

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 12/01/2024 and ending 11/30/2025	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ACCO BRANDS CORPORATION PENSION PLAN
1b	Three-digit plan number (PN) ▶ 010
1c	Effective date of plan 05/01/2012
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) ACCO BRANDS CORPORATION FOUR CORPORATE DRIVE LAKE ZURICH, IL 60047-2997
2b	Employer Identification Number (EIN) 36-2704017
2c	Plan Sponsor's telephone number 847-541-9500
2d	Business code (see instructions) 339900

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.	09/08/2026	MICHAEL STANKE
	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 3534																						
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.....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"></td><td style="width: 85%;"></td></tr><tr><td>6a(1)</td><td>289</td></tr><tr><td>6a(2)</td><td>243</td></tr><tr><td>6b</td><td>1958</td></tr><tr><td>6c</td><td>956</td></tr><tr><td>6d</td><td>3157</td></tr><tr><td>6e</td><td>231</td></tr><tr><td>6f</td><td>3388</td></tr><tr><td>6g(1)</td><td></td></tr><tr><td>6g(2)</td><td></td></tr><tr><td>6h</td><td>0</td></tr></table>			6a(1)	289	6a(2)	243	6b	1958	6c	956	6d	3157	6e	231	6f	3388	6g(1)		6g(2)		6h	0
6a(1)	289																						
6a(2)	243																						
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6c	956																						
6d	3157																						
6e	231																						
6f	3388																						
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 1I 3F 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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) 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 12/01/2024 and ending 11/30/2025	
▶ 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 ACCO BRANDS CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ACCO BRANDS CORPORATION	D Employer Identification Number (EIN) 36-2704017
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 12 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	151265424	
b	Actuarial value	2b	143221564	
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	2052	102254619	102254619
b	For terminated vested participants	1193	46229445	46229445
c	For active participants	289	5703899	5896732
d	Total	3534	154187963	154380796
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	5.34 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1330000	
c	Target normal cost	6c	1330000	

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 SANNIDH AMBERKAR Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17755 P.O. BOX 551343 ATLANTA, GA 30355 Address of the firm	09/02/2026 Date 26-07276 Most recent enrollment number 847-295-5000 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	2908025
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2371629
9 Amount remaining (line 7 minus line 8)	0	536396
10 Interest on line 9 using prior year's actual return of <u>16.15</u> %	0	86628
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	623024

Part III Funding Percentages

14 Funding target attainment percentage	14	92.36 %
15 Adjusted funding target attainment percentage	15	92.36 %
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	94.96 %
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
03/14/2025	592908	0			
06/13/2025	592908	0			
09/15/2025	353901	0			
12/15/2025	353901	0			
Totals ►			18(b)	1893618	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	1835964

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: 5.01 %	2nd segment: 5.26 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
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	1330000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	11782256	1128988	
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	2458988	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	623024	623024
36 Additional cash requirement (line 34 minus line 35)	36	1835964	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1835964	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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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 12/01/2024 and ending 11/30/2025		
A Name of plan ACCO BRANDS CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 ACCO BRANDS CORPORATION	D Employer Identification Number (EIN) 36-2704017	

Part I	Service Provider Information (see instructions)
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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	
CREDIT SUISSE	ELEVEN MADISON AVENUE LEVEL 1B NEW YORK, NY 10010

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DIMENSIONAL FUND ADVISORS	
30-0447847	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	245 SUMMER STREET BOSTON, MA 02210

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
STATE STREET GLOBAL ADVISORS FUND	ONE CONGRESS STREET BOSTON, MA 02114

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

ISHARES

400 HOWARD ST
SAN FRANCISCO, CA 94105

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

PIMCO

33-0629048

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

TCW INVESTMENT MANAGEMENT COMPANY

93-3703295

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	631290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 59	NONE	128073	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL STRATEGIES INVESTMENT GROUP

26-4789150

(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?
16 50	NONE	99643	Yes ☐ No ☒	Yes ☐ No ☐		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)

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	36908	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGEVIEW ADVISORY GROUP, LLC

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	33723	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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.
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For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025		
A Name of plan ACCO BRANDS CORPORATION PENSION PLAN		B Three-digit plan number (PN) ▶ 010
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ACCO BRANDS CORPORATION		D Employer Identification Number (EIN) 36-2704017

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: COLTV SHORT TERM INVT FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC.		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1106167
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FD - NL		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17469709
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)

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 12/01/2024 and ending 11/30/2025

A Name of plan ACCO BRANDS CORPORATION PENSION PLAN	B Three-digit plan number (PN) 010
C Plan sponsor's name as shown on line 2a of Form 5500 ACCO BRANDS CORPORATION	D Employer Identification Number (EIN) 36-2704017

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)	0	353901
(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)	1025706	18575876
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	150239718	134062912
(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	151265424	152992689
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	151265424	152992689

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)	1893618	
(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)		1893618
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5733654	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		5733654
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	27	
(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)		3654019
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3886559
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15167877

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11970744	
(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)		11970744
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)	99643	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	36908	
(5) Investment advisory and investment management fees	2i(5)	34395	
(6) Bank or trust company trustee/custodial fees	2i(6)	128073	
(7) Actuarial fees	2i(7)	631290	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	539559	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1469868
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13440612

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1727265
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: **CROWE LLP**

(2) EIN: **35-0921680**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 585901.

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 12/01/2024 and ending 11/30/2025		
A Name of plan ACCO BRANDS CORPORATION PENSION PLAN		B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 ACCO BRANDS CORPORATION		D Employer Identification Number (EIN) 36-2704017
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): 36-3046063		
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 69
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: 33.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 50.0 %

High-Yield Debt: 10.4 % Real Assets: 5.3 % Cash or Cash Equivalents: 0.6 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**ACCO BRANDS CORPORATION
PENSION PLAN**

FINANCIAL STATEMENTS
November 30, 2025 and 2024

ACCO BRANDS CORPORATION
PENSION PLAN

FINANCIAL STATEMENTS
November 30, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

The Administrative Committee and Plan Participants of the
ACCO Brands Corporation Pension Plan
Lake Zurich, Illinois

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 November 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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).

