

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ENTRUST DATACARD CORPORATION EMPLOYEES' PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ENTRUST CORPORATION</u></p> <p><u>1187 PARK PLACE</u> <u>SHAKOPEE, MN 55379</u></p>	<p>1c Effective date of plan <u>04/01/1979</u></p> <p>2b Employer Identification Number (EIN) <u>41-0950297</u></p> <p>2c Plan Sponsor's telephone number <u>952-988-2000</u></p> <p>2d Business code (see instructions) <u>334610</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/15/2026	MIKE KNOLL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	496
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	138
	6a(2)	120
	6b	165
	6c	182
	6d	467
	6e	19
	6f	486
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 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
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

A Name of plan <u>ENTRUST DATACARD CORPORATION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ENTRUST CORPORATION</u>	D Employer Identification Number (EIN) <u>41-0950297</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>37349169</u>
	b Actuarial value	2b	<u>39211233</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>161</u>	<u>27053415</u>
	b For terminated vested participants	<u>197</u>	<u>7915864</u>
	c For active participants	<u>138</u>	<u>10911106</u>
	d Total	<u>496</u>	<u>45880385</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.01 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>457000</u>
	c Target normal cost	6c	<u>457000</u>

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

SIGN HERE	
Signature of actuary	<u>01/05/2026</u>
<u>JUSTIN A. LARSON</u>	Date
Type or print name of actuary	<u>23-07885</u>
<u>AON CONSULTING, INC.</u>	Most recent enrollment number
Firm name	<u>952-886-8000</u>
<u>MSC# 17704 P.O. BOX 551343</u>	Telephone number (including area code)
<u>ATLANTA, GA 30355</u>	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20241
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	20241
10	Interest on line 9 using prior year's actual return of <u>6.39</u> %	0	1293
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		14703
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13</u> %		754
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		15457
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	21534

Part III Funding Percentages			
14	Funding target attainment percentage	14	85.41 %
15	Adjusted funding target attainment percentage	15	85.41 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/12/2024	300000	0					
10/17/2024	300000	0					
01/14/2025	300000	0					
04/15/2025	115000	0					
11/25/2025	150000	0					
			Totals ▶	18(b)	1165000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1124309

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	457000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6692164	657838	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1114838	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1114838	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1124309	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	9471	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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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 **04/01/2024** and ending **03/31/2025**

A Name of plan ENTRUST DATACARD CORPORATION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ENTRUST CORPORATION	D Employer Identification Number (EIN) 41-0950297	

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

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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)

SEI PRIVATE TRUST COMPANY

23-3060382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 28 50 51 52 62	NONE	122831	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	56589	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: WIPFLI LLP	b EIN: 39-0758449
c Position: AUDITOR	
d Address: PO BOX 8010 WAUSAU, WI 54402-8010	e Telephone: 715-845-3111

Explanation: WIPFLI LLP COMPLETED A STRATEGIC INVESTMENT IN OCTOBER 2025, AND AS A RESULT HAS APPLIED FOR AND OBTAINED A NEW EIN. THERE HAS BEEN NO CHANGE IN AUDIT FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 04/01/2024 and ending 03/31/2025	
A Name of plan ENTRUST DATACARD CORPORATION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ENTRUST CORPORATION	D Employer Identification Number (EIN) 41-0950297

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	480000
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	75736
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	4174084
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(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)	32661458
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	29920845

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	37391278	35593410
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	33760	38572
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	33760	38572
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	37357518	35554838

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)	1165000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1165000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	532	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		532
(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)	1345386	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1345386
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5037625	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5032619	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		5006
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	229415	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		229415

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		449275
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3194614

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4427522	
(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)		4427522
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	119207	
(6) Bank or trust company trustee/custodial fees	2i(6)	3624	
(7) Actuarial fees	2i(7)	56589	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	390352	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		569772
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4997294

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1802680
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WIPFLI LLP

(2) EIN: 41-2899048

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565741.

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 04/01/2024 and ending 03/31/2025

A Name of plan <u>ENTRUST DATACARD CORPORATION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ENTRUST CORPORATION</u>	D Employer Identification Number (EIN) <u>41-0950297</u>	

Part I	Distributions
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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): 23-3060382

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	13
--	---	----

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
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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 _____.

Entrust Datacard Corporation Employees' Pension Plan

Financial Statements and Supplemental Schedules

Years Ended March 31, 2025 and 2024



Independent Auditor's Report

To the Plan Administrator
Entrust Datacard Corporation Employees' Pension Plan
Shakopee, Minnesota

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

We have performed audits of the financial statements of Entrust Datacard Corporation Employees' Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Entrust Datacard Corporation Employees' Pension 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 March 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 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, 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 (GAAP).
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Entrust Datacard Corporation Employees' Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Entrust Datacard Corporation Employees' Pension 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 GAAP.

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 GAAP.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of March 31, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended March 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

"Wipfli" is the brand name under which Wipfli LLP and Wipfli Advisory LLC and its respective subsidiary entities provide professional services. Wipfli LLP and Wipfli Advisory LLC (and its respective subsidiary entities) practice in an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations, and professional standards. Wipfli LLP is a licensed independent CPA firm that provides attest services to its clients, and Wipfli Advisory LLC provides tax and business consulting services to its clients. Wipfli Advisory LLC and its subsidiary entities are not licensed CPA firms.

