

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed 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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 01/22/2024	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B	This return/report is ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ ☐
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 AMHERST LABEL INC 401(K) PROFIT SHARING PLAN & TRUST	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1992
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) AMHERST LABEL INC. 15 WESTCHESTER DR MILFORD, NH 03055-3056	2b	Employer Identification Number (EIN) 02-0385313
		2c	Sponsor's telephone number 603-673-7849
		2d	Business code (see instructions) 541990
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
5a	Total number of participants at the beginning of the plan year	5a	56
b	Total number of participants at the end of the plan year	5b	0
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	47
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	0
d(1)	Total number of active participants at the beginning of the plan year	5d(1)	52
d(2)	Total number of active participants at the end of the plan year	5d(2)	0
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	08/10/2026	SHEHZANA HIGGINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/10/2026	SHEHZANA HIGGINS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4112840	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	4112840	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	158271	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-16368	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		141903
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) .	8e	54234	
f Administrative service providers (salaries, fees, commissions)	8f	2775	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		57009
i Net income (loss) (subtract line 8h from line 8c)	8i		84894
j Transfers to (from) the plan (see instructions)	8j	-4197736	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		350000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.....	☐ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....	11a
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☒ No
a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No	
a If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒ Yes ☐ No	
c 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.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
INOVAR PACKAGING GROUP, LLC 401K PROFIT SHARING PLAN	20-2168560	001

Part VIII IRS Compliance Questions

14a 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	
14b 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	
15 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 <u>08 / 31 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q704150A</u> .	

Date: August 10, 2026

Re: Amherst Label 401k Profit Sharing Plan & Trust
Final Return - Explanation for Late Filing

Amherst Label 401k Profit Sharing Plan & Trust was merged into the Inovar Packaging Group, LLC Profit Sharing Plan effective 1/1/2024. All plan assets from Amherst Label 401k Profit Sharing Plan & Trust, totaling \$4,197,736, were transferred into the Inovar Packaging Group, LLC Profit Sharing Plan as of 1/22/2024.

Earlier this week, we became aware that a final return was not filed for the Amherst Label 401(k) Profit Sharing Plan & Trust following the plan merger and transfer of assets. Accordingly, we are submitting a late filing of the final return for the short plan year covering January 1, 2024 through January 22, 2024.

For reference, I have included copies of the Inovar 401(k) Plan Amendment and the Plan Transfer Acknowledgement Notice documenting the merger of the Amherst Label 401(k) Profit Sharing Plan & Trust into the Inovar Packaging Group, LLC Profit Sharing Plan and the related transfer of plan assets.

Please don't hesitate to reach out if you have any questions or require any additional information.

Thank you,



Shehzana Ali Higgins,
Plan Administrator of Inovar Packaging Group, LLC 401k Plan
Email: Shiggins@inovarpkg.com

**ADOPTION AGREEMENT AMENDMENT to the
Inovar Packaging Group, LLC 401K Profit Sharing Plan**

BY THIS AGREEMENT, Inovar Packaging Group, LLC 401K Profit Sharing Plan (herein referred to as the "Plan") the following sections of the Adoption Agreement are hereby amended as follows, effective as of January 01, 2024, except as otherwise provided herein:

**APPENDIX C
PARTICIPATING EMPLOYERS LIST**

The following entities have taken appropriate legal action, including but not limited to passing a Board of Directors resolution or such analogous action as the context may require, to become a Participating Employer in the Plan. Each such entity shall become a Participating Employer as of the effective date specified in such legal action. **The following list of Participating Employers is current and effective as of 01/01/2024** . The Administrator may update this list to reflect the addition or removal of Participating Employers without a formal Plan amendment and without affecting an Employer's reliance on an IRS opinion letter or determination letter.