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 from the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of November 30, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended November 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Crowe LLP

Crowe LLP

Chicago, Illinois
September 15, 2026

ACCO BRANDS CORPORATION PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value		
Investments at fair value	\$ 152,638,788	\$ 151,265,424
Receivables		
Sponsor contribution	<u>353,901</u>	<u>-</u>
Total assets	<u>152,992,689</u>	<u>151,265,424</u>
NET ASSETS	<u>\$ 152,992,689</u>	<u>\$ 151,265,424</u>

See accompanying notes to financial statements.

ACCO BRANDS CORPORATION PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended November 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions to net assets attributed to:		
Net appreciation in fair value of investments	\$ 7,463,148	\$ 15,872,139
Sponsor contribution	1,893,618	-
Interest and dividend income	<u>5,811,111</u>	<u>5,772,675</u>
Total additions	15,167,877	21,644,814
Deductions from net assets attributed to:		
Benefits paid to participants	11,970,744	10,727,324
Administrative expenses and other	<u>1,469,868</u>	<u>1,690,624</u>
Total deductions	<u>13,440,612</u>	<u>12,417,948</u>
Net increase	1,727,265	9,226,866
Net assets available for benefits		
Beginning of year	<u>151,265,424</u>	<u>142,038,558</u>
End of year	<u>\$ 152,992,689</u>	<u>\$ 151,265,424</u>

See accompanying notes to financial statements.

ACCO BRANDS CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years ended November 30, 2025 and 2024

NOTE 1 – DESCRIPTION OF THE PLAN

The following is a brief description of the ACCO Brands Corporation (the "Company") Pension Plan (the "Plan"). Plan participants should refer to the plan document or the summary plan description for a more complete description of the Plan.

General: The Plan, established effective as of May 1, 2012, is a non-contributory defined benefit pension plan covering substantially all salaried and certain hourly paid employees of the Company and all bargained employees who work at either the Sidney, New York or Blair, Pennsylvania locations, as defined in the Plan document. Generally, employees became participants in the Plan upon completion of one year's continuous service with 1,000 or more hours of service. Effective April 30, 2021, the Plan was frozen to all future benefit accruals and enrollments of participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: The Company contributes such amounts as necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to plan participants.

Pension Benefits: The Plan provides varying types of benefits under multiple benefit structures as defined in the Plan Documents.

The Plan permits early retirement with reduced benefits between ages 55 and 64 after the completion of five years of vesting service, as defined in the Plan document. Unmarried employees normally receive their pension benefit in the form of a life annuity. Married employees normally receive their pension benefits in the form of a 50% joint and survivor annuity. Other payment options are also available.

Vesting: Participants become fully vested after five years of vesting service.

Death and Disability Benefits: If a married active participant dies after completing five years of credited service, a death benefit based on the 50% joint and survivor annuity is paid to the employee's surviving spouse as early as the date the participant would have become eligible for the benefit commencement.

Disability benefits are provided in an amount equal to a normal retirement benefit based on multiple benefit structures as defined in the Plan Documents.

Plan Termination Priorities: Although it has not expressed any intent to do so, the Company has the right under the Plan's provisions to discontinue its contributions at any time and the Board of Directors of the Company may terminate the Plan at any time subject to the provisions set forth in ERISA and its related regulations.

(Continued)

ACCO BRANDS CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years ended November 30, 2025 and 2024

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

In the event the Plan terminates, participants will become fully vested in their accrued benefits, and the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits of former employees or their beneficiaries that have been receiving benefit payments for at least three years or employees who were eligible to retire for that three-year period and would have been receiving benefits if they had retired with the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC"), a U.S. governmental agency, up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the amount of pension protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level that would be in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

The ceiling, which is adjusted periodically, was \$7,432 and \$7,108 per month for plan terminations occurring in calendar years 2025 and 2024, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and who are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger pensioners or those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Benefit increases attributable to the Plan's amendments, which have been in effect for fewer than five years at the date of termination, are not fully guaranteed by the PBGC even though total benefit entitlements fall below the aforementioned ceilings. The amount of benefit increase guaranteed by the PBGC is determined by multiplying the number of years the increase has been in effect, not to exceed five years, by the greater of (1) 20% of the increase or (2) \$20 per month.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the termination date to provide these benefits and may also depend on the level of benefits guaranteed by the PBGC.

Administrative and Investment Management Expenses: Trustee fees and expenses, audit fees, actuarial and pension administration fees, investment management and consulting fees may be paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. The PBGC premiums are also paid by the Plan.

(Continued)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the U.S. requires management to make estimates and assumptions that affect certain reported amounts and disclosures and actual results could differ from those estimates. It is reasonably possible that a significant change may occur in the near term for estimates of actuarial present value of accumulated plan benefits.

Investment Valuation and Income Recognition: Investments are stated at fair value (see Note 3 - Fair Value Measurements). Purchases and sales of securities are reflected on a trade date basis. Dividend income is recorded on the ex-dividend date. Interest is recorded as earned on an accrual basis. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

Benefits: Benefit payments to participants are recorded upon distribution.

NOTE 3 – FAIR VALUE MEASUREMENTS

The authoritative guidance for fair value measurements defines fair value as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. The guidance establishes a fair value hierarchy, which requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) of identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan. There have been no changes in the methodologies used at November 30, 2025 and 2024.

Mutual Funds and Exchange Traded Fund: The fair values of mutual and exchange traded fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

(Continued)

ACCO BRANDS CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years ended November 30, 2025 and 2024

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Collective Trust Funds: The Plan's collective trust fund investments include the Collective Short Term Investment Fund and Collective S&P 500 Index Fund. The fair value of the Collective Short Term Investment Fund participation units held in collective trust are based on their net asset values, as reported by the managers of the collective trust and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date (Level 2 inputs). The fair value of the Collective S&P 500 Index Fund participation units held in the collective trusts are based on their net asset value using the practical expedient. Investments in the collective trust funds can be redeemed immediately at the net asset value per share.