In our opinion:

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

Wipfli LLP

Wipfli LLP

Minneapolis, Minnesota

January 13, 2026

Entrust Datacard Corporation Employees' Pension Plan

Statements of Net Assets Available for Benefits

<i>March 31,</i>	2025	2024
Assets:		
Investments, at fair value:		
US Government Agency Securities	\$ 5,319,090	\$ 4,174,084
Mutual Funds	29,920,845	32,661,458
Total investments, at fair value	35,239,935	36,835,542
Receivables:		
Investment Income Receivable	88,475	75,736
Employer Contributions	265,000	480,000
Total receivables	353,475	555,736
Total assets	35,593,410	37,391,278
Liabilities:		
Accrued Expenses	38,572	33,760
Net assets available for benefits	\$ 35,554,838	\$ 37,357,518

See accompanying notes to financial statements.

Entrust Datacard Corporation Employees' Pension Plan Statements of Changes in Net Assets Available for Benefits

<i>Years Ended March 31,</i>	2025	2024
Investment income:		
Net appreciation in fair value of investments	\$ 683,696	\$ 1,173,012
Interest and dividends	1,345,918	1,267,663
Total investment income	2,029,614	2,440,675
Employer contributions	1,165,000	1,230,000
Deductions:		
Benefits paid to participants	4,427,522	3,764,964
Administrative expenses	569,772	570,801
Total deductions	4,997,294	4,335,765
Net decrease	(1,802,680)	(665,090)
Net assets available for benefits:		
Beginning of year	37,357,518	38,022,608
End of year	\$ 35,554,838	\$ 37,357,518

See accompanying notes to financial statements.

Entrust Datacard Corporation Employees' Pension Plan

Notes to Financial Statements

Note 1: Description of Plan

The following description of the Entrust Datacard Corporation Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined-benefit plan. Entrust Corporation (the "Company" or "Employer") is the Plan sponsor and administrator. The Company selected SEI Private Trust Company as custodian and Trustee of the Plan. The Trustee invests the Plan's assets in accordance with the trust agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan began on April 1, 1979, and amended and restated plan effective April 1, 2007, covering employees of the Company in the United States hired before July 16, 2001.

On September 15, 2009, a hard freeze of the Plan was approved by the Company, whereby effective April 1, 2010, active participants in the Plan would no longer accrue any further benefits under the provisions of the Plan. The measurement date of accumulated plan benefits frozen within the Plan is March 31, 2010.

On May 24, 2018, the Plan executed a pension risk transfer strategy whereby the Plan transferred the pension obligations of certain retirees to an insurance carrier who purchased the annuity contracts and will assume the ongoing benefit payments. The transfer of the pension obligations reduced the benefit obligations and assets of the Plan by \$11,689,472 during the year ended March 31, 2019.

On September 12, 2022, the Plan executed another pension risk transfer strategy whereby the Plan transferred the pension obligations of certain retirees to an insurance carrier who purchased the annuity contracts and will assume the ongoing benefit payments. The transfer of the pension obligations reduced the benefit obligations and assets of the Plan by \$15,361,312 during the year ended March 31, 2023.

The SECURE 2.0 Act of 2022 ("SECURE 2.0"), signed into law on December 29, 2022, makes significant changes to existing law for retirement plans by building upon provisions in the SECURE Act of 2019. SECURE 2.0 introduces new requirements and considerations for plan sponsors that are intended to expand coverage, increase savings, preserve income, and simplify plan rules and administrative procedures. The effective date of the provisions of SECURE 2.0 vary from becoming effective immediately through 2028. Those provisions include both required and optional elements. Management has evaluated those provisions and determined there is no material impact on the Plan. Plan management will determine the optional provision to elect in the future.

Eligibility

Each employee hired before July 16, 2001 became a participant on the later of:

- The date on which the employee attains age 21 years; or
- The last day of the first computation period in which the employee completes one year of eligibility service.

Entrust Datacard Corporation Employees' Pension Plan

Notes to Financial Statements

Note 1: Description of Plan (Continued)

Eligibility (Continued)

Exception to this:

- Employees who elected the enhanced Employee Investment Plan 401(k) as of January 1, 2002. If these employees met the eligibility for the pension plan as of December 31, 2001, they are eligible for a frozen pension benefit under this Plan.

Pension Benefits

Upon normal retirement age (65), or if hired after age 60 and completion of five years of service, a participant will receive monthly retirement income depending on when service was performed. For service prior to April 1, 1989, 48% of final average monthly compensation minus 55% of monthly primary Social Security benefits, prorated for less than 30 years of benefit service (with each capitalized term determined as of March 31, 1989). For service after March 31, 1989, 0.90% of final average monthly compensation up to covered compensation plus 1.55% of final average monthly compensation in excess of covered compensation, multiplied by benefit service earned after March 31, 1989.

Upon early retirement (age 55 and completion of five years of service) the accrued pension benefit is reduced according to the following schedule:

<u>Age</u>	<u>Percentage of Benefit Payable</u>
64	92.2%
63	84.4%
62	76.6%
61	72.6%
60	68.6%
59	64.6%
58	60.6%
57	56.6%
56	52.6%
55	48.6%

Upon death before retirement, participants with five years of service and an eligible spouse will receive 50% of the accrued early retirement benefit payable as a Qualified Joint and Survivor Annuity.

Upon death after retirement pension benefits will assume the form of payment that was elected.

Participants become fully vested in the Plan after completing five years of service.

Participants become eligible for disability benefits upon completion of ten years of service and being eligible for Social Security disability payments. Disability benefits accruals continue to normal retirement age or recovery.