Participating Employer	EIN
Amherst Label, Inc.	02-0385313
Cimarron Label, LLC	46-4353119
Dion Label Printing, LLC	04-2711581
Flexo-Graphics, LLC	39-2004030
Inovar Packaging Florida LLC	81-3021164
Label Print America, Inc.	55-0810156
Precision Label, LLC	33-0801869
Tabco, LLC	48-0720656

The Employer executes this Amendment on the date specified below

Date: _____

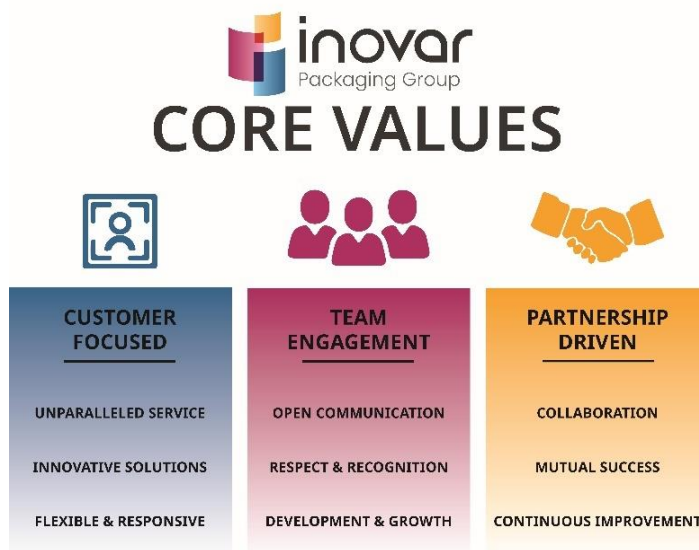
By: Michelle Hagg

Inovar Packaging Group, LLC



ATTENTION: IMPORTANT INFORMATION ABOUT YOUR 401K

We have begun the process of merging our 401k Plans together effective **January 1, 2024**



**ONSITE INFORMATION MEETINGS WILL BE SCHEDULED SOON.
PLEASE STAY TUNED FOR THESE DATES**

Important Information for you to be aware of:

1. New 401k Plan Provider 01/01/2024 - ADP 401k 1-800-695-7526 www.mykplan.com
2. There will be a blackout period January 15, 2024 (4pm ET) – February 22, 2024, where no changes can be made on to your existing 401k as we combine assets.
3. **EXISTING 401k PARTICIPANTS:** You will NOT need to re-enroll if you are already participating in 401k. Your funds will be mapped from the Amherst Label's 401k Plan to the Inovar Packaging Group 401k Plan per the provided mapping schedule. Your regular 401k deductions will remain as they are today, you do not need to make any changes. **AFTER** the blackout period ends **February 22, 2024**, you will then need to register at www.mykplan.com.
4. **NEW PARTICIPANTS ONLY:** If you are a new hire and/or eligible (60 days after hire date), but NOT enrolled in the Amherst Label's 401k plan today, during December 2023 you may enroll with the information below to start your 401k deductions 1/1/2024. www.mykplan.com/enroll
 - a. Plan #: 422210; Passcode: **V23I8T** Valid 12/1-12/31/23



5. **Auto-Enrollment:** If you are eligible (60 days of employment) and NOT enrolled in Amherst's 401k Plan today you will be auto-enrolled to at a 3% 401k contribution rate to a target date fund after the blackout period ends (February 22, 2024), unless you opt out. If you do not wish to be auto enrolled, you will need to opt out either by going to www.mykplan.com or calling ADP 401k Directly 1-800-695-7526.
6. **Overview/ Inovar Packaging Group, LLC 401k Plan Highlights:**
- a. Eligible on 60th day of employment for new hires.
 - b. Company Match: 100% match up to 4% (guaranteed matched every pay period to your 401k account).
 - c. Online paperless access to your 401k information 24/7. You are 100% in control of your contribution elections, funds, etc.
 - d. New Hire Automatic Enrollment to a 3% target date fund.

Questions? Please contact any of the following:

Inovar Financial Advisor Contact: Plan Administrator HR Contact:

Michael Vatter

Sr. Financial Consultant |
Retirement Plan Consultant
P: 214-890-4318
F: 214-890-4337
mvatter@comerica.com



Michelle Hawkins

Director of Human Resources
P: 817-635-6711
F: 817-459-2176
mhawkins@inovarpkg.com



PLAN NUMBER: 422210

Website: www.mykplan.com

P: 1-800-695-7526

Participant Forms to be processed and faxed to 973-712-7489 or emailed to adprs.eforms@adp.com



401 (k) Plan Transfer Guide

Dear Valued Client:

Regretfully, it has come to our attention that your company may discontinue 401(k) plan recordkeeping through Paychex Retirement Services. As you weigh the criteria for a 401(k) plan recordkeeper, please remember that Paychex includes all items listed below in our recordkeeping service, while many of our competitors may charge a fee for these documents and services:

Enrollment kits	Form 945 Processing
Prospectuses	Form 1099-R Processing
Employer and Participant Statements	Payroll Integration
Form 5500 Preparation	Enrollment Meetings via Webex® or Teleconference
Per-pay period investing	24/7 voice response telephone service
ADP/ACP Testing	Live toll-free telephone support
Top Heavy Testing	Online Account Access
Investment Provider Changes	Pro-rata and Social Security-integrated Profit Sharing Allocations
Plan Election Modifications	Client and Participant Fee Disclosure Statements

In addition to the items included in your monthly administrative fee, Paychex Retirement Services offers a suite of options to tailor your 401(k) plan to your company's needs; including New Comparability and Age Weighted Profit Sharing Plans, Self-Directed Brokerage Accounts, and access to Directed Trustee and Custodial Services.

Please be aware that if your company is leaving Paychex Payroll Services, you may continue your 401(k) recordkeeping services through our non-payroll integrated service option, True Choice. For more information about maintaining your 401(k) Plan with Paychex, please contact us.

Paychex will continue to charge you a monthly administrative fee until all plan assets have been transferred to your new recordkeeper. If you are currently using an investment lineup where concessions are returned to your plan, they will continue to be returned to your plan until there are no longer any concessions to be returned. In addition, a Retirement Services Plan Transfer Fee of \$1,500 will be applied to any client who is not currently, or does not continue, to process payroll with Paychex. You will receive a final paper copy of your quarterly package as well.

Should you proceed with the process to transfer your 401(k) Plan, please review and complete the enclosed documents to ensure an efficient transfer of assets to your new recordkeeper.

We have appreciated the opportunity to service your Retirement Service needs.

Sincerely,

Paychex Retirement Services



401(k) Plan Transfer Acknowledgement

Section 1 - Company Information

Company Name AMHERST LABEL INC

**Paychex Client ID
or Federal ID** 940-Y4110872

Paychex Acknowledgements

1. Paychex will continue to provide recordkeeping services pending transfer to the new recordkeeper and will continue billing monthly administrative fees until all plan assets have transferred to the new recordkeeper.
2. Paychex will use reasonable efforts to facilitate the liquidation of assets and transfer of all relevant plan information to the new recordkeeper of the 401(k) plan. Generally, the transfer will occur 45 business days, or after the last retirement payroll deduction is processed by Paychex, whichever is greater, after all necessary paperwork is properly authorized and submitted.
3. Paychex will notify me of the blackout notice requirements as required by the Sarbanes-Oxley Act of 2002 once in receipt of all signed and completed paperwork
4. Paychex assumes no responsibility for the Plan's compliance with the blackout notice requirements.
5. In-kind transfers cannot be accommodated by Paychex.
6. Paychex will process the paperwork and provide a timeline for transfer upon complete and accurate receipt of the 401(k) Plan Conversion Paperwork from an Authorized Plan Contact.

Plan Administrator Acknowledgements

Before signing the Paychex 401(k) Plan Conversion Paperwork, please review all acknowledgements outlined below. As the Plan Administrator, it is your responsibility to properly execute the conversion process. By signing off on this form, you acknowledge the following:

1. It is the Plan Administrator's responsibility to notify participants at least 30, but no more than 60 days prior to the blackout period beginning.
2. After the Plan asset transfer has been completed, reports will be sent via email to the Plan Administrator and the authorized new recordkeeper contacts provided to Paychex. As the Plan Administrator, it is your responsibility to provide these reports to your new recordkeeper, should their contact information not be provided to Paychex. No information will be provided by Paychex to the new recordkeeper or to any other advisors associated with this plan without written consent by the Plan Administrator. If the Plan Administrator wishes to include additional authorized contacts, a signed letter of direction will be required.
3. Additional paperwork may be required to terminate the 401(k) recordkeeping services based on the current investment lineup. If required, Paychex will provide the necessary paperwork via email to the authorized contacts. The additional paperwork must be completed and returned to Paychex in order for the Plan Transfer to be completed. Failure to return the paperwork required may delay the Plan Transfer process.
4. Any residual assets after the initial plan asset transfer will be mailed directly to the 401(k)-adopting employer or new recordkeeper provided; and it is my responsibility as the Plan Administrator to provide this information to our new recordkeeper. I agree that Paychex may charge a Residual Plan Activity Fee for residual Plan activity following the liquidation of Plan assets. The Residual Plan Activity Fee is set forth in our Client Fee Disclosure and shall be charged prior to each transfer of residual assets. If Plan assets following liquidation do not exceed the Residual Plan Activity fee, the Residual Plan Activity Fee shall be equal to the remaining Plan assets.
5. It is the Plan Administrator's responsibility to ensure compliance testing is obtained from the employer website, www.paychex.com/login and provided to the new provider so that accurate testing may be performed for the plan year of transfer.