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

Plan investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at November 30, 2025 Using			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds	\$ 116,211,943	\$ -	\$ -	\$ 116,211,943
Exchange traded funds	17,850,969	-	-	17,850,969
Collective trust fund	-	1,106,167	-	1,106,167
*Collective trust fund	-	-	-	17,469,709
Total investments at fair value	<u>\$ 134,062,912</u>	<u>\$ 1,106,167</u>	<u>\$ -</u>	<u>\$ 152,638,788</u>

*Investments measured at fair value using 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 the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

	Fair Value Measurements at November 30, 2024 Using			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds	\$ 114,943,249	\$ -	\$ -	\$ 114,943,249
Exchange traded funds	35,296,469	-	-	35,296,469
Collective trust fund	-	1,025,706	-	1,025,706
Total investments at fair value	<u>\$ 150,239,718</u>	<u>\$ 1,025,706</u>	<u>\$ -</u>	<u>\$ 151,265,424</u>

NOTE 4 – TAX STATUS

The Internal Revenue Service (the "IRS") has determined and informed the Company by letter dated September 26, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

(Continued)

ACCO BRANDS CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years ended November 30, 2025 and 2024

NOTE 4 – TAX STATUS (Continued)

Accounting principles generally accepted in the U.S. require plan management to evaluate tax positions taken by the Plan. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 5 – CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at November 30, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years ended November 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company (the Trustee of the Plan).

NOTE 6 – ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions for services rendered as of a specific date. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Accumulated plan benefits are as follows:

	Plan as of <u>November 30, 2024</u>
Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving payments	\$ 85,321,638
Other participants	<u>38,301,292</u>
	123,622,930
Non-vested benefits	<u>123,320</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 123,746,250</u>

(Continued)

ACCO BRANDS CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
Years ended November 30, 2025 and 2024

NOTE 6 – ACCUMULATED PLAN BENEFITS (Continued)

Changes in the present value of accumulated plan benefits are as follows:

	Year ended <u>November 30, 2024</u>
Present value of accumulated plan benefits at beginning of year	\$ 124,733,872
Changes during the year attributable to	
Interest accumulation	9,558,241
Benefits paid	(10,727,324)
Assumption changes ⁽¹⁾	(13,786)
Other changes ⁽²⁾	<u>195,247</u>
	<u>(987,622)</u>
Present value of accumulated plan benefits as of end of year	<u>\$ 123,746,250</u>

⁽¹⁾ Assumption changes is the change in mortality assumption for lump sum payments.

⁽²⁾ The above “Other changes” component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals and those items of plan experience that are not associated with plan asset performance.

The significant actuarial assumptions used in the valuation as of November 30, 2024, were as follows:

- a. Mortality & Disability rates: Pri-2012 Mortality Table with projection Scale MP-2021
- b. Assumed rate of return: 8.00%
- c. Average assumed, retirement age: Incremental rates from age 55 through 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuarial valuation as of November 30, 2025, has not yet been completed.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks, such as interest rate, liquidity, market, credit risks, and risks related to global events. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions to the Plan 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 compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

(Continued)

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others.

The Plan's assets include investments in funds managed by the Trustee of the Plan. Transactions with the Trustee of the Plan qualify as party-in-interest transactions. Administrative expenses paid by the Plan to service providers qualify as party-in-interest transactions.

NOTE 9 – FUNDING POLICY

Contributions to the Plan are paid by the Company. Such contribution amounts must adhere to or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. The Company's contributions to the Plan for the years ended November 30, 2025 and 2024, satisfied the minimum funding requirements of ERISA. Participant contributions are not permitted under the Plan.

NOTE 10 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through September 15, 2026, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

ACCO BRANDS CORPORATION PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
November 30, 2025

Name of Plan Sponsor: ACCO Brands Corporation
Employer Identification Number: 36-2704017
Three-Digit Plan Number: 010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>Mutual Funds</u>		
	Dimensional Fund Advisors	International Value I	\$ 5,062,876	\$ 7,892,998
	Dimensional Fund Advisors	US Targeted Value I	3,052,986	3,809,103
	Dimensional Fund Advisors	Commodity Strategy Portfolio	5,342,789	5,352,179
	Fidelity	Emerging Markets Fund K	2,429,843	2,940,594
	Fidelity	Small Cap Growth	2,326,056	2,982,215
	TCW	Emerging Markets Income Fund	7,133,017	6,530,261
	Credit Suisse	Floating Rate High Income Fund	3,052,066	2,908,482
	Vanguard	Long-Term Investment-Grade Fund	51,387,046	46,630,633
	Vanguard	Intermediate-Term Investment-Grade Fund	29,274,733	29,850,008
	Vanguard	International Growth Fund Admiral Shares	6,775,394	7,315,470
		<u>Exchange Traded Funds</u>		
	iShares	Core S&P Mid-Cap ETF	2,482,841	4,406,236
	Vanguard	High Dividend Yield ETF	2,698,839	4,427,339
	Vanguard	Real Estate ETF	2,627,496	2,812,998
	State Street	SPDR Portfolio High Yield Bond ETF	6,141,883	6,204,396
		<u>Collective Investment Fund</u>		
*	The Northern Trust Company	Collective Short Term Investment Fund	1,106,167	1,106,167
*	The Northern Trust Company	Collective S&P 500 Index Fund	<u>14,517,271</u>	<u>17,469,709</u>
			<u>\$ 145,411,303</u>	<u>\$ 152,638,788</u>

* Denotes party-in-interest

See independent auditor's report.