Entrust Datacard Corporation Employees' Pension Plan

Notes to Financial Statements

Note 1: Description of Plan (Continued)

Pension Benefits (Continued)

For those with a frozen account pension, participants that elected as of December 31, 2001, and had five years of service at termination may elect a lump sum or an annuity based on the frozen account balance.

Pensions are payable during the lifetime of a participant unless another option is elected, such as a lump sum or a ten-year term certain, which may result in a reduced benefit. Any forfeitures under the Plan will be used to reduce the Company's future contributions.

Note 2: Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States ("GAAP").

Use of Estimates

The preparation of financial statements in accordance with GAAP 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; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results may differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are reflected on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded when dividends are declared. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Entrust Datacard Corporation Employees' Pension Plan

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Administrative Expenses

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

Professional fees incurred in connection with the Plan's annual compliance with ERISA and the PBGC insurance premiums are typically paid by the Plan.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered.

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

The significant actuarial assumptions used in the valuation are as follows as of April 1, 2024:

- a) Assumed rate of return of investments of 5.00% for the Plan year ended 2024 and 4.75% for the Plan year ended 2025.
- b) Assumed employee turnover based on experience of the Company over several years.
- c) Assumed employee retirement based on probabilities from age 55 to 65.
- d) Assumed life expectancy of participants based on the amounts-weighted aggregate rates from the Pri-2012 combined Health/Mortality study projected generationally from 2012 to the measurement date using projection scale MP 2020 as updated by MP 2021, for the Plan years ended 2025 and 2024.

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

Entrust Datacard Corporation Employees' Pension Plan

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The following is a summary of the actuarial present value of accumulated Plan benefits as of March 31:

	2024
Vested benefits:	
Participants currently receiving payments	\$ 27,770,970
Other vested benefit	19,345,629
Nonvested benefits	965
Total actuarial present value of accumulated plan benefits	\$ 47,117,564

The change in the actuarial present value of accumulated plan benefits is summarized below for the year ended March 31:

	2024
Actuarial present value of accumulated plan benefits - Beginning of Year	\$ 48,485,640
Increase (decrease) during the year attributable to:	
Benefits paid	(3,764,964)
Change in actuarial assumptions	531,783
Change in interest accumulation	2,331,306
Benefits accumulated	(466,201)
Net change in accumulated plan benefits	(1,368,076)
Actuarial present value of accumulated plan benefits - End of Year	\$ 47,117,564

Note 3: Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and supplemental schedules, including investments and investment income receivables held at March 31, 2025 and 2024, and net appreciation in fair value of investments, interest, and dividends for the years ended March 31, 2025 and 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by SEI Private Trust Company, the Trustee of the Plan.

Entrust Datacard Corporation Employees' Pension Plan

Notes to Financial Statements

Note 4: Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 31, 2025 or 2024.

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

U.S. Government Agency Securities: These investments consist entirely of United States Government Separate Trading of Registered Interest and Principal Securities (U.S. STRIPS). Fair value determinations for U.S. STRIPS generally require other significant observable inputs including, but not limited to, quoted prices for an identical security in an inactive market, quoted process for similar securities, interest rates, prepayment spreads, and credit risk.

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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Entrust Datacard Corporation Employees' Pension Plan

Notes to Financial Statements

Note 4: Fair Value Measurements (Continued)

There were no transfers between Level 1, Level 2, and Level 3 during the years ended March 31, 2025 and 2024.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of March 31, 2025 and 2024:

	Assets at Fair Value as of March 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 29,920,845	\$ -	\$ -	\$ 29,920,845
US Government Agency Securities	-	5,319,090	-	5,319,090
Total Investments in the Fair Value Hierarchy	\$ 29,920,845	\$ 5,319,090	\$ -	\$ 35,239,935

	Assets at Fair Value as of March 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 32,661,458	\$ -	\$ -	\$ 32,661,458
US Government Agency Securities	-	4,174,084	-	4,174,084
Total Investments in the Fair Value Hierarchy	\$ 32,661,458	\$ 4,174,084	\$ -	\$ 36,835,542

Note 5: Funding Policy

Contributions made under the Plan are deposited with the Trustee and administered in accordance with the provisions of the trust agreement first effective as of April 1, 1979 and updated effective as of July 11, 2012. Contributions are determined based on periodic actuarial valuations and recommendations as to the amounts required to fund retirement benefits in accordance with the Plan. Company contributions for plan years 2025 and 2024 met the minimum funding requirements of ERISA and the Pension Protection Act of 2006.

Note 6: Plan Termination

Although it has not expressed the intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

Pursuant to ERISA requirements, if a termination is the result of the bankruptcy or near bankruptcy of the Company and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and will pay those benefits that it guarantees. In this case, some participants may receive a smaller benefit than if the Plan had continued. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits (as described in the Plan) and the level of benefits guaranteed by the PBGC at that time.

Entrust Datacard Corporation Employees' Pension Plan

Notes to Financial Statements

Note 6: Plan Termination (Continued)

If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Plan sponsor and the Plan has insufficient assets, the Company will be required to pay to the Plan an amount that, together with the Plan's assets, will satisfy all benefits accumulated as of the date of the Plan's termination.

Note 7: Tax Status

The Plan obtained its latest determination letter dated September 27, 2013, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8: Risks and Uncertainties

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

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

Entrust Datacard Corporation Employees' Pension Plan

Notes to Financial Statements

Note 9: Related-Party Transactions and Party-in-Interest Transactions

Transactions resulting in the Plan's assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption applies. Certain plan investments are managed by SEI Private Trust Company. SEI Private Trust Company is the Trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. However, such transactions are exempt under Section 408(b)(8) and are not prohibited by ERISA.

