

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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) _____ ☐ 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
1a	Name of plan EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/2000
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) EDGEWELL PERSONAL CARE COMPANY 6 RESEARCH DRIVE SHELTON, CT 06484
2b	Employer Identification Number (EIN) 43-1863181
2c	Plan Sponsor's telephone number 203-944-5979
2d	Business code (see instructions) 551112

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.	07/15/2026	YAMILEE BRICE
	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 ☒ 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 2674
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) 591 6a(2) 527 6b 882 6c 1031 6d 2440 6e 169 6f 2609 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 _____
- (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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 10/01/2024 and ending 09/30/2025	
▶ 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 EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EDGEWELL PERSONAL CARE COMPANY	D Employer Identification Number (EIN) 43-1863181
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	167016383	
b	Actuarial value	2b	167016383	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1026	84535928	84535928
b	For terminated vested participants	1066	44791302	44791302
c	For active participants	591	45587927	45744001
d	Total	2683	174915157	175071231
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.31 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1200000	
c	Target normal cost	6c	1200000	

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 MARK A. HENDRICKS Type or print name of actuary MERCER Firm name 2405 GRAND BLVD, SUITE 900 KANSAS CITY, MO 64108 Address of the firm	07/01/2026 Date 26-05452 Most recent enrollment number 816-405-7252 Telephone number (including area code)
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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	1417534
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1417534
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>21.80</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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>5.15</u> %		1657
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		361
c Total available at beginning of current plan year to add to prefunding balance		2018
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	95.39 %
15 Adjusted funding target attainment percentage	15	95.39 %
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	87.28 %
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
01/13/2025	1180000	0			
04/11/2025	1180000	0			
10/14/2025	643000	0			
01/13/2026	366000	0			
04/14/2026	366000	0			
Totals ►			18(b)	3735000	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	3601034

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: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1200000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	8054848	914252	
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	2114252	
	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	2114252	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3601034	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1486782	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EDGEWELL PERSONAL CARE COMPANY	D Employer Identification Number (EIN) 43-1863181

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

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

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

LIFEWORKS LIMITED

52-1883918

(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?
13 50	CONTRACT ADMINISTRATOR	281795	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HUMAN RESOURCE CONSULTING

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 27 50	CONSULTING	116123	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1564860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62 99	RECORDKEEPER	56574	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	13500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EDGEWELL PERSONAL CARE COMPANY				D Employer Identification Number (EIN) 43-1863181	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: EPC CO RET PLANS MASTER TRUST					
b Name of sponsor of entity listed in (a): EDGEWELL PERSONAL CARE COMPANY					
c EIN-PN 43-1863181-008		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166041102		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of		

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EDGEWELL PERSONAL CARE COMPANY		D Employer Identification Number (EIN) 43-1863181

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2159000	1375000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	164901171	166041102
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	167060171	167416102
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	167060171	167416102

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)	3735000	
(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)		3735000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		8983277
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12718277

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11157008	
(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)		11157008
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)	281795	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13500	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	56574	
(7) Actuarial fees	2i(7)	116123	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	737346	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1205338
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12362346

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		355931
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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		500000
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 576565.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EDGEWELL PERSONAL CARE COMPANY				D Employer Identification Number (EIN) 43-1863181	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046083					
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	41
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 36.1 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 62.2 %

High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 1.7 % 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 _____.

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN
FINANCIAL STATEMENTS
SEPTEMBER 30, 2025

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Independent Auditors' Report

Global Benefits Governance Committee
Edgewell Personal Care Company
Defined Benefit Plan
Shelton, Connecticut

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Edgewell Personal Care Company Defined Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of September 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Notes 5 and 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis For Opinion

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

Responsibilities Of Management For The Financial Statements

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

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

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

Auditors' Responsibilities For The Audit Of The Financial Statements

Except as described in the Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, we:

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

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

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

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

RubinBrown LLP

July 15, 2026

**EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
(Dollars In Thousands)**

	September 30,	
	2025	2024
Assets		
Investments, At Fair Value:		
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust	\$ 166,041	\$ 164,901
Employer Contribution Receivables	1,375	2,159
Net Assets Available For Benefits	\$ 167,416	\$ 167,060

**EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(Dollars In Thousands)**

	For The Years Ended September 30,	
	2025	2024
Additions To Net Assets Attributed To:		
Employer contributions	\$ 3,735	\$ 3,493
Deductions From Net Assets Attributed To:		
Benefits paid	11,157	11,987
Administrative fees	1,205	2,488
Total Deductions	12,362	14,475
Investment Income		
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust investment income	8,983	29,944
Net Increase	356	18,962
Net Assets Available For Benefits - Beginning Of Year	167,060	148,098
Net Assets Available For Benefits - End Of Year	\$ 167,416	\$ 167,060

EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 And 2024

1. Description Of The Plan

The following is a summary description of Edgewell Personal Care Company Defined Benefit Plan (the Plan) and provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan covered substantially all regular domestic employees of Edgewell Personal Care Company (the Company). Effective January 1, 2014, no new employees are eligible for participation in the Plan.

Benefits

Effective January 1, 2010, the Plan's benefit formula was converted to a cash balance formula. Prior to January 1, 2010, the Plan's benefit formulas included both a final average pay formula for certain grandfathered participants and a pension equity benefit formula for all participants hired on or after January 1, 1999, and for certain pre-1999 participants who elected to convert to the new pension equity benefit formula. In addition, the Plan has other grandfathered traditional pension benefit formulas for participants covered by certain acquired entity plans.

Effective December 31, 2013, all benefit accruals were frozen for existing participants.