ACCO BRANDS CORPORATION PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended November 30, 2025

Name of Plan Sponsor: ACCO Brands Corporation
Employer Identification Number: 36-2704017
Three-Digit Plan Number: 010

(a) Identity of Party Involved	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(e) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) Current Value of Asset on Transaction <u>Date</u>	(i) Net Gain or (Loss)
Category (i) – Single Transaction in Excess of 5% of Plan Assets						
*The Northern Trust Company	Collective S&P 500 Index Fund	\$ 13,875,000	\$ -	\$ 13,875,000	\$ 13,875,000	\$ -
Vanguard	Index Fund S&P 500 ETF	-	14,152,191	9,774,991	14,152,191	4,377,200
Category (iii) – Series of Transactions in Excess of 5% of Plan Assets						
*The Northern Trust Company	Collective S&P 500 Index Fund	\$ 18,605,000	\$ -	\$ 18,605,000	\$ 18,605,000	\$ -
*The Northern Trust Company	Collective S&P 500 Index Fund	-	4,766,672	4,087,729	4,766,672	678,943
Vanguard	Index Fund S&P 500 ETF	3,373,602	-	3,373,602	3,373,602	-
Vanguard	Index Fund S&P 500 ETF	-	14,487,823	9,962,289	14,487,823	4,525,534
Vanguard	Long-Term Investment-Grade Fund	12,615,235	-	12,615,235	12,615,235	-
Vanguard	Long-Term Investment-Grade Fund	-	2,743,000	3,189,184	2,743,000	(446,184)
PIMCO	Short Term Fund	80,943	-	80,943	80,943	-
PIMCO	Short Term Fund	-	9,650,782	9,540,445	9,650,782	110,337
*The Northern Trust Company	Collective Short Term Investment Fund	17,469,923	-	17,469,923	17,469,923	-
*The Northern Trust Company	Collective Short Term Investment Fund	-	17,389,462	17,389,462	17,389,462	-

* Denotes party-in-interest

See independent auditor's report.

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

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

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34	1									
35-39		1	4							
40-44		9	2	2						
45-49		21	7	5	1					
50-54		34	8	7	2	2	2			
55-59		45	11	14	4	3	4	2	2	
60-64		28	4	11	3	3	11	12	2	
65-69		12	1	3		2		1		1
70+		2								

N-289

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

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

Interest Rates for Minimum Funding Purposes

Based on segment rates with no lookback (as of December 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	5.01%
2nd Segment Rate	5.26%
3rd Segment Rate	5.59%

Interest Rates for Maximum Funding Purposes

Based on segment rates with no lookback (as of December 2024), without regard to interest rate stabilization

1st Segment Rate	5.01%
2nd Segment Rate	5.26%
3rd Segment Rate	5.36%

Optional Payment Form Election Percentage

Blair	90% Lump Sum 10% Joint and 100% survivor annuity
Sidney	60% Life Annuity 20% Joint and 50% survivor annuity 20% Joint and 100% survivor annuity
Non-Bargained	55% Life annuity 15% Joint and 50% survivor annuity 30% Joint and 100% survivor annuity

Optional Payment Form Conversion Interest Rate

Bargained	7.50%, except 4.50% for Blair lump sums
Non-Bargained	6.00%

Optional Payment Form Conversion Mortality

Bargained	RR 2001-62 unisex, except current 417(e) table for Blair lump sums
Non-Bargained	RP2000 combined healthy mortality table weighted 50% male and 50% female

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Retirement Age

Active Participants

Bargained See Table 1

Non-Bargained See Table 2

Terminated Vested Participants

Bargained Age 62

Non-Bargained Age 63 (Age 62 for Day Timers Participants)

Mortality Rates

Healthy and Disabled 2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)

Withdrawal Rates

Bargained See Table 3

Non-Bargained See Table 4

Disability Rates

Bargained See Table 5

Non-Bargained See Table 6

Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$280,000

Valuation of Plan Assets

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

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Expected Return on Assets

2022/2023 Plan Year	7.45%, limited to 5.92%
2023/2024 Plan Year	8.00%, limited to 5.74%
2024/2025 Plan Year	8.00%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust (without PBGC premiums), plus the expected PBGC premiums for the current year rounded to the nearest \$10,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

December 1, 2024

Plan Year

December 1, 2024 – November 30, 2025

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Actuarial Assumptions and Methods

Table 1

Retirement Rates — Blair

Age	2020	2021 – 2025	2026 – 2030	2031
55	2%	2%	2%	1%
56	2%	2%	2%	1%
57	2%	2%	2%	1%
58	2%	2%	2%	1%
59	2%	2%	2%	1%
60	4%	5%	4%	3%
61	4%	5%	4%	3%
62	25%	30%	30%	25%
63	15%	15%	15%	10%
64	20%	25%	25%	20%
65	45%	45%	45%	45%
66	15%	40%	40%	45%
67	45%	25%	25%	30%
68	20%	20%	20%	25%
69	20%	20%	20%	25%
70	100%	100%	100%	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Table 1 (continued)

Retirement Rates — Sidney

Age	2020	2021 – 2025	2026 – 2030	2031
55	2%	1%	1%	1%
56	2%	1%	1%	1%
57	2%	1%	1%	1%
58	2%	1%	1%	1%
59	2%	4%	4%	2%
60	2%	8%	8%	3%
61	2%	8%	8%	3%
62	20%	20%	20%	15%
63	20%	15%	15%	10%
64	20%	30%	30%	25%
65	45%	50%	50%	50%
66	15%	30%	30%	35%
67	45%	25%	25%	30%
68	20%	20%	20%	25%
69	20%	20%	20%	25%
70	100%	100%	100%	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Table 2

Retirement Rates — Non-Bargained

Age	2020	2021 – 2025	2026 – 2030	2031
55	4%	3%	3%	2%
56	4%	3%	3%	2%
57	4%	3%	3%	2%
58	4%	3%	3%	2%
59	5%	4%	4%	3%
60	10%	5%	5%	5%
61	15%	10%	10%	10%
62	15%	10%	10%	10%
63	15%	15%	15%	10%
64	25%	20%	20%	15%
65	50%	35%	35%	35%
66	50%	35%	35%	40%
67	20%	25%	25%	30%
68	15%	25%	25%	30%
69	40%	40%	40%	45%
70+	100%	100%	100%	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Table 3