Fees paid by the Plan for investment management services amounted to \$119,207 and \$117,154 for the years ended March 31, 2025 and 2024, respectively. Fees paid for other administrative and professional services rendered by parties-in-interest amounted to \$60,213 and \$69,923 for the years ended March 31, 2025 and 2024, respectively.

Note 10: Subsequent Events

The Plan has evaluated subsequent events through January 13, 2026, which is the date the financial statements were available to be issued.

Entrust Datacard Corporation Employees' Pension Plan

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

EIN #41-0950297 Plan #001

March 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
U.S Treasury Strips 2/15/27	U.S. Government Agency Securities	\$ 1,118,624	\$ 1,180,479
U.S Treasury Strips 11/15/29	U.S. Government Agency Securities	580,821	595,218
U.S Treasury Strips 2/15/35	U.S. Government Agency Securities	1,405,566	1,268,611
U.S Treasury Strips 5/15/40	U.S. Government Agency Securities	1,393,897	1,235,731
U.S Treasury Strips 2/15/44	U.S. Government Agency Securities	349,766	333,423
U.S Treasury Strips 2/15/31	U.S. Government Agency Securities	562,630	597,896
U.S Treasury Strips 11/15/47	U.S. Government Agency Securities	36,221	37,550
U.S Treasury Strips 8/15/53	U.S. Government Agency Securities	69,414	70,182
* SEI Global Managed Volatility Fund	Mutual Fund	1,770,559	1,773,659
* SEI Large Cap Index Fund	Mutual Fund	2,711,446	2,609,219
* SEI Small Cap II Fund	Mutual Fund	650,892	583,871
* SEI U.S. Managed Volatility Fund	Mutual Fund	1,300,386	1,204,384
* SEI World Equity Ex.-US Fund	Mutual Fund	1,775,522	1,838,123
* SEI Intermediate Duration Credit Fund	Mutual Fund	19,623,554	17,884,887
* SEI Emerging Markets Debt Fund	Mutual Fund	630,104	599,460
* SEI High Yield Bond Fund	Mutual Fund	857,224	784,899
* SEI Long Duration Credit Fund	Mutual Fund	2,746,297	2,642,343
Total Investments		\$ <u>37,582,923</u>	\$ <u>35,239,935</u>

* Denotes party-in-interest.

See Independent Auditor's Report.

Entrust Datacard Corporation Employees' Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #41-0950297 Plan #001

Year ended March 31, 2025

(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of asset	(i) Net gain (loss)
Single transactions:				
Purchases:				
*SEI Long Duration Credit Fund	\$ 2,236,454	-	\$ 2,236,454	-
*Government Fund	2,084,870	-	2,084,870	-
Sales:				
*Government Fund	-	2,084,870	2,084,870	-
*SEI Intermediate Duration Credit Fund	-	3,570,443	3,999,060	(428,617)
Series of transactions:				
Purchases:				
*SEI Global Managed Volatility Fund	679,435	-	679,435	-
*SEI Long Duration Credit Fund A	2,236,454	-	2,236,454	-
*SEI World Equity Ex-US Fund	745,632	-	745,632	-
*SEI Large Cap Index Fund	939,117	-	939,117	-
Sales:				
*SEI Global Managed Volatility Fund	-	1,036,605	1,020,477	16,128
*SEI Intermediate Duration Credit-A	-	5,015,469	5,586,306	(570,837)
*SEI World Equity Ex-US Fund	-	1,067,301	1,031,982	35,319
*SEI Large Cap Index Fund	-	1,346,578	1,215,097	131,481

The above data is based on or developed from information certified by the Plan's Trustee as complete and accurate.

* Denotes party-in-interest.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of April 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49				3						
50-54			2	14		1				
55-59			1	13	8	8	3			
60-64			1	16	13	13	12	2		
65-69			2	3	6	5	6	3		
70+								3		

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Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of December 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of December 2023), without regard to interest rate stabilization
1st Segment Rate	4.21%
2nd Segment Rate	4.86%
3rd Segment Rate	4.87%
Optional Payment Form Election Percentage	Old Plan: 100% Elect the normal form of life annuity New Plan: 100% Elect the normal form of life annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Entrust Datacard Corporation Employees' Pension Plan
EIN: 41-0950297 PN: 001

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	4.00%
2023 Plan Year	5.00%
2024 Plan Year	4.75%

Trust Expenses Included in Target Normal Cost

The Target Normal includes estimated administrative expenses (based on the prior years' actual amounts) plus the estimated PBGC premium for the current year, for 2024, this amount is \$457,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

April 1, 2024

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Entrust Datacard Corporation Employees' Pension Plan
EIN: 41-0950297 PN: 001

Table 1

Retirement Rates

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	10.00%
61	10.00%
62	25.00%
63	20.00%
64	10.00%
65	99.00%
66+	100.00%