A participant shall be fully vested upon the earlier of:

- (a) attainment of age 55 and completion of two years of vesting service;
- (b) completion of three years of vesting service; or
- (c) attainment of his or her normal retirement age, or normal retirement date, if earlier

Detailed information about vesting and benefit provisions is contained in the Plan Document.

Administration And Expenses

The Plan's investments are held in the Edgewell Personal Care Company Retirement Plans Master Trust (Master Trust). The Company makes contributions as necessary.

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

The Global Benefits Governance Committee has the authority and discretion to manage and control Plan assets, and to control and manage the administration of the Plan (including payment of benefits). The Global Benefits Governance Committee also has the authority and discretion to delegate these activities.

The Master Trust may pay certain administrative expenses of the Plan to the extent permitted by law, primarily investment management fees and trust fees. The Company pays administrative expenses not paid by the Plan or the Master Trust.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting such that income and related assets and expenses, and related liabilities are recognized in the Plan year to which they relate, except for benefit payments to participants, which are recorded when paid.

Valuation Of Investments And Income Recognition

Investments are stated 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. The Global Benefits Governance Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and The Northern Trust Company (Custodian). See Note 7 for a discussion of fair value measurements.

Interest income is recognized when earned. Purchases and sales of investments are recorded on a trade-date basis and dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities in the near term could materially affect the amounts reported in the statement of net assets available for benefits.

EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits are based on annual earnings, length of service, and in the case of the Account Pension Benefit, an offset allowance for Social Security benefits. For present employees, the valuation date is considered the employee termination date for calculating accumulated plan benefits.

Contributions Receivable And Credit Loss Policy

Amounts due for contributions are stated at the amount that management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts.

The Plan has concluded that no allowance for current expected credit losses was necessary at September 30, 2025 or 2024.

Estimates And Assumptions

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

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

Subsequent Events

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' Report.

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

3. Funding Policy

It is the Company's practice to fund accumulated plan benefits in accordance with the limits imposed by ERISA and the Internal Revenue Code (the Code). The contributions are made in amounts deemed necessary by the Plan's actuary to fund the benefits provided by the Plan. For the Plan years ended September 30, 2025 and 2024, the Plan met the minimum funding requirements under ERISA.

4. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA, generally to provide the following benefits in the order indicated:

- a. Benefits derived from participant contributions (made under prior plan provisions).
- b. The minimum benefits payable under the Plan to participants who began receiving benefits at least three years before the Plan termination, based on Plan provisions in effect at any time during the five years prior to termination.
- c. The minimum benefit payable under the Plan which would have been received by participants or their beneficiaries at least three years before the Plan termination if the participant had retired more than three years before the Plan termination and if benefits had commenced (normal retirement benefits under the Plan) at that time, based on Plan provisions in effect at any time during the five years prior to termination.
- d. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- e. All other nonforfeitable benefits.
- f. All other benefits.

EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Company and on the level of benefits guaranteed by the PBGC. Also, the PBGC will not guarantee benefits accrued under a plan that has become disqualified under the applicable sections of the Code.

5. Certified Investment Information

The following is a summary of the Plan's asset information as of September 30, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements, that was prepared by or derived from information certified by The Northern Trust Company (the Custodian), and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following assets as of September 30:

	Dollars In Thousands	
	2025	2024
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust	\$ 166,041	\$ 164,901

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

The Custodian also certified to the completeness and accuracy related to the following investment income for the years ended September 30:

	Dollars In Thousands	
	2025	2024
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust investment income	\$ 8,983	\$ 29,944

6. Investment In Master Trust

Plan investments are held in the Master Trust that was established for the investment of assets of the Plan and other Company-sponsored retirement plans. Each plan has a sub-account under the Master Trust. The Plan may invest in any or all of the investments in the Master Trust.

The following is a summary of the Master Trust's asset information as of September 30, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements, that was prepared by or derived from information certified by the Custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements related to the following Master Trust assets as follows as of September 30:

	Dollars In Thousands	
	2025	2024
Investments		
Common stocks	\$ 28,485	\$ 26,816
Collective trust funds	249,639	256,555
Total Investments	278,124	283,371
Accrued Investment Income	70	73
Master Trust Net Assets Available For Benefits	\$ 278,194	\$ 283,444

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

Notes To Financial Statements *(Continued)*

The Custodian also certified to the completeness and accuracy related to the following Master Trust investment income for the years ended September 30:

	Dollars In Thousands	
	2025	2024
Investment Income		
Net change in fair value of investments	\$ 14,721	\$ 49,532
Interest and dividends	724	571

The following table represents the Master Trust's balances and the Plan's interest in the Master Trust balances as of September 30, 2025:

	Master Trust Balances	Plan's Interest In Master Trust Balances
Investments		
Common stocks	\$ 28,485	\$ 17,001
Collective trust funds	249,639	148,998
Total Investments	278,124	165,999
Accrued Investment Income	70	42
Master Trust Net Assets Available For Benefits	\$ 278,194	\$ 166,041

The following table represents the Master Trust's balances and the Plan's interest in the Master Trust balances as of September 30, 2024:

	Master Trust Balances	Plan's Interest In Master Trust Balances
Investments		
Common stocks	\$ 26,816	\$ 15,601
Collective trust funds	256,555	149,258
Total Investments	283,371	164,859
Accrued Investment Income	73	42
Master Trust Net Assets Available For Benefits	\$ 283,444	\$ 164,901

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

7. Financial Instruments Measured At Fair Value

The Master Trust utilizes an accounting standard for certain financial assets and liabilities. This standard defines fair value, establishes a framework for measuring fair value in U.S. generally accepted accounting principles and expands disclosures about fair value measurements. The standard also establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The standard requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories.

Level 1 - Quoted market prices in active markets for identical assets or liabilities.