Withdrawal Rates — Bargained

Age	Years of Service					
	0	1	2	3	4	5+
18	25.00%	15.00%	13.00%	13.00%	13.00%	13.00%
19	25.00%	15.00%	13.00%	13.00%	13.00%	13.00%
20	25.00%	15.00%	13.00%	13.00%	13.00%	13.00%
21	25.00%	15.00%	13.00%	13.00%	13.00%	13.00%
22	25.00%	15.00%	13.00%	12.00%	12.00%	12.00%
23	25.00%	15.00%	13.00%	12.00%	12.00%	12.00%
24	25.00%	15.00%	13.00%	11.00%	11.00%	11.00%
25	25.00%	15.00%	13.00%	10.00%	10.00%	10.00%
26	25.00%	15.00%	13.00%	10.00%	10.00%	10.00%
27	25.00%	15.00%	13.00%	10.00%	9.00%	9.00%
28	25.00%	15.00%	13.00%	10.00%	9.00%	9.00%
29	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
30	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
31	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
32	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
33	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
34	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
35	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
36	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
37	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
38	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
39	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
40	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%
41	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%
42	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%
43	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%
44	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Table 3 (continued)

Withdrawal Rates — Bargained

Age	Years of Service					
	0	1	2	3	4	5+
45	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
46	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
47	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
48	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
49	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
50	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
51	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
52	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
53	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
54	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
55+	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Table 4

Withdrawal Rates — Non-Bargained

Age	Rate	Age	Rate
15	25.00%	35	11.00%
16	25.00%	36	11.00%
17	25.00%	37	11.00%
18	25.00%	38	11.00%
19	25.00%	39	11.00%
20	25.00%	40	8.00%
21	25.00%	41	8.00%
22	25.00%	42	8.00%
23	25.00%	43	8.00%
24	25.00%	44	8.00%
25	22.00%	45	8.00%
26	22.00%	46	8.00%
27	22.00%	47	8.00%
28	22.00%	48	8.00%
29	22.00%	49	8.00%
30	16.00%	50	8.00%
31	16.00%	51	8.00%
32	16.00%	52	8.00%
33	16.00%	53	8.00%
34	16.00%	54	8.00%
		55+	0.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 ACCO Brands Corporation Pension Plan
 EIN: 36-2704017 PN: 010

Table 5

Disability Rates — Bargained

Age	Male	Female	Age	Male	Female
15	0.04%	0.04%	45	0.22%	0.34%
16	0.04%	0.04%	46	0.25%	0.37%
17	0.04%	0.04%	47	0.29%	0.41%
18	0.04%	0.04%	48	0.34%	0.46%
19	0.04%	0.04%	49	0.40%	0.51%
20	0.04%	0.04%	50	0.46%	0.56%
21	0.04%	0.04%	51	0.55%	0.62%
22	0.04%	0.04%	52	0.65%	0.68%
23	0.04%	0.04%	53	0.75%	0.75%
24	0.04%	0.04%	54	0.85%	0.82%
25	0.04%	0.05%	55	0.96%	0.89%
26	0.04%	0.05%	56	1.07%	0.96%
27	0.04%	0.05%	57	1.20%	1.04%
28	0.04%	0.05%	58	1.33%	1.12%
29	0.04%	0.05%	59	1.47%	1.19%
30	0.04%	0.06%	60	1.61%	1.27%
31	0.04%	0.06%	61	1.77%	1.34%
32	0.04%	0.07%	62	1.94%	1.41%
33	0.04%	0.08%	63	2.11%	1.47%
34	0.05%	0.09%	64	2.29%	1.52%
35	0.05%	0.10%	65+	0.00%	0.00%
36	0.06%	0.11%			
37	0.07%	0.13%			
38	0.08%	0.14%			
39	0.09%	0.16%			
40	0.11%	0.18%			
41	0.12%	0.21%			
42	0.14%	0.24%			
43	0.17%	0.27%			
44	0.19%	0.30%			

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Table 6

Disability Rates — Non-Bargained

Age	Rate	Age	Rate
15	0.030%	45	0.192%
16	0.030%	46	0.216%
17	0.030%	47	0.246%
18	0.030%	48	0.282%
19	0.030%	49	0.312%
20	0.030%	50	0.358%
21	0.030%	51	0.410%
22	0.030%	52	0.472%
23	0.030%	53	0.534%
24	0.030%	54	0.602%
25	0.030%	55	0.670%
26	0.030%	56	0.738%
27	0.030%	57	0.812%
28	0.034%	58	0.890%
29	0.034%	59	0.970%
30	0.034%	60	1.050%
31	0.038%	61	1.140%
32	0.038%	62	1.232%
33	0.042%	63	1.326%
34	0.042%	64	1.420%
35	0.052%	65+	0.000%
36	0.056%		
37	0.066%		
38	0.076%		
39	0.090%		
40	0.100%		
41	0.114%		
42	0.128%		
43	0.148%		
44	0.172%		

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 12/01/2024 and ending 11/30/2025	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ACCO BRANDS CORPORATION PENSION PLAN
1b	Three-digit plan number (PN) ▶ 010
1c	Effective date of plan 05/01/2012
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) ACCO BRANDS CORPORATION FOUR CORPORATE DRIVE LAKE ZURICH IL 60047-2997
2b	Employer Identification Number (EIN) 36-2704017
2c	Plan Sponsor's telephone number 847-541-9500
2d	Business code (see instructions) 339900

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	<i>Michael Stanke</i>	9/8/26	Michael Stanke
	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 3,534
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) 289 6a(2) 243 6b 1,958 6c 956 6d 3,157 6e 231 6f 3,388 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 1I 3F 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
---	---

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)
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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 _____

ACCO BRANDS CORPORATION PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended November 30, 2025