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	37.3547%	37.3547%	45	2.6590%	5.5208%
16	34.3563%	37.3547%	46	2.3231%	4.9052%
17	31.3586%	37.3547%	47	1.9820%	4.2875%
18	28.3615%	37.3547%	48	1.6365%	3.9673%
19	25.3649%	37.3547%	49	1.2897%	3.6444%
20	22.3649%	37.3547%	50	0.9384%	3.3182%
21	20.8733%	37.3547%	51	0.5804%	2.9905%
22	19.3781%	37.3547%	52	0.2147%	2.6590%
23	17.8833%	34.3563%	53	0.0000%	2.3231%
24	16.3851%	31.3586%	54	0.0000%	1.9820%
25	14.8871%	28.3615%	55	0.0000%	1.6365%
26	13.9893%	25.3649%	56	0.0000%	1.2897%
27	13.0917%	22.3649%	57	0.0000%	0.9384%
28	12.1942%	20.8733%	58	0.0000%	0.5804%
29	11.2917%	19.3781%	59	0.0000%	0.2147%
30	10.3889%	17.8833%	60+	0.0000%	0.0000%
31	9.7859%	16.3851%			
32	9.1827%	14.8871%			
33	8.5792%	13.9893%			
34	7.9703%	13.0917%			
35	7.3602%	12.1942%			
36	6.7487%	11.2917%			
37	6.1357%	10.3889%			
38	5.5208%	9.7859%			
39	4.9052%	9.1827%			
40	4.2875%	8.5792%			
41	3.9673%	7.9703%			
42	3.6444%	7.3602%			
43	3.3182%	6.7487%			
44	2.9905%	6.1357%			

Entrust Datacard Corporation Employees' Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #41-0950297 Plan #001

Year ended March 31, 2025

(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of asset	(i) Net gain (loss)
Single transactions:				
Purchases:				
*SEI Long Duration Credit Fund	\$ 2,236,454	-	\$ 2,236,454	-
*Government Fund	2,084,870	-	2,084,870	-
Sales:				
*Government Fund	-	2,084,870	2,084,870	-
*SEI Intermediate Duration Credit Fund	-	3,570,443	3,999,060	(428,617)
Series of transactions:				
Purchases:				
*SEI Global Managed Volatility Fund	679,435	-	679,435	-
*SEI Long Duration Credit Fund A	2,236,454	-	2,236,454	-
*SEI World Equity Ex-US Fund	745,632	-	745,632	-
*SEI Large Cap Index Fund	939,117	-	939,117	-
Sales:				
*SEI Global Managed Volatility Fund	-	1,036,605	1,020,477	16,128
*SEI Intermediate Duration Credit-A	-	5,015,469	5,586,306	(570,837)
*SEI World Equity Ex-US Fund	-	1,067,301	1,031,982	35,319
*SEI Large Cap Index Fund	-	1,346,578	1,215,097	131,481

The above data is based on or developed from information certified by the Plan's Trustee as complete and accurate.

* Denotes party-in-interest.

See accompanying independent auditors' report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

A Name of plan Entrust Datacard Corporation Employees' Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Entrust Corporation	D Employer Identification Number (EIN) 41-0950297	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	37,349,169
	b Actuarial value	2b	39,211,233
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	161	27,053,415
	b For terminated vested participants	197	7,915,864
	c For active participants	138	10,911,106
	d Total	496	45,880,385
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.01%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	457,000
	c Target normal cost	6c	457,000

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

SIGN HERE	Justin A. Larson <i>JAL</i>	
	Signature of actuary	01/05/2026
		Date
	Justin A. Larson	2307885
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	952-886-8000
	Firm name	Telephone number (including area code)
	MSC# 17704 P.O. Box 551343	
	Atlanta GA 30355	
	Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20,241
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	20,241
10	Interest on line 9 using prior year's actual return of <u>6.39%</u>	0	1,293
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		14,703
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13%</u>		754
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		15,457
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	21,534

Part III Funding Percentages			
14	Funding target attainment percentage	14	85.41 %
15	Adjusted funding target attainment percentage	15	85.41 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/12/2024	300,000	0					
10/17/2024	300,000	0					
01/14/2025	300,000	0					
04/15/2025	115,000	0					
11/25/2025	150,000	0					
			Totals ▶	18(b)	1,165,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1,124,309
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
	(4) 4th	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59% <input type="checkbox"/> N/A, full yield curve used
b	Applicable month (enter code).....			21b 4
22	Weighted average retirement age			22 62
23	Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c).....			31a 457,000
b	Excess assets, if applicable, but not greater than line 31a			31b 0
32	Amortization installments:	Outstanding Balance		Installment
a	Net shortfall amortization installment	6,692,164		657,838
b	Waiver amortization installment	0		0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 1,114,838
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance	Total balance
	0	0	0	0
36	Additional cash requirement (line 34 minus line 35).....			36 1,114,838
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 1,124,309
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)			38a 9,471
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40	Unpaid minimum required contributions for all years			40 0

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

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 4/1/2024 at 5.01%	Days to Discount to 4/1/2024 at 10.01%	Interest Adjusted Contribution
July 12, 2024	\$ 300,000	102	0	\$ 295,930
October 17, 2024	200,946	197	2	195,611
October 17, 2024	99,054	199	0	96,449
January 14, 2025	300,000	288	0	288,649
April 15, 2025	115,000	379	0	109,308
November 25, 2025	150,000	603	0	138,362
Total Contribution	\$ 1,165,000			\$ 1,124,309

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.00%	1.0000	3.89
56.5	7.00%	0.9300	3.68
57.5	7.00%	0.8649	3.48
58.5	7.00%	0.8044	3.29
59.5	7.00%	0.7481	3.12
60.5	10.00%	0.6957	4.21
61.5	10.00%	0.6261	3.85
62.5	25.00%	0.5635	8.80
63.5	20.00%	0.4226	5.37
64.5	10.00%	0.3381	2.18
65.5	99.00%	0.3043	19.73
66	100.00%	0.0030	0.20
Weighted Average			61.80