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3 - Unobservable inputs reflecting the reporting entity's own assumptions or external inputs from inactive markets.

Under this hierarchy, an entity is required to maximize the use of quoted market prices and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value:

Common Stocks

Valued at the closing price reported on the active market on which the individual securities or contracts are traded.

Collective Trust Funds

Valued at the NAV of units at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Master Trust 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.

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

The following tables set forth the Master Trust's financial assets, which are carried at fair value, measured on a recurring basis during the period, utilizing a market approach valuation technique, and segregated by level within the fair value hierarchy as of September 30, 2025:

	September 30, 2025			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 28,485	\$ —	\$ —	\$ 28,485
Investments measured at net asset value (a)				249,639
Total assets at fair value				\$ 278,124

The following tables set forth the Master Trust's financial assets, which are carried at fair value, measured on a recurring basis during the period, utilizing a market approach valuation technique, and segregated by level within the fair value hierarchy as of September 30, 2024:

	September 30, 2024			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 26,816	\$ —	\$ —	\$ 26,816
Investments measured at net asset value (a)				256,555
Total assets at fair value				\$ 283,371

- (a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts by the Master Trust as presented in Note 6.

Fair Value Of Investments In Entities That Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2025 and 2024:

Investment Type	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2025	2024			
Collective trust funds	\$ 249,639	\$ 256,555	None	Daily	None

There have been no changes in the valuation methodologies used at September 30, 2025 or 2024.

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

8. Accumulated Plan Benefits/Assumptions

The Plan's actuary calculates the actuarial present value of accumulated plan benefits by applying actuarial assumptions, reflecting the time value of money, probability of payment, and other significant assumptions between the valuation date and the expected date of payment, to accumulated plan benefits.

Significant assumptions at September 30, 2024 used in this calculation are as follows:

Interest rate	4.95% (net of expenses)
Mortality tables	Pre-Commencement: Pri-2012 mortality for employees, separately for males and females, with no collar adjustment and MSS-2024 generational mortality improvements. Post-Commencement: Longevity Experience Study Annuitant for Consumer Goods and Food & Drink ("MILES-2010"), with no collar adjustment and MSS-2024 generational mortality improvement scale.
Retirement	Percentages distributed over a period from early retirement at age 55 to 100% retirement at age 72

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

The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2024. Had the valuations been performed as of September 30, 2024, there would be no material differences.

Based on the preceding assumptions, the total actuarial present value of accumulated plan benefits at September 30, 2024 is as follows:

Vested benefits	
Active participants	\$ 46,593
Participants currently receiving payments	85,589
Other participants	46,572
	178,754
Nonvested benefits	149
Total actuarial present value of accumulated Plan benefits	\$ 178,903

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

Changes in the Plan's actuarial present value of accumulated plan benefits for the year ended September 30, 2024 are as follows:

Actuarial present value of accumulated plan benefits as of September 30, 2023	\$ 185,562
Increase (decrease) during year attributed to:	
Benefits accumulated and gains	(2,809)
Increase for interest due to decrease in discount period	8,774
Benefits paid	(11,987)
Change in actuarial assumptions	(637)
Net decrease	<u>(6,659)</u>
Actuarial present value of accumulated plan benefits as of September 30, 2024	<u>\$ 178,903</u>

Changes In Actuarial Assumptions

- The interest rate increased from 4.90% (net of expenses) as of September 30, 2023
- The pre-commencement improvement scale was updated from MSS-2023 scale as of September 30, 2023
- The post-commencement improvement scale was updated from MSS-2023 scale as of September 30, 2023

9. Party In Interest Transactions

The Master Trust and Plan allow for transactions with certain parties who may perform services or have fiduciary responsibilities to the Master Trust and the Plan. The Master Trust held an investment in a collective trust fund that is managed by the Custodian.

These transactions are exempt party-in-interest transactions under Section 408(b)(8) of ERISA.

EDGEWELL PERSONAL CARE COMPANY
DEFINED BENEFIT PLAN

Notes To Financial Statements (*Continued*)

10. Income Tax Status

The Company has received a favorable letter of determination from the Internal Revenue Service (IRS) dated December 5, 2017, indicating the Plan was in compliance with the Code. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

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

11. Subsequent Event

As of December 31, 2025, the American Safety Razor Company Salaried Employees' Retirement Plan and the ASR Staunton Employees' Retirement Plan merged into the Plan. As a result, approximately \$110,700,000 in assets were transferred into the Plan.

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

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34		3									3
35–39		12	9								21
40–44	6	17	21	4							48
			28,984								
45–49	2	15	19	14	10						60
50–54	5	22	21	22	31	17	2				120
		21,409	47,877	55,975	52,144						
55–59	2	14	27	21	37	24	18				143
			51,363	92,054	89,815	79,494					
60–64		18	22	31	25	17	18	6			137
			51,989	102,403	99,536						
65–69	1	4	14	6	11	8	1	2	1		48
70 & up		2	2	2	3		1			1	11
Total	16	107	135	100	117	66	40	8	1	1	591
											60,599

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average account balance. Average account balance is not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.93%	4.93%
• Next 15 years	5.27%	5.27%
• Over 20 years	5.59%	5.26%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuation in accordance with the IRS regulation 1.430(h)(3)-1.	
Cash balance plans		
• Interest accumulation rate	4.10% for 2024 plan year, decreasing linearly to 3.30% over 10 years.	
• Whipsaw calculations	No	
• Annuity conversion		
— Mortality table	Not applicable	
— Interest rate basis	Not applicable	
Other economic assumptions		
• Salary increases	Not applicable	
• Social Security taxable wage base increases	Not applicable	
• Inflation	Not applicable	
• Expected investment return	6.55% for 2024, 6.40% for 2023 and 5.85% for 2022	
• Expenses	\$1,200,000 added to current year normal cost	
• Late retirement increases	4.00% interest and GATT2003 mortality	