401(k) Plan Transfer Request

 **Please Note:** All fields in each section below are required on this page. Any incomplete/incorrect entries will be returned to the submitter for corrective action before processing. All open transfer requests with incomplete/incorrect entries will be closed after 60 days and will need to be reinitiated by the Plan Administrator.

Section 1 - Company Information

Company Name	AMHERST LABEL INC	Paychex Client ID or Federal ID	940-Y4110872
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Section 2 - Plan Information

Last Contribution Date: (All contributions with Paychex will cease after date provided)	12/22/2023
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Will you continue to use Paychex Payroll Services? ☐ Yes ☒ No - See Question 2.

Would you like to remain on Paychex 401(k) Services as a Non-Payroll client?

(If yes, please check yes and return the paperwork without completing any additional information. Paychex can continue your recordkeeping services even if you have cancelled your Paychex Payroll Service).

☐ Yes ☒ No

Section 3 - New Recordkeeper Contact Information

New Recordkeeper Company	ADP Retirement Services
New Recordkeeper Authorized Contact(s)	Christine Torsiello
New Recordkeeper Email Address (only one) <small>*Group emails will not be accepted.</small>	christine.torsiello@adp.com
Financial Advisor Name/Brokerage Firm	n/a

Section 4 - Authorization from Plan Administrator

As the Plan Administrator, I hereby notify Paychex, Inc., of our intention to transfer the retirement plan for which Paychex has been providing recordkeeping services to another provider. To begin the transfer process, I have completed the 401(k) Transfer package. I acknowledge that only complete and accurate submissions will be processed.

Plan Administrator Email Address (only one)	nye@amherstlabel.com
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Plan Administrator Name (Print)		Date	
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Plan Administrator Signature



401(k) Plan Transfer Fee

Section 1 - Company Information

Company Name AMHERST LABEL INC

Paychex Client ID or Federal ID 940-Y4110872

Section 2 - Transfer Fee Disclosure

Pursuant to the most recent Client Fee Disclosure, a Plan Transfer Fee of \$1,500 applies to any client who transfers its Plan recordkeeping to a new provider and is not currently/does not continue to process payroll with Paychex. The Plan Transfer Fee must be paid prior to the transfer of assets to a new provider. A description of the three available options to pay the Plan Transfer Fee are explained below.

1. Remaining with Paychex Payroll. Any clients remaining with Paychex Payroll Services will not be charged the Plan Transfer Fee. In the event Paychex Payroll is cancelled prior to the Plan's liquidation date, the client authorizes and directs Paychex to collect the Plan Transfer Fee from the Plan's assets on the Plan's liquidation date. The fee will be debited first from the Plan's current year forfeiture account. If there are insufficient forfeitures to cover the fee, the remainder of the fee will be shared by all Participants on a pro-rata basis based on account balances of the Plan's liquidation date.

2. Bank Account (Electronic Funds Transfer). Any clients electing this payment method authorize and direct Paychex to collect the Plan Transfer Fee via an electronic funds transfer (EFT) from the account on file, pursuant to the Paychex Retirement Services Agreement. In the event the account on file is invalid, the client will be notified to provide an alternative bank account prior to defaulting the Plan Transfer Fee to Participant's Assets. In the event funds sufficient to pay the Plan Transfer Fee are not available on the Funding Deadline, the Client authorizes and directs Paychex to collect any uncollected Plan Transfer Fees from the Plan Assets on or before the Plan's liquidation date. The Funding Deadline is the Amounts Due which shall be on deposit in Client's bank account in collectible form and in sufficient amount on the day Paychex's EFT is to be presented. The EFT will typically occur on the billing cycle following receipt of the completed paperwork. If the funds are not available via EFT after two attempts, Paychex will collect the Plan Transfer Fee from the Plan assets.