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of December 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of December 2023), without regard to interest rate stabilization
1st Segment Rate	4.21%
2nd Segment Rate	4.86%
3rd Segment Rate	4.87%
Optional Payment Form Election Percentage	Old Plan: 100% Elect the normal form of life annuity New Plan: 100% Elect the normal form of life annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Entrust Datacard Corporation Employees' Pension Plan
EIN: 41-0950297 PN: 001

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	4.00%
2023 Plan Year	5.00%
2024 Plan Year	4.75%

Trust Expenses Included in Target Normal Cost

The Target Normal includes estimated administrative expenses (based on the prior years' actual amounts) plus the estimated PBGC premium for the current year, for 2024, this amount is \$457,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

April 1, 2024

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Entrust Datacard Corporation Employees' Pension Plan
EIN: 41-0950297 PN: 001

Table 1

Retirement Rates

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	10.00%
61	10.00%
62	25.00%
63	20.00%
64	10.00%
65	99.00%
66+	100.00%

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	37.3547%	37.3547%	45	2.6590%	5.5208%
16	34.3563%	37.3547%	46	2.3231%	4.9052%
17	31.3586%	37.3547%	47	1.9820%	4.2875%
18	28.3615%	37.3547%	48	1.6365%	3.9673%
19	25.3649%	37.3547%	49	1.2897%	3.6444%
20	22.3649%	37.3547%	50	0.9384%	3.3182%
21	20.8733%	37.3547%	51	0.5804%	2.9905%
22	19.3781%	37.3547%	52	0.2147%	2.6590%
23	17.8833%	34.3563%	53	0.0000%	2.3231%
24	16.3851%	31.3586%	54	0.0000%	1.9820%
25	14.8871%	28.3615%	55	0.0000%	1.6365%
26	13.9893%	25.3649%	56	0.0000%	1.2897%
27	13.0917%	22.3649%	57	0.0000%	0.9384%
28	12.1942%	20.8733%	58	0.0000%	0.5804%
29	11.2917%	19.3781%	59	0.0000%	0.2147%
30	10.3889%	17.8833%	60+	0.0000%	0.0000%
31	9.7859%	16.3851%			
32	9.1827%	14.8871%			
33	8.5792%	13.9893%			
34	7.9703%	13.0917%			
35	7.3602%	12.1942%			
36	6.7487%	11.2917%			
37	6.1357%	10.3889%			
38	5.5208%	9.7859%			
39	4.9052%	9.1827%			
40	4.2875%	8.5792%			
41	3.9673%	7.9703%			
42	3.6444%	7.3602%			
43	3.3182%	6.7487%			
44	2.9905%	6.1357%			

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Entrust Datacard Corporation Employees' Pension Plan
EIN: 41-0950297 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

Effective Date of Plan

April 1, 1979. Amended and restated March 31, 2010.

Eligibility for Participation

All qualified employees who have attained age 21 and have completed one year of eligibility service and were qualified employees prior to July 15, 2001. Generally, a qualified employee is an employee of the company, except nonresident aliens and employees covered by a collective bargaining agreement.

During the period from September 12, 2001 to October 24, 2001, every qualified employee hired prior to July 15, 2001 was allowed to elect between continued accruals under this plan after December 31, 2001 (old plan) and freezing benefit accruals under this plan as of December 31, 2001 and participation in a new pension account plan (new plan).

As of March 31, 2010, all benefit accruals were frozen.

Normal Retirement

Eligibility

Age 65 with five years of benefit service for the old plan and age 65 with three years of vesting service for the new plan.

Monthly Accrued Benefit

Old Plan

The sum of (1), (2), and (3) below:

- (1) 48% of average monthly compensation as of March 31, 1989 minus 55% of primary Social Security benefit as of March 31, 1989, multiplied by years of benefit service through March 31, 1989 divided by 30, multiplied by the ratio (not less than 1.0) of average monthly compensation at termination divided by average monthly compensation as of March 31, 1989.
- (2) 0.9% of average monthly compensation up to covered compensation plus 1.55% of average monthly compensation in excess of covered compensation, multiplied by benefit service after March 31, 1989 (not to exceed 30 years minus the amount of benefit service taken into account in (1) above).
- (3) Any frozen accrued benefit under the Addressograph Farrington, Inc. Pension Plan or the Credit Card Sentinel Pension Plan.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Entrust Datacard Corporation Employees' Pension Plan
EIN: 41-0950297 PN: 001

New Plan	The greater of the value of the participant's pension account and the actuarially equivalent value of the participant's monthly accrued benefit under the old plan, calculated as of December 31, 2001.
Transition Where Earnings Limitation Applies	Employees impacted by the IRC section 401(a)(17) earnings limitation shall have benefits calculated under the "extended wear-away method."
Early Retirement	
Eligibility	Age 55 and three years of vesting service.
Benefit Reduction	Normal retirement benefit with old plan accrued benefit reduced 7.8% for each of the first three years for early payment and by 4.0% for each additional year by which payments precede normal retirement age.
Disability Retirement	
Eligibility	Disabled and 10 years of vesting service before disability.
Benefit	Normal retirement benefit calculated with benefit service accruing during disability until the earlier of recovery or normal retirement age. Compensation continues to accrue during disability at the rate in effect upon disability.
Preretirement Survivor Benefit	
Eligibility	Death and three years of vesting service.
Benefit	
Old Plan	50% of an employee's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 55, or (b) the date of death. Benefit is payable only to a spousal beneficiary.
New Plan	The participant's pension account, or the actuarial equivalent if taken as an annuity. Annuity option is available only to spousal beneficiaries.
Vested Termination Benefits	
Eligibility	Three years of vesting service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