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

Demographic assumptions		
• Withdrawal	See table of sample rates.	
• Disability incidence	See table of sample rates.	
• Retirement age	Attained age	Percentage
	Under 55	0%
	55-58	11%
	59-63	16%
	64	25%
	65-67	44%
	68-70	30%
	71	60%
	72 and above	100%
• Benefit commencement age for		
— Future vested deferred	Age 63 for annuity benefits, see form of payment section for lump sum payments	
— Current vested deferred	Age 63 for annuity benefits. Rates of retirement at age 55 (or current age, if later) and age 65 (or current age, if later) for lump sum payments; see form of payment table on next page.	
• Spouse assumptions	Male participants	Female participants
— Percentage married	80%	50%
— Spouse age difference	2 years younger	2 years older

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

Form of payment	Immediate Lump sum	Single life	5-year certain & life	50% J&S	75% J&S	100% J&S	Lump Sum 55 ¹	Lump Sum 65 ²
• Active retirements								
- FAP	0%	0%	100%	0%	0%	0%	0%	0%
- Dover	0%	75%	0%	0%	0%	25%	0%	0%
- PPMA, PEP and RAA	100%	0%	0%	0%	0%	0%	0%	0%
- Warner- Lambert	0%	30%	0%	0%	70%	0%	0%	0%
• Active terminations and disablements								
- FAP	0%	0%	100%	0%	0%	0%	0%	0%
- Dover	0%	75%	0%	0%	0%	25%	0%	0%
- PPMA	75%	0%	0%	0%	0%	0%	25%	0%
- PEP and RAA	60%	0%	0%	0%	0%	0%	40%	0%
- Warner- Lambert	0%	40%	0%	0%	60%	0%	0%	0%
• Active Deaths								
- FAP, Dover and Warner- Lamber	0%	0%	0%	100%	0%	0%	0%	0%
- PPMA, PEP and RAA	100%	0%	0%	0%	0%	0%	0%	0%
• Current vested deferred								
- FAP	0%	0%	100%	0%	0%	0%	0%	0%
- Dover	0%	75%	0%	0%	0%	25%	0%	0%
- PPMA, PEP and RAA	0%	0%	0%	0%	0%	0%	5%	95%
- Warner- Lambert	0%	40%	0%	0%	60%	0%	0%	0%
- TEK	0%	70%	0%	0%	0%	30%	0%	0%
Unpredictable contingent event assumptions	Not applicable							

¹ Form of payment is a lump sum deferred to age 55² Form of payment is a lump sum deferred to later of age 65 or valuation date

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained age	Disability		Withdrawal
	Male	Female	Ultimate rate
20	0.03%	0.03%	42.60%
25	0.04	0.05	28.80
30	0.05	0.08	19.52
35	0.07	0.14	13.92
40	0.12	0.21	11.04
45	0.20	0.32	9.76
50	0.36	0.53	7.56
55	0.72	0.95	5.94
60	1.26	1.16	5.94
65	0.00	0.00	5.94

Withdrawal rates end once retirement rates apply

Rationale for significant Economic assumption

- Interest accumulation rate— This assumption is updated annually. It starts with the current yield on 30-year Treasury rates, and grades over 10 years to the long-term 30-year Treasury rate in Mercer's Capital Market Outlook.
- Expected investment return – The expected investment return is based on a blend of the hypothetical past performance of the plan's target asset allocation and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Market Outlook.
- Expense – The expense assumption is based on prior year experience, adjusted for significant expected changes in the upcoming year, including PBGC premium changes.

Rationale for significant demographic assumptions

The following assumptions are based on an experience study undertaken by Mercer in 2020 using plan experience from October 1, 2016 through October 1, 2019. The resulting assumptions balance the plan's historical experience with future expectation. Additional analysis was completed in 2024 with respect to the lump sum election and timing for current vested deferred participants.

- Withdrawal rates
- Retirement rates
- Form of payment
- Benefit commencement age
- Spouse assumptions

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods for funding****Asset methods**

The asset valuation method is the market value.

Participant methods

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

- **Participants included:** The plan's administrative services provider supplies us with data on all participants to be included in the valuation.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- Since the plan benefits are frozen and do not increase with service, there is no normal cost. The plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 10/01/2024 and ending 09/30/2025

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 EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EDGEWELL PERSONAL CARE COMPANY		D Employer Identification Number (EIN) 43-1863181
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 10 Day 01 Year 2024			
2 Assets:			
a Market value		2a	167,016,383
b Actuarial value		2b	167,016,383
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,026	84,535,928	84,535,928
b For terminated vested participants	1,066	44,791,302	44,791,302
c For active participants	591	45,587,927	45,744,001
d Total	2,683	174,915,157	175,071,231
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5		5.31%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		1,200,000
c Target normal cost	6c		1,200,000

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 MARK A. HENDRICKS Signature of actuary	07/01/2026 Date 2605452 Most recent enrollment number 816-405-7252 Telephone number (including area code)
MARK A. HENDRICKS Type or print name of actuary MERCER Firm name 2405 GRAND BLVD, SUITE 900 KANSAS CITY MO 64108 Address of the firm	

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	1,417,534
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,417,534
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>21.80%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1,657
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>5.15%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		361
c Total available at beginning of current plan year to add to prefunding balance.....		2,018
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III | Funding Percentages