Name of Plan Sponsor: ACCO Brands Corporation
Employer Identification Number: 36-2704017
Three-Digit Plan Number: 010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(e) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) – Single Transaction in Excess of 5% of Plan Assets						
*The Northern Trust Company	Collective S&P 500 Index Fund	\$ 13,875,000	\$ -	\$ 13,875,000	\$ 13,875,000	\$ -
Vanguard	Index Fund S&P 500 ETF	-	14,152,191	9,774,991	14,152,191	4,377,200
Category (iii) – Series of Transactions in Excess of 5% of Plan Assets						
*The Northern Trust Company	Collective S&P 500 Index Fund	\$ 18,605,000	\$ -	\$ 18,605,000	\$ 18,605,000	\$ -
*The Northern Trust Company	Collective S&P 500 Index Fund	-	4,766,672	4,087,729	4,766,672	678,943
Vanguard	Index Fund S&P 500 ETF	3,373,602	-	3,373,602	3,373,602	-
Vanguard	Index Fund S&P 500 ETF	-	14,487,823	9,962,289	14,487,823	4,525,534
Vanguard	Long-Term Investment-Grade Fund	12,615,235	-	12,615,235	12,615,235	-
Vanguard	Long-Term Investment-Grade Fund	-	2,743,000	3,189,184	2,743,000	(446,184)
PIMCO	Short Term Fund	80,943	-	80,943	80,943	-
PIMCO	Short Term Fund	-	9,650,782	9,540,445	9,650,782	110,337
*The Northern Trust Company	Collective Short Term Investment Fund	17,469,923	-	17,469,923	17,469,923	-
*The Northern Trust Company	Collective Short Term Investment Fund	-	17,389,462	17,389,462	17,389,462	-

* Denotes party-in-interest

See independent auditor's report.

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 12/01/2024 and ending 11/30/2025

▶ **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 ACCO BRANDS CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ACCO BRANDS CORPORATION	D Employer Identification Number (EIN) 36-2704017
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 12 Day 01 Year 2024			
2 Assets:			
a Market value		2a	151,265,424
b Actuarial value		2b	143,221,564
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	2,052	102,254,619	102,254,619
b For terminated vested participants	1,193	46,229,445	46,229,445
c For active participants	289	5,703,899	5,896,732
d Total	3,534	154,187,963	154,380,796
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	5.34%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	1,330,000	
c Target normal cost	6c	1,330,000	

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	SANNIDH AMBERKAR Signature of actuary	09/02/2026 Date
	SANNIDH AMBERKAR Type or print name of actuary	2607276 Most recent enrollment number
	AON CONSULTING, INC. Firm name	847-295-5000 Telephone number (including area code)
MSC# 17755 P.O. BOX 551343 ATLANTA GA 30355 Address of the firm		

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

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

Schedule SB (Form 5500) 2024
v. 240311

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

21 Discount rate:				
a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
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	1,330,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	11,782,256	1,128,988	
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	2,458,988	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	623,024	623,024
36 Additional cash requirement (line 34 minus line 35).....	36	1,835,964	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,835,964	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 12/1/2024 at 5.34%	Interest Adjusted Contribution
March 14, 2025	\$ 592,908	103	\$ 584,267
June 13, 2025	592,908	194	576,738
September 15, 2025	353,901	288	339,668
December 15, 2025	353,901	379	335,291
Total Contribution	\$ 1,893,618		\$ 1,835,964

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

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

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

Sidney Rates

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	1.00%	1.0000	0.56
56.5	1.00%	0.9900	0.56
57.5	1.00%	0.9801	0.56
58.5	1.00%	0.9703	0.57
59.5	2.00%	0.9606	1.14
60.5	3.00%	0.9414	1.71
61.5	3.00%	0.9131	1.68
62.5	15.00%	0.8857	8.30
63.5	10.00%	0.7529	4.78
64.5	25.00%	0.6776	10.93
65.5	50.00%	0.5082	16.64
66.5	35.00%	0.2541	5.91
67.5	30.00%	0.1652	3.34
68.5	25.00%	0.1156	1.98
69.5	25.00%	0.0867	1.51
70	100.00%	0.0650	4.55
Weighted Average			64.72
Active Count			7

Blair Rates

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	1.00%	1.0000	0.56
56.5	1.00%	0.9900	0.56
57.5	1.00%	0.9801	0.56
58.5	1.00%	0.9703	0.57
59.5	1.00%	0.9606	0.57
60.5	3.00%	0.9510	1.73
61.5	3.00%	0.9225	1.70
62.5	25.00%	0.8948	13.98
63.5	10.00%	0.6711	4.26
64.5	20.00%	0.6040	7.79
65.5	45.00%	0.4832	14.24
66.5	45.00%	0.2658	7.95
67.5	30.00%	0.1462	2.96
68.5	25.00%	0.1023	1.75
69.5	25.00%	0.0767	1.33
70	100.00%	0.0576	4.03
Weighted Average			64.54
Active Count			104

Non-Bargained Rates

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	3.00%	0.9224	1.65
60.5	5.00%	0.8947	2.71
61.5	10.00%	0.8500	5.23
62.5	10.00%	0.7650	4.78
63.5	10.00%	0.6885	4.37
64.5	15.00%	0.6196	5.99
65.5	35.00%	0.5267	12.07
66.5	40.00%	0.3423	9.11
67.5	30.00%	0.2054	4.16
68.5	30.00%	0.1438	2.95
69.5	45.00%	0.1006	3.15
70	100.00%	0.0554	3.87
Weighted Average			64.46
Active Count			178

$$\text{Weighted Average} = (64.72 * 7 + 64.54 * 104 + 64.46 * 178) / 289 = 64.5$$

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

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

Interest Rates for Minimum Funding Purposes

Based on segment rates with no lookback (as of December 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	5.01%
2nd Segment Rate	5.26%
3rd Segment Rate	5.59%

Interest Rates for Maximum Funding Purposes

Based on segment rates with no lookback (as of December 2024), without regard to interest rate stabilization

1st Segment Rate	5.01%
2nd Segment Rate	5.26%
3rd Segment Rate	5.36%

Optional Payment Form Election Percentage

Blair	90% Lump Sum 10% Joint and 100% survivor annuity
Sidney	60% Life Annuity 20% Joint and 50% survivor annuity 20% Joint and 100% survivor annuity
Non-Bargained	55% Life annuity 15% Joint and 50% survivor annuity 30% Joint and 100% survivor annuity

Optional Payment Form Conversion Interest Rate

Bargained	7.50%, except 4.50% for Blair lump sums
Non-Bargained	6.00%

Optional Payment Form Conversion Mortality

Bargained	RR 2001-62 unisex, except current 417(e) table for Blair lump sums
Non-Bargained	RP2000 combined healthy mortality table weighted 50% male and 50% female

