103	0.40%
MACQUARIE LARGE CAP GROWTH A	2005 MARKET ST		PHILADELPHIA	PA	19103	0.40%
MANNING & NAPIER PROBLEND EXTD CL S	290 WOODCLIFF DR.		FAIRPORT	NY	14450	0.40%
MORGAN STA INST INC.INCEPTION PORT CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSTLADVANTAGE CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSTLINTERNTL OPP CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MSIF GLOBAL INSIGHT PORT CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
PARAMETRIC INT'L EQUITY CLASS A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
PARNASSUS CORE EQUITY INVESTOR	1 MARKET ST STEUART TOWER STE 1600		SAN FRANCISCO	CA	94105	0.40%
PARNASSUS MID CAP	1 MARKET ST STEUART TOWER STE 1600		SAN FRANCISCO	CA	94105	0.40%
PENN CAPITAL MGD ALPHA SMID CP EQ INS	1200 INTREPID AVE. STE 400		PHILADELPHIA	PA	19112	0.12%
PFG AMERICAN FDS CONS INC STRAT CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%
PFG AMERICAN FUNDS GROWTH STRAT CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.40%

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PAYOR NAME	ADDRESS	ADDRESS 2	CITY	STATE	ZIP CODE	COMPENSATION
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO LOW DURATION INCOME CL I3	1633 BROADWAY		NEW YORK	NY	10019	0.10%
PIMCO SHORT TERM FUND CL I3	1633 BROADWAY		NEW YORK	NY	10019	0.10%
QUANTIFIED COMMON GROUND FD INVST	1445 RESEARCH BLVD STE 530		ROCKVILLE	MD	20850	0.40%
QUANTIFIED GOV'T INC TACTICAL INVSTR	1445 RESEARCH BLVD STE 530		ROCKVILLE	MD	20850	0.40%
RYDEX INVERSE NASDAQ 1002X CL H	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL H	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
T ROWE PRICE ALL CAPOPPORTUNITIES INVST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE COMM & TECHNOLOGY INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBL ALLOCATION INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GROWTH STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SMALL CAP VALUE FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE U.S EQUITY RESEARCH FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE VALUE	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T.ROWE PRICE INTRNL DISCIPLINED EQ INV	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
THE INTERNET FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
THORNBURG INCOME BUILDER CL I	2300 NORTH RIDGETOP RD		SANTA FE	NM	87506	0.15%
THRIVENT LARGE CAP GROWTH FUND CL A	4321 N. BALLARD ROAD		APPLETON	WI	549190001	0.10%
TOUCHSTONE SANDS CAP SEL GRWTH Z	303 BROADWAY	STE 1100	CINCINNATI	OH	452024203	0.40%
ULTRA CHINA PRO FUND- INVESTOR CLASS	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
VALUE LINE ASSET ALLOCATION INVESTOR	7 TIMES SQUARE	STE 1606	NEW YORK	NY	10036	0.40%
VALUE LINE CAPITAL APPRECIATION INV	7 TIMES SQUARE	STE 1606	NEW YORK	NY	10036	0.40%
VALUE LINE SMALL CAPOPPORTUNITIES INV FD	7 TIMES SQUARE	STE 1606	NEW YORK	NY	10036	0.40%

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PAYOR NAME	ADDRESS	ADDRESS 2	CITY	STATE	ZIP CODE	COMPENSATION
VICTORY PRECIOUS METALS& MINERALS A	4900 TIEDEMAN RD 4TH FL		BROOKLYN	OH	44114	0.40%
VIRTUS KAR INTL SMALL MID CAP A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
VIRTUS KAR SMALL CAP GROWTH CL A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
VIRTUS KAR SMALL CAP GROWTH FUND CL I	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.10%
VIRTUS ZEVENBERGEN INNOVATIVE GR STK A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%

NCR Savings Plan
 EIN 31-0387920 Plan No. 052
 Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
 December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lender, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	NTGI-QM COL DLY SP500 EQ INDX	Common Collective Trust Fund	\$	269,059,776
	BTC LPTH IDX RET W	Common Collective Trust Fund		268,412,687
	BTC LPTH IDX 2030 W	Common Collective Trust Fund		187,457,833
	BTC LPTH IDX 2035 W	Common Collective Trust Fund		151,152,134
	BTC LPTH IDX 2040 W	Common Collective Trust Fund		116,987,906
	BTC LPTH IDX 2045 W	Common Collective Trust Fund		82,497,185
	BTC LPTH IDX 2050 W	Common Collective Trust Fund		64,984,747
	NTGI-QM RUSL 2000 EQ INDX FD	Common Collective Trust Fund		39,551,109
	BTC LPTH IDX 2055 W	Common Collective Trust Fund		32,153,438
	NTGI-QM AGGREGATE BOND INDX FD	Common Collective Trust Fund		23,233,011
	BTC LPTH IDX 2060 W	Common Collective Trust Fund		19,359,299
	NTGI-QM DAILY EAFE INDX FD	Common Collective Trust Fund		19,322,100
	BTC LPTH IDX 2065 W	Common Collective Trust Fund		9,106,288
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