14	Funding target attainment percentage.....	14	95.39 %
15	Adjusted funding target attainment percentage.....	15	95.39 %
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	87.28 %
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
01/13/2025	1,180,000	0			
04/11/2025	1,180,000	0			
10/14/2025	643,000	0			
01/13/2026	366,000	0			
04/14/2026	366,000	0			
Totals ►			18(b)	3,735,000	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	3,601,034

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: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1,200,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	8,054,848	914,252	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	2,114,252	
	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	2,114,252	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3,601,034	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,486,782	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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Plan: Edgewell Personal Care Company Defined Benefit Plan

EIN/PN: 43-1863181/001

Valuation Date: 10/01/2024

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	6,551,554	5,053,658	8,669,000	20,274,212
2025	5,900,345	1,736,929	8,281,089	15,918,363
2026	5,516,039	2,282,938	8,084,323	15,883,300
2027	4,722,668	3,255,151	7,847,851	15,825,670
2028	4,361,507	2,765,451	7,606,901	14,733,859
2029	4,068,368	3,005,074	7,347,322	14,420,764
2030	3,451,465	3,196,880	7,066,209	13,714,554
2031	2,970,978	3,187,346	6,796,876	12,955,200
2032	2,686,986	2,909,515	6,470,915	12,067,416
2033	2,379,061	4,139,736	6,155,163	12,673,960
2034	2,124,111	2,681,724	5,820,998	10,626,833
2035	1,939,970	3,794,243	5,484,364	11,218,577
2036	1,787,720	3,813,572	5,141,027	10,742,319
2037	1,602,376	3,118,479	4,793,509	9,514,364
2038	1,475,910	2,891,695	4,444,505	8,812,110
2039	1,438,879	3,420,644	4,096,833	8,956,356
2040	1,295,184	2,200,686	3,753,348	7,249,218
2041	1,186,074	3,006,618	3,416,838	7,609,530
2042	1,112,918	2,177,243	3,089,971	6,380,132
2043	1,067,223	2,747,929	2,775,238	6,590,390
2044	986,528	2,283,478	2,474,874	5,744,880
2045	925,356	1,870,741	2,190,828	4,986,925
2046	874,762	1,997,267	1,924,743	4,796,772
2047	825,209	1,946,500	1,677,886	4,449,595
2048	777,933	1,478,586	1,451,119	3,707,638
2049	732,651	1,523,916	1,244,907	3,501,474
2050	683,651	1,503,546	1,059,286	3,246,483
2051	635,557	1,483,050	893,912	3,012,519
2052	588,888	1,047,887	748,089	2,384,864
2053	543,837	858,755	620,829	2,023,421
2054	499,083	775,593	510,938	1,785,614
2055	455,486	745,180	417,055	1,617,721
2056	412,679	633,434	337,709	1,383,822
2057	370,965	579,372	271,382	1,221,719
2058	331,076	510,402	216,536	1,058,014
2059	293,240	452,950	171,676	917,866
2060	257,509	402,733	135,378	795,620
2061	224,093	355,120	106,321	685,534
2062	193,241	310,402	83,298	586,941
2063	165,028	268,832	65,234	499,094
2064	139,509	230,603	51,191	421,303
2065	116,695	195,854	40,369	352,918
2066	96,546	164,647	32,098	293,291
2067	78,970	136,969	25,822	241,761
2068	63,832	112,741	21,089	197,662
2069	50,967	91,812	17,532	160,311
2070	40,178	73,972	14,861	129,011
2071	31,257	58,972	12,851	103,080
2072	23,986	46,531	11,325	81,842
2073	18,148	36,353	10,149	64,650

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 60.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	11.0%	100.00	11.00	605.00
56	11.0%	89.00	9.79	548.24
57	11.0%	79.21	8.71	496.75
58	11.0%	70.50	7.72	449.77
59	16.0%	62.74	10.04	592.29
60	16.0%	52.70	8.43	505.95
61	16.0%	44.27	7.08	432.08
62	16.0%	37.19	5.95	368.90
63	16.0%	31.24	5.00	314.87
64	25.0%	26.24	6.56	419.83
65	44.0%	19.68	8.66	562.84
66	44.0%	11.02	4.85	320.04
67	44.0%	6.17	2.72	181.94
68	30.0%	3.46	1.04	70.50
69	30.0%	2.42	0.73	50.08
70	30.0%	1.69	0.51	35.56
71	60.0%	1.19	0.71	50.50
72	100.0%	0.47	0.47	34.14
Total			100.00	6039.19
Average				60.39

The weighted average retirement age is the total for column E divided by the total for column D.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: April 1, 2000 Restated plan: June 30, 2015 Plan year: October 1 to September 30
Status of the plan	Effective January 1, 2014, the plan is closed to new entrants and benefit accruals are frozen.
Significant events that occurred during the year	None
Definitions	
• Participating employees	All U.S. employees hired prior to January 1, 2014 compensated by Edgewell Personal Care Company except temporary employees, employees employed under a collective bargaining agreement unless the agreement provides participation, or leased employees. Employees of American Safety Razor are not eligible to participate.
• Eligibility	Each employee became a participant as of the first day of the month coincident with or next following completion of one year of Vesting Service. Between January 1, 2010 and January 1, 2014 employees became participants on the first day they had Covered Employment. Former Schick employees became members as of March 29, 2003. Former Playtex, Dover, and Hawaiian Tropics employees became members as of January 1, 2008. For the PensionPlus Match Account prior to December 31, 2009, participation was the first day of the month in which such employee made after-tax matched contributions to the company-sponsored Savings Plan.
• Covered employment	All service while an employee except service as a temporary employee, service covered by a collective bargaining agreement unless agreement provides for participation or services while a leased employee.
• Vesting service	Vesting Service is calculated in full months and years while in Covered Employment. For acquired groups, service with the acquired employer is included in Vesting Service. Dover participants are fully vested in their Dover Plan benefit.
• Benefit service	Benefit Service was calculated in full months and years while in Covered Employment through December 31, 2013. However, for Warner-Lambert Plan, Dover Plan, Playtex and former international participants, Benefit Service based on total employment is used to determine the level at which participants entered the PEP formula, but participants were not credited for any allocations with respect to service under the Warner-Lambert Plan, Dover Plan, as a Playtex employee or for international service prior to becoming plan members. Benefit service for Hawaiian Tropics employees began on January 1, 2008.
• Total service	Benefit service plus service with any Company acquired where the employee was employed by the Company and became employed by Edgewell on the acquisition date.
• Interest crediting rate	For each month in the Plan Year, 1/12th of the annual interest rate on 30-year Treasury securities (rounded down to nearest 0.1%) for the August preceding the first day of the Plan Year.