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Retirement Age

Active Participants

Bargained See Table 1

Non-Bargained See Table 2

Terminated Vested Participants

Bargained Age 62

Non-Bargained Age 63 (Age 62 for Day Timers Participants)

Mortality Rates

Healthy and Disabled 2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)

Withdrawal Rates

Bargained See Table 3

Non-Bargained See Table 4

Disability Rates

Bargained See Table 5

Non-Bargained See Table 6

Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$280,000

Valuation of Plan Assets

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

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
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Expected Return on Assets

2022/2023 Plan Year	7.45%, limited to 5.92%
2023/2024 Plan Year	8.00%, limited to 5.74%
2024/2025 Plan Year	8.00%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust (without PBGC premiums), plus the expected PBGC premiums for the current year rounded to the nearest \$10,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

December 1, 2024

Plan Year

December 1, 2024 – November 30, 2025

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Actuarial Assumptions and Methods

Table 1

Retirement Rates — Blair

Age	2020	2021 – 2025	2026 – 2030	2031
55	2%	2%	2%	1%
56	2%	2%	2%	1%
57	2%	2%	2%	1%
58	2%	2%	2%	1%
59	2%	2%	2%	1%
60	4%	5%	4%	3%
61	4%	5%	4%	3%
62	25%	30%	30%	25%
63	15%	15%	15%	10%
64	20%	25%	25%	20%
65	45%	45%	45%	45%
66	15%	40%	40%	45%
67	45%	25%	25%	30%
68	20%	20%	20%	25%
69	20%	20%	20%	25%
70	100%	100%	100%	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
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Table 1 (continued)

Retirement Rates — Sidney

Age	2020	2021 – 2025	2026 – 2030	2031
55	2%	1%	1%	1%
56	2%	1%	1%	1%
57	2%	1%	1%	1%
58	2%	1%	1%	1%
59	2%	4%	4%	2%
60	2%	8%	8%	3%
61	2%	8%	8%	3%
62	20%	20%	20%	15%
63	20%	15%	15%	10%
64	20%	30%	30%	25%
65	45%	50%	50%	50%
66	15%	30%	30%	35%
67	45%	25%	25%	30%
68	20%	20%	20%	25%
69	20%	20%	20%	25%
70	100%	100%	100%	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
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Table 2

Retirement Rates — Non-Bargained

Age	2020	2021 – 2025	2026 – 2030	2031
55	4%	3%	3%	2%
56	4%	3%	3%	2%
57	4%	3%	3%	2%
58	4%	3%	3%	2%
59	5%	4%	4%	3%
60	10%	5%	5%	5%
61	15%	10%	10%	10%
62	15%	10%	10%	10%
63	15%	15%	15%	10%
64	25%	20%	20%	15%
65	50%	35%	35%	35%
66	50%	35%	35%	40%
67	20%	25%	25%	30%
68	15%	25%	25%	30%
69	40%	40%	40%	45%
70+	100%	100%	100%	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
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Table 3

Withdrawal Rates — Bargained

Age	Years of Service					
	0	1	2	3	4	5+
18	25.00%	15.00%	13.00%	13.00%	13.00%	13.00%
19	25.00%	15.00%	13.00%	13.00%	13.00%	13.00%
20	25.00%	15.00%	13.00%	13.00%	13.00%	13.00%
21	25.00%	15.00%	13.00%	13.00%	13.00%	13.00%
22	25.00%	15.00%	13.00%	12.00%	12.00%	12.00%
23	25.00%	15.00%	13.00%	12.00%	12.00%	12.00%
24	25.00%	15.00%	13.00%	11.00%	11.00%	11.00%
25	25.00%	15.00%	13.00%	10.00%	10.00%	10.00%
26	25.00%	15.00%	13.00%	10.00%	10.00%	10.00%
27	25.00%	15.00%	13.00%	10.00%	9.00%	9.00%
28	25.00%	15.00%	13.00%	10.00%	9.00%	9.00%
29	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
30	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
31	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
32	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
33	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
34	25.00%	15.00%	13.00%	10.00%	8.00%	8.00%
35	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
36	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
37	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
38	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
39	25.00%	15.00%	13.00%	10.00%	8.00%	7.00%
40	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%
41	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%
42	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%
43	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%
44	25.00%	15.00%	13.00%	10.00%	8.00%	4.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 ACCO Brands Corporation Pension Plan
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Table 3 (continued)

Withdrawal Rates — Bargained

Age	Years of Service					
	0	1	2	3	4	5+
45	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
46	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
47	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
48	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
49	25.00%	15.00%	13.00%	10.00%	8.00%	3.50%
50	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
51	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
52	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
53	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
54	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%
55+	25.00%	15.00%	13.00%	10.00%	8.00%	3.30%

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
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Table 4

Withdrawal Rates — Non-Bargained

Age	Rate	Age	Rate
15	25.00%	35	11.00%
16	25.00%	36	11.00%
17	25.00%	37	11.00%
18	25.00%	38	11.00%
19	25.00%	39	11.00%
20	25.00%	40	8.00%
21	25.00%	41	8.00%
22	25.00%	42	8.00%
23	25.00%	43	8.00%
24	25.00%	44	8.00%
25	22.00%	45	8.00%
26	22.00%	46	8.00%
27	22.00%	47	8.00%
28	22.00%	48	8.00%
29	22.00%	49	8.00%
30	16.00%	50	8.00%
31	16.00%	51	8.00%
32	16.00%	52	8.00%
33	16.00%	53	8.00%
34	16.00%	54	8.00%
		55+	0.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 ACCO Brands Corporation Pension Plan
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Table 5