Definitions

Vesting Service	Elapsed time between date of hire and termination, expressed in years and days (days are converted to years assuming 365 days in one year).
Benefit Service	Elapsed time between date of hire and termination expressed in years and months (a month of service is any month in which the participant has at least one hour). No benefit service will be credited after March 31, 2010.
Compensation	Total earnings actually paid, including salary and wages, bonuses if part of a formal plan, overtime, and section 125 and 401(k) deferrals, but excluding commissions in excess of 100% of regular base salary, and other miscellaneous compensation. Compensation is limited to the amount prescribed in IRC section 401(a)(17).
Average Monthly Compensation	One-sixtieth of the total compensation paid in the highest five consecutive calendar years out of the last 10 years.
Covered Compensation	The average of the Social Security taxable wages in effect during the 35-year period ending with the last day of the calendar year in which the participant attains Social Security normal retirement age, with the wage base in the plan year of determination assumed to remain level in all future years.
Normal Forms of Benefit	Life annuity if single or an actuarially equivalent 50% joint and survivor annuity if married.
Optional Forms of Benefit	Actuarially equivalent optional forms include a 5- or 10-year certain and life annuity, and a 50%, 75% or 100% joint and survivor annuity, where the survivor need not be a spouse, and lump sum distributions for the new plan only.
Social Security Normal Retirement Age	Determined as follows:

Year of Birth	SSNRA
<1938	Age 65
1938-1954	Age 66
>1955	Age 67

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Entrust Datacard Corporation Employees' Pension Plan
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Pension Account	Each individual who elected to participate in the new plan had an initial pension account calculated as of December 31, 2001. This initial account was based on the individual's accrued benefit as of December 31, 2001. This initial pension account will grow quarterly with interest credits.
Interest Credit	One quarter of the average of one-year Treasury securities during the month of January preceding the plan year plus 1%.
Actuarial Equivalence	
Non-Lump Sum Purposes	6.00% interest rate and the 1971 Group Annuity Table (male rates) with a two-year setback for all participants, and a six-year setback for joint or contingent annuitants.
Lump Sum Purposes	IRS 417(e) basis.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of April 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49				3						
50-54			2	14		1				
55-59			1	13	8	8	3			
60-64			1	16	13	13	12	2		
65-69			2	3	6	5	6	3		
70+								3		

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Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Entrust Datacard Corporation Employees' Pension Plan
EIN: 41-0950297 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,483,702	April 1, 2021	12	\$ 158,289
Shortfall	\$ 1,269,690	April 1, 2022	13	\$ 127,754
Shortfall	\$ 3,012,737	April 1, 2023	14	\$ 287,544
Shortfall	\$ 926,035	April 1, 2024	15	\$ 84,251

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
 EIN: 41-0950297 PN: 001

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 4/1/2024 at 5.01%	Days to Discount to 4/1/2024 at 10.01%	Interest Adjusted Contribution
July 12, 2024	\$ 300,000	102	0	\$ 295,930
October 17, 2024	200,946	197	2	195,611
October 17, 2024	99,054	199	0	96,449
January 14, 2025	300,000	288	0	288,649
April 15, 2025	115,000	379	0	109,308
November 25, 2025	150,000	603	0	138,362
Total Contribution	\$ 1,165,000			\$ 1,124,309

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
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Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.00%	1.0000	3.89
56.5	7.00%	0.9300	3.68
57.5	7.00%	0.8649	3.48
58.5	7.00%	0.8044	3.29
59.5	7.00%	0.7481	3.12
60.5	10.00%	0.6957	4.21
61.5	10.00%	0.6261	3.85
62.5	25.00%	0.5635	8.80
63.5	20.00%	0.4226	5.37
64.5	10.00%	0.3381	2.18
65.5	99.00%	0.3043	19.73
66	100.00%	0.0030	0.20
Weighted Average			61.80

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Schedule SB, Part V – Summary of Plan Provisions

Effective Date of Plan

April 1, 1979. Amended and restated March 31, 2010.

Eligibility for Participation

All qualified employees who have attained age 21 and have completed one year of eligibility service and were qualified employees prior to July 15, 2001. Generally, a qualified employee is an employee of the company, except nonresident aliens and employees covered by a collective bargaining agreement.

During the period from September 12, 2001 to October 24, 2001, every qualified employee hired prior to July 15, 2001 was allowed to elect between continued accruals under this plan after December 31, 2001 (old plan) and freezing benefit accruals under this plan as of December 31, 2001 and participation in a new pension account plan (new plan).

As of March 31, 2010, all benefit accruals were frozen.

Normal Retirement

Eligibility

Age 65 with five years of benefit service for the old plan and age 65 with three years of vesting service for the new plan.

Monthly Accrued Benefit

Old Plan

The sum of (1), (2), and (3) below:

- (1) 48% of average monthly compensation as of March 31, 1989 minus 55% of primary Social Security benefit as of March 31, 1989, multiplied by years of benefit service through March 31, 1989 divided by 30, multiplied by the ratio (not less than 1.0) of average monthly compensation at termination divided by average monthly compensation as of March 31, 1989.
- (2) 0.9% of average monthly compensation up to covered compensation plus 1.55% of average monthly compensation in excess of covered compensation, multiplied by benefit service after March 31, 1989 (not to exceed 30 years minus the amount of benefit service taken into account in (1) above).
- (3) Any frozen accrued benefit under the Addressograph Farrington, Inc. Pension Plan or the Credit Card Sentinel Pension Plan.