Schedule SB, Part V — Summary of Plan Provisions

• Pensionable earnings	Base salary, overtime, shift differentials, salary reduction under Sections 401(k), 125 and 132(f), regular bonuses, and other pay, subject to the Section 401(a)(17) compensation limits. No pensionable earnings after December 31, 2013 were included in benefit accruals.
• Average annual earnings	Average of five highest consecutive Earnings during last ten complete calendar years preceding year of termination. This was frozen as of December 31, 2009.
• Primary Social Security	If eligible for retirement at termination (or for Eveready at December 31, 1992), the benefit payable at age 62 or retirement, if later, assumes zero future earnings after termination. If not eligible for retirement at termination (or for Eveready at December 31, 1992), the benefit payable at age 65 assumes current earnings continue to age 65. This was frozen as of December 31, 2009 based on retirement eligibility on this date.
• Social Security covered compensation	Average of Social Security maximum taxable wage bases for the 35 consecutive calendar years ending with termination. This was frozen as of December 31, 2009.
Normal retirement	
• Eligibility	The first day of the month nearest the date the participant reaches age 65. For former TEK employees, the first day of month after reaching age 64.
• Benefit	Participants hired before January 1, 1999 are entitled to either the FAP or PEP formula described below depending on election. Participants hired between January 1, 1999 and January 1, 2010 accrued benefits in the PEP formula. The FAP and PEP accruals ceased January 1, 2010. Between January 1, 2010 and January 1, 2014 all participants earned benefits in the Retirement Accumulation Account (RAA) formula. 1) Retirement Accumulation Account (RAA) Benefit The amount of the benefit is equal to the sum of (A), (B) and (C): - Pay credits: 6% multiplied by each month's limited Pensionable Earnings earned prior to January 1, 2014. - Interest credits: at the end of each month equal to the Interest Crediting Rate multiplied by the account balance at the beginning of each month. - Transition Credits: the transition credit rate multiplied by monthly limited Pensionable Earnings. Participants will only receive transition credits through 2013. A participant is eligible for transition credits if on January 1, 2010 age plus Total Service was greater than or equal to 60 years. 2% transition credits are given to participants with at least 60 but less than 75 years of age plus Total Service on January 1, 2010. 4% transition credits are given to participants with greater than 75 years of age plus Total Service on January 1, 2010.

Schedule SB, Part V — Summary of Plan Provisions

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- **Benefit (continued)**
 - 2) FAP Benefit – This benefit was frozen as of December 31, 2009.
 - A. The amount of benefit is the greater of (i) or (ii):
 - i. 1.5% of Average Annual Earnings multiplied by Benefit Service (maximum 40 years) less 50% of the estimated Social Security benefit multiplied by Benefit Service divided by the greater of 30 or Benefit Service at 65, or
 - ii. 1.25% of Average Annual Earnings not in excess of \$30,000 multiplied by Benefit Service (maximum 40 years).
 - B. Eveready Transition Benefit
 - The sum of (i) and (ii) as follows:
 - i. The amount of benefit is the greater of (a) or (b):
 - a. 1.5% of final average 3-year pay at 12/31/1992 multiplied by years of Benefit Service to 12/31/1992 less 1.5% of Social Security Benefit at 12/31/1992 multiplied by Benefit Service to 12/31/1992 to maximum of 33.3 years or
 - b. 1.5% of final average 3-year pay at 12/31/1992 not in excess of \$15,000 multiplied by Benefit Service to 12/31/1992 plus \$144.
 - ii. The amount of benefit is the greater of (a) or (b):
 - a. 1.5% of Average Annual Earnings multiplied by Benefit Service after 12/31/1992 (maximum 40 years) less 50% of the estimated Social Security benefit multiplied by Benefit Service after 12/31/1992 divided by the greater of 30 or Benefit Service at 65, or
 - b. 1.25% of Average Annual Earnings not in excess of \$15,000 multiplied by Benefit Service after 12/31/1992 (maximum 40 years).
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Schedule SB, Part V — Summary of Plan Provisions

• Benefit (continued)

3) Pension Equity (PEP) Benefit – Benefit accruals on this formula ceased as of December 31, 2009. Interest accruals apply from January 1, 2010 at the Interest Crediting Rate.

The amount of the benefit is equal to the sum of (A) and (B):

- A. the Basic accrual percentage multiplied by Average Annual Earnings accumulated for each year of Benefit Service (including Union Carbide service), and
- B. the Excess accrual percentage multiplied by Average Annual Earnings in excess of Social Security Covered Compensation accumulated for each year of Benefit Service (including Union Carbide service).