3. Plan Assets. Any clients electing this payment method authorize and direct Paychex to collect the Plan Transfer Fee from the Plan's assets on or before the Plan's liquidation date. The fee will be debited first from the Plan's current year forfeiture account. If there are insufficient forfeitures to cover the fee, the remainder of the fee will be shared by all Participants on a pro-rata basis based on account balances as of the Plan's liquidation date.

Section 3- Plan Asset Transfer Fee Payment Options

Review the applicable options to pay the \$1,500 plan transfer fee and select one option below. If no option is selected, the transfer fee will default to the Plan's Assets (Option 3).

- Option 1** ☐ The Plan is remaining on Paychex Payroll Services.
- Option 2** ☐ Pay using the Company Bank Account on File.
- Option 3** ☒ Use the Plan's Assets to Pay the Transfer Fee.



401(k) Plan Transfer Instructions

Section 1 - Company Information

Company Name AMHERST LABEL INC

Paychex Client ID 940-Y4110872
or Federal ID

Section 2 - New Recordkeeper Wire Instructions

Bank Name State Street Bank & Trust Company

Bank Account Name ADP Inc

Bank Routing/ABA Number 011000028

Bank Account Number 02680825

Further Credit Listing
(Plan number set up with new recordkeeper) 422210/Inovar Packaging Group, LLC 401k Plan – Amherst Label Merger

Section 3 - New Recordkeeper Contact Information

Company Name of New Recordkeeper ADP Retirement Services

New Recordkeeper Contact Name Christine Torsiello

Phone Number 973-712-2398

Address 71 Hanover Road, Mailstop 580, Florham Park, NJ 07932

Name and Address of Third-Party
Administrator
(if applicable) N/AName of Broker/Financial Advisor and
Brokerage Firm N/A

Section 4 - Authorization from Trustee

By signing off on this document, I have reviewed all information provided to me prior to signing and I consent to all information provided to Paychex on all pages of this package.

Note: If you are using an Institutional Trustee, this is to be signed by the Plan Administrator.

Trustee Name

Date

Trustee Signature



401(k) Plan Transfer Feedback

Plan Feedback

Please check one of the boxes below to indicate your reason for transferring your 401(k) Plan to a new provider.

- | | |
|---|--|
| ☐ Business is closing | ☐ Monthly administration fees are too high |
| ☒ Company buyout | ☐ Competitor offered a better price |
| ☐ Merging with a company that has an established 401(k) Plan | ☐ Business downsizing/experiencing financial difficulties |
| ☐ Setup/conversion experience | ☐ Desired plan options not available |
| ☐ Billing errors | ☐ Information/Reports are inadequate |
| ☐ Issues with plan compliance | ☐ Website is unsatisfactory |
| ☐ Lack of investment advice | ☐ Narrow investment selection |
| ☐ Need more assistance with plan administration | ☐ Dissatisfaction with non-payroll product |
| ☐ Unhappy with service interaction(s) | ☐ Employees are not interested/not participating |
| ☐ Plan that was sold is not needed/expected | ☐ Company no longer has employees |
| ☐ Misrepresentation of product/service by sales rep | ☐ Owner is unable to contribute |
| ☐ Leaving/Left Payroll Services | |

Additional Comments:

Certificate Of Completion

Envelope Id: F025D9BFC6294A07BBEC39BB96ADBADD

Status: Sent

Subject: Paychex Retirement Services - 401(k) Plan Transfer Request

Source Envelope:

Document Pages: 6

Signatures: 0

Envelope Originator:

Certificate Pages: 4

Initials: 0

Paychex 401k Paperwork

AutoNav: Enabled

911 Panorama Trail

Enveloped Stamping: Enabled

Rochester, NY 14625

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paychex_401k_paperwork@paychex.com

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10/25/2023 11:21:08 AM

paychex_401k_paperwork@paychex.com

Signer Events**Signature****Timestamp**

Kenneth Nye Hornor

Sent: 10/25/2023 11:21:08 AM

nye@amherstlabel.com

Viewed: 10/31/2023 1:56:33 PM

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 10/31/2023 1:56:33 PM

ID: 234672c6-bc3f-44b8-8521-1a16f52f8296

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

Conversions Out

401k_transfer_ppwk@paychex.com

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Envelope Sent

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