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New Plan	The greater of the value of the participant's pension account and the actuarially equivalent value of the participant's monthly accrued benefit under the old plan, calculated as of December 31, 2001.
Transition Where Earnings Limitation Applies	Employees impacted by the IRC section 401(a)(17) earnings limitation shall have benefits calculated under the "extended wear-away method."
Early Retirement	
Eligibility	Age 55 and three years of vesting service.
Benefit Reduction	Normal retirement benefit with old plan accrued benefit reduced 7.8% for each of the first three years for early payment and by 4.0% for each additional year by which payments precede normal retirement age.
Disability Retirement	
Eligibility	Disabled and 10 years of vesting service before disability.
Benefit	Normal retirement benefit calculated with benefit service accruing during disability until the earlier of recovery or normal retirement age. Compensation continues to accrue during disability at the rate in effect upon disability.
Preretirement Survivor Benefit	
Eligibility	Death and three years of vesting service.
Benefit	
Old Plan	50% of an employee's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 55, or (b) the date of death. Benefit is payable only to a spousal beneficiary.
New Plan	The participant's pension account, or the actuarial equivalent if taken as an annuity. Annuity option is available only to spousal beneficiaries.
Vested Termination Benefits	
Eligibility	Three years of vesting service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
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Definitions

Vesting Service	Elapsed time between date of hire and termination, expressed in years and days (days are converted to years assuming 365 days in one year).
Benefit Service	Elapsed time between date of hire and termination expressed in years and months (a month of service is any month in which the participant has at least one hour). No benefit service will be credited after March 31, 2010.
Compensation	Total earnings actually paid, including salary and wages, bonuses if part of a formal plan, overtime, and section 125 and 401(k) deferrals, but excluding commissions in excess of 100% of regular base salary, and other miscellaneous compensation. Compensation is limited to the amount prescribed in IRC section 401(a)(17).
Average Monthly Compensation	One-sixtieth of the total compensation paid in the highest five consecutive calendar years out of the last 10 years.
Covered Compensation	The average of the Social Security taxable wages in effect during the 35-year period ending with the last day of the calendar year in which the participant attains Social Security normal retirement age, with the wage base in the plan year of determination assumed to remain level in all future years.
Normal Forms of Benefit	Life annuity if single or an actuarially equivalent 50% joint and survivor annuity if married.
Optional Forms of Benefit	Actuarially equivalent optional forms include a 5- or 10-year certain and life annuity, and a 50%, 75% or 100% joint and survivor annuity, where the survivor need not be a spouse, and lump sum distributions for the new plan only.
Social Security Normal Retirement Age	Determined as follows:

Year of Birth	SSNRA
<1938	Age 65
1938-1954	Age 66
>1955	Age 67

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
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Pension Account	Each individual who elected to participate in the new plan had an initial pension account calculated as of December 31, 2001. This initial account was based on the individual's accrued benefit as of December 31, 2001. This initial pension account will grow quarterly with interest credits.
Interest Credit	One quarter of the average of one-year Treasury securities during the month of January preceding the plan year plus 1%.
Actuarial Equivalence	
Non-Lump Sum Purposes	6.00% interest rate and the 1971 Group Annuity Table (male rates) with a two-year setback for all participants, and a six-year setback for joint or contingent annuitants.
Lump Sum Purposes	IRS 417(e) basis.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Entrust Datacard Corporation Employees' Pension Plan

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

EIN #41-0950297 Plan #001

March 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
U.S Treasury Strips 2/15/27	U.S. Government Agency Securities	\$ 1,118,624	\$ 1,180,479
U.S Treasury Strips 11/15/29	U.S. Government Agency Securities	580,821	595,218
U.S Treasury Strips 2/15/35	U.S. Government Agency Securities	1,405,566	1,268,611
U.S Treasury Strips 5/15/40	U.S. Government Agency Securities	1,393,897	1,235,731
U.S Treasury Strips 2/15/44	U.S. Government Agency Securities	349,766	333,423
U.S Treasury Strips 2/15/31	U.S. Government Agency Securities	562,630	597,896
U.S Treasury Strips 11/15/47	U.S. Government Agency Securities	36,221	37,550
U.S Treasury Strips 8/15/53	U.S. Government Agency Securities	69,414	70,182
* SEI Global Managed Volatility Fund	Mutual Fund	1,770,559	1,773,659
* SEI Large Cap Index Fund	Mutual Fund	2,711,446	2,609,219
* SEI Small Cap II Fund	Mutual Fund	650,892	583,871
* SEI U.S. Managed Volatility Fund	Mutual Fund	1,300,386	1,204,384
* SEI World Equity Ex.-US Fund	Mutual Fund	1,775,522	1,838,123
* SEI Intermediate Duration Credit Fund	Mutual Fund	19,623,554	17,884,887
* SEI Emerging Markets Debt Fund	Mutual Fund	630,104	599,460
* SEI High Yield Bond Fund	Mutual Fund	857,224	784,899
* SEI Long Duration Credit Fund	Mutual Fund	2,746,297	2,642,343
Total Investments		\$ <u>37,582,923</u>	\$ <u>35,239,935</u>

* Denotes party-in-interest.

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Entrust Datacard Corporation Employees' Pension Plan
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,483,702	April 1, 2021	12	\$ 158,289
Shortfall	\$ 1,269,690	April 1, 2022	13	\$ 127,754
Shortfall	\$ 3,012,737	April 1, 2023	14	\$ 287,544
Shortfall	\$ 926,035	April 1, 2024	15	\$ 84,251