Disability Rates — Bargained

Age	Male	Female	Age	Male	Female
15	0.04%	0.04%	45	0.22%	0.34%
16	0.04%	0.04%	46	0.25%	0.37%
17	0.04%	0.04%	47	0.29%	0.41%
18	0.04%	0.04%	48	0.34%	0.46%
19	0.04%	0.04%	49	0.40%	0.51%
20	0.04%	0.04%	50	0.46%	0.56%
21	0.04%	0.04%	51	0.55%	0.62%
22	0.04%	0.04%	52	0.65%	0.68%
23	0.04%	0.04%	53	0.75%	0.75%
24	0.04%	0.04%	54	0.85%	0.82%
25	0.04%	0.05%	55	0.96%	0.89%
26	0.04%	0.05%	56	1.07%	0.96%
27	0.04%	0.05%	57	1.20%	1.04%
28	0.04%	0.05%	58	1.33%	1.12%
29	0.04%	0.05%	59	1.47%	1.19%
30	0.04%	0.06%	60	1.61%	1.27%
31	0.04%	0.06%	61	1.77%	1.34%
32	0.04%	0.07%	62	1.94%	1.41%
33	0.04%	0.08%	63	2.11%	1.47%
34	0.05%	0.09%	64	2.29%	1.52%
35	0.05%	0.10%	65+	0.00%	0.00%
36	0.06%	0.11%			
37	0.07%	0.13%			
38	0.08%	0.14%			
39	0.09%	0.16%			
40	0.11%	0.18%			
41	0.12%	0.21%			
42	0.14%	0.24%			
43	0.17%	0.27%			
44	0.19%	0.30%			

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Table 6

Disability Rates — Non-Bargained

Age	Rate	Age	Rate
15	0.030%	45	0.192%
16	0.030%	46	0.216%
17	0.030%	47	0.246%
18	0.030%	48	0.282%
19	0.030%	49	0.312%
20	0.030%	50	0.358%
21	0.030%	51	0.410%
22	0.030%	52	0.472%
23	0.030%	53	0.534%
24	0.030%	54	0.602%
25	0.030%	55	0.670%
26	0.030%	56	0.738%
27	0.030%	57	0.812%
28	0.034%	58	0.890%
29	0.034%	59	0.970%
30	0.034%	60	1.050%
31	0.038%	61	1.140%
32	0.038%	62	1.232%
33	0.042%	63	1.326%
34	0.042%	64	1.420%
35	0.052%	65+	0.000%
36	0.056%		
37	0.066%		
38	0.076%		
39	0.090%		
40	0.100%		
41	0.114%		
42	0.128%		
43	0.148%		
44	0.172%		

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Schedule SB, Part V — Summary of Plan Provisions

Legacy ACCO Brands Corporation Pension Plan for Certain Bargained Hourly Employees (“Bargained” Plan)

Effective Date

The effective date of the plan is May 1, 2012.

Blair**Participation Requirements****Eligibility**

Full-time employees are eligible to participate on the date of hire. All other employees are eligible to participate upon completion of at least 1,000 or more hours of service in a 12 month period. No one hired after December 31, 2014 is eligible to participate in the plan.

Normal Retirement**Eligibility**

A participant is eligible to receive pension benefits upon retirement on or after the attainment of age 65.

Benefit

The monthly amount payable to participants who retire on or after their normal retirement date is equal to:

- (1) The annual credit factor multiplied by the number of years of benefit service at retirement;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Benefits are frozen as of December 31, 2014. No benefits will be accrued after this date.

Annual Credit Factor

The annual credit factor applicable to each location is as follows:

Location	Effective Date	Annual Credit Factor
Blair	May 1, 2012	\$ 31.00
	January 1, 2013	\$ 32.00
	January 1, 2014	\$ 33.00

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Unreduced Early Retirement

Eligibility

A participant is eligible to retire with an unreduced retirement benefit on or after the attainment of age 62 and the completion of 30 or more years of vesting service.

Benefit

The monthly amount payable to participants who retire on or after their early retirement date is equal to:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Reduced Early Retirement

Eligibility

A participant is eligible to retire with a reduced retirement benefit on or after the attainment of age 55 and the completion of five or more years of vesting service.

Benefit

The monthly amount payable to participants who retire on or after their early retirement date is equal to:

- (1) The normal retirement benefit reduced for each month by which commencement of payments precedes age 65;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Early Retirement Factors

3% per year between age 62 and 65

6% per year between 55 and 62

Disability Retirement

Eligibility

A participant is eligible to receive disability benefits upon retirement due to total and permanent disability on or after the completion of 10 or more years of benefit service.

Benefit

The monthly amount payable to participants immediately is equal to the following actuarially reduced to commencement age:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

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Termination

Eligibility

Five years of service.

Benefit

The monthly amount payable is equal to:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

However, payments may commence after age 55 for participants who have completed five or more years of vesting service. The monthly amount payable is equal to the reduced early retirement benefit.

Preretirement Death

Eligibility

Five years of service

Benefit

The amount payable to the surviving spouse is equal to 75% of the monthly benefit that would have been payable to the participant in the form of a 75% joint and survivor annuity payable immediately if the participant had attained age 55 at the time of his death.

Benefit

The amount payable to the surviving spouse is equal to 50% of the monthly benefit that would have been payable to the participant in the form of a 50% joint and survivor annuity payable when the participant would attained age 55.

Definitions

Normal Form of Payment

For unmarried participants, benefits are paid in the form of a monthly annuity for the participant's lifetime.

For married participants, benefits are reduced to an actuarially equivalent amount, which is payable monthly under the 50% joint and survivor form of annuity.

Optional Forms of Payment

The plan provides the following forms of retirement benefits:

- (1) Single life (for married participants)
- (2) Joint and survivor annuity of 25%, 50%, 66 $\frac{2}{3}$ %, 75% or 100%
- (3) Joint and survivor pop-up annuity of 25%, 50%, 66 $\frac{2}{3}$ %, 75% or 100%
- (4) Certain and life annuity of 5, 10, 15, and 20 years

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- (5) Annuity and cash balance option
- (6) Social Security level income option at age 62, 65, or Social Security normal retirement age
- (7) Increasing annuity option—3% every 13 months
- (8) Lump sum

Contributions

The company pays the entire cost of the plan.

Benefit Service

Generally, entire period of employment after becoming a participant at MeadWestVaco or ACCO Brands as applicable, adjusted for breaks in service. No additional service will be credited after December 31, 2014.

Vesting Service

Entire period of employment since hire at MeadWestvaco or ACCO Brands as applicable (or rehire if not vested at prior termination and had five consecutive years with no break in service).

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Sidney