The following is a table of the Basic and Excess accrual percentages as referenced in the above formulas:

Years of benefit service	Percentage of average annual earnings (basic accrual %)	Additional percentage of average annual earnings in excess of Social Security covered compensation (excess accrual %)
0.00–5.00	4.0%	3.5%
5.01–10.00	5.0	3.5
10.01–15.00	6.5	3.5
15.01–20.00	8.0	3.5
Over 20	10.0	3.5

For purposes of determining the level of Basic and Excess accrual percentage for Warner-Lambert Plan employees, Dover Plan employees, Playtex employees (not Hawaiian Tropics employees) and certain former international employees, total service (including service with Schick, Playtex or non-US service with Edgewell) will be used to determine the level at which the participant enters the PEP formula. However, when determining the allocations, service will accrue from March 28, 2003 for Schick employees, January 1, 2008 for Playtex and Dover Plan employees and the participation date for international employees. For Hawaiian Tropics service will begin at January 1, 2008 for both the level of accrual percentages and the allocations.

Such benefit is then converted into an immediate annuity using actuarial equivalent factors applicable under the Plan for such conversions.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit (continued)

4) Supplemental Benefit

Certain participants receive an additional percentage of final average pay for each year of service after their Supplemental Eligibility Date based on applicable FAP or PEP formula. Benefit accruals on this formula ceased as of December 31, 2009. Interest accruals apply from January 1, 2010 on the PEP formula at the Interest Crediting Rate.

5) Union Carbide Offset

The amount attributable to the non-contributory portion of the benefits provided under the Retirement Plan for Employees of Union Carbide Corporation and its Participating Subsidiaries as in effect on June 30, 1986 is offset against the accrued benefits.

6) Warner-Lambert Benefits / Dover Benefits

The amounts attributable to the benefits provided under the Retirement Plan for employees of the Warner-Lambert Plan as of March 28, 2003 and under the Playtex Products, Inc. Pension (Dover) Plan as of January 1, 2008 are included in the accrued benefit.

7) PensionPlus Match Account (PPMA) – Benefit accruals on this formula ceased as of December 31, 2009. Interest accruals apply from January 1, 2010 at the Interest Crediting Rate.

A Participant's PensionPlus Match Account is equal to the sum of Regular Credits (pay-based credits) and Interest Credits allocated to the Participant's account as follows:

- A. Regular Credits are equal to 325% of the first 1% of Earnings contributed after-tax to the Company-sponsored Savings Plan.
 - B. Interest Credits are credited at the end of each month using an interest rate set at the beginning of the Plan Year.
 - C. In addition, effective January 1, 2004 through March 28, 2005, Warner-Lambert Plan employees receive the following enhanced PensionPlus Match Account:
 - i. Regular Credits (pay-based credits) are equal to 3.5% of compensation.
 - ii. Interest Credits are credited at the end of each month reflecting an interest rate set at the beginning of the Plan Year.
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Early retirement

- Eligibility

The first day of the month nearest the date the participant both reaches age 55 and has two years of Vesting Service. For the Warner-Lambert Plan benefit and the Dover Plan benefit, the first day of the month coincident with or next following the date the participant attains age 55 and (for the Dover Plan) has 10 years of Vesting Service. For former TEK employees, the first day of the month coincident with or next following the date the participant attains age 62 and has 5 years of Vesting Service.

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- Benefit

1) RAA Benefit

Same as Normal Retirement Benefit under RAA formula.
If commencement is deferred, RAA benefit continues to increase with the Interest Crediting Rate from termination to commencement and is then converted to an annuity.

2) FAP Benefit

A. The Normal Retirement Benefit formula specified in item 2(A) reduced by 5/12% per month between commencement age and age 62.

B. The sum of (i) and (ii) as follows:

i. Eveready Transition Benefit – the Normal Retirement Benefit formula specified in item 2(B)(i) reduced by 5/12% per month between commencement age and the unreduced age.

The unreduced age is the earlier of:

- a. age 60 and 30 years of Service,
- b. age 62 and 10 years of Service, or
- c. age and Service totaling 85.

ii. The Normal Retirement Benefit formula specified in item 2(B) (ii) reduced by 5/12% per month between commencement age and age 62.

3) PEP Benefit

Same as Normal Retirement Benefit under PEP formula.
If commencement is deferred, PEP benefit increased by the Interest Crediting Rate from termination to commencement and then converted to an immediate annuity.

4) Supplemental Benefit

Benefit is adjusted as under (2) or (3) depending on whether FAP or PEP eligible.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit (continued)	5) Union Carbide Offset For those former participants of the Union Carbide Plan who were at least age 50 with at least 10 years of service as of 6/30/1986. The Normal Retirement Benefit formula specified in (5) reduced by 5/12% per month between commencement age and the unreduced age. The unreduced age is the earlier of (a) age 62, or (b) age and service totaling 85. For all other participants, the Normal Retirement Benefit formula specified in (5) reduced by 5/12% per month between commencement age and age 62 and by 5/9% per month between age 62 and age 65. 6) Warner-Lambert Plan Benefit Normal Retirement Benefit reduced 3% per year from age 60 to age 62 and 6% per year from age 55 to age 60. However, the service-related portion of the benefit is not reduced. 7) PPMA Same as Normal Retirement Benefit under PPMA. If commencement deferred, account balance increased with the Interest Crediting Rate from termination to commencement and then converted to an immediate annuity. 8) Dover / TEK Plan Benefits For Dover employees, Normal Retirement Benefit reduced by 0.25% for each complete month from age 60 to 65 and 5/12% for each complete month from age 55 to 60. For TEK employees, Normal Retirement Benefit reduced 0.3333% for each month prior to age 64.
Late retirement	
• Benefit	The late retirement benefit is the same as the Normal Retirement Benefit with continued accruals beyond Normal Retirement Date. Actuarial increase of the age 65 benefit may apply if this produces a higher benefit.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Benefit	Fully vested after three years or after reaching Early or Normal Retirement age. Benefit payable is Normal Retirement Benefit. Benefit may commence earlier. RAA benefit continues to increase with the Interest Crediting Rate from termination to commencement and is then converted to an annuity. The FAP benefit is reduced 5/12% per month between commencement age and age 65. The benefit cannot begin before age 55. PEP benefit is increased with the Interest Crediting Rate from termination to commencement and converted to an annuity. PPMA is fully vested after three years. For employees hired prior to October 1, 2008, PPMA vests 25% after one year of Vesting Service, 50% after two years, 100% after three years. In addition, PPMA is fully vested at age 65 or at death or disability. PPMA benefit is increased with the Interest Crediting Rate from termination to commencement and converted to an annuity. For the Warner-Lambert Plan benefit, Union Carbide offsets, and the Dover Plan and TEK Plan benefits, the Normal Retirement Benefit may commence as early as age 55 (age 62 for TEK) with the same reductions as the Early Retirement Benefits, if the service requirement have been met.
Disability	
• Benefit	Effective October 1, 2006 the disability benefit is treated the same as the termination of employment benefit.
Death	
• Eligibility	Surviving spouse benefits are effective if married for at least one year at time of death and upon the satisfaction of Early Retirement or Termination conditions. As noted below, some benefits may be available to non-spouse beneficiaries.

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• Benefit	1) RAA Benefit Vested Normal Retirement Benefit payable to the surviving spouse had termination occurred on date of death. Benefit available to non-spouse beneficiary instead. 2) FAP and Supplemental FAP Benefit A. If the participant is eligible for Early Retirement, the surviving spouse benefit is the greater of 50% of the Normal Retirement Benefit or \$300 per year commencing immediately. B. Prior to Early Retirement eligibility for participants with 10 or more years of service, the benefit is the greater of 40% of the accrued benefit or \$300 per year commencing immediately. For vested participants with less than 10 years of service, the surviving spouse receives that portion of the participant's accrued benefit payable to the beneficiary under the 50% qualified joint and survivor option commencing on the date the participant would have been first eligible for early retirement. 3) PEP, Supplemental PEP, PPMA, and RAA Benefit Vested Normal Retirement Benefit payable to the surviving spouse had termination occurred on date of death. Benefit available to non-spouse beneficiary instead. 4) Warner-Lambert Plan Benefit and Union Carbide Offset 50% of the benefit is payable to the surviving spouse after reduction for early commencement and (for Union Carbide offset) joint and survivor form of payment. Special early retirement factors may apply. 5) Dover / TEK Plan Benefits Qualified survivor annuity equal to what the participant would have received if he had survived to his early retirement date, elected a form of immediate joint and survivor annuity commencing on his early retirement date and died after such early retirement date. May be paid on or after early retirement date.
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Form of benefits

• Normal form	5-year certain and life annuities, except for the Warner-Lambert and TEK benefits which are single life annuities.
• Automatic form for unmarried participants	Unless an optional form is selected, an unmarried participant shall receive his or her retirement benefit in the form of an actuarial equivalent single life annuity.
• Automatic form for married participants	Unless an optional form is selected, a married participant shall receive his or her retirement benefit in the form of an actuarial equivalent 50% qualified joint and survivor annuity.

Schedule SB, Part V — Summary of Plan Provisions

Optional forms	Subject to spousal consent, a participant may elect payment in the form of the following: a contingent annuitant option (50%, 75% or 100%), 5-or 10-year certain and life option, life annuity (if married), lump sum (PEP, PPMA, and RAA only), Social Security adjustment option, or “pop-up” benefit. Warner-Lambert and Dover Plan participants with an Edgewell benefit may elect any of the options above except for a lump sum or pop up on the Warner-Lambert or Dover Plan benefit. Dover participants without an Edgewell benefit may only elect a 5-year certain and life option or a 100% joint and survivor annuity. TEK Plan participants may elect a 100% joint and survivor annuity or a life annuity with 5-year certain with the term certain benefit being payable to a beneficiary of the participant’s choice.
Optional form conversion factors	For joint and survivor options: Interest using the 30-year Treasury securities (rounded down to nearest 0.1%) for the August preceding the first day of the Plan Year and mortality using the 1994 Group Annuity Reserving tables projected to 2002, blended 50% male and 50% female. For other optional forms, the conversion factors are spelled out in Section 9.5 of the Plan document. Different factors may apply to frozen benefits.
Miscellaneous	
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, effective as of October 1, 2024, are included in this valuation:

- Most recent plan amendments included:** 4th amendment (January 1, 2018)
- Plan amendments excluded:** None
- Late retirement increases:**
 - Active participants:* The plan does not provide benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases apply to participants who defer retirement beyond age 65. These increases are included in the valuation.
 - Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

Schedule SB, Part V — Summary of Plan Provisions

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

Plan provisions specific to funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - Plan amendments: See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2024 installment
2022	\$	13,332,601	13	\$ 1,366,363
2023		8,727,004	14	849,704
2024		(14,004,757)	15	(1,301,815)
Total	\$	8,054,848		\$ 914,252

Schedule SB, line 25 — Change in Method

Actuarial method changes since prior valuation

The asset method was updated from an average of the adjusted market value for each year during the last two years preceding the valuation date to fair market value.

This change is eligible for automatic approval under Rev. Proc. 2017-56.

Schedule SB, line 24 — Change in Actuarial Assumptions

The following changes were made since October 1, 2023 accounting valuation:

- The expected investment return was increased from 6.40% to 6.55%.
- The interest crediting rate was changed from 4.20% to 3.30% over the next 10 years to rates grading from 4.10% to 3.30% over the next 10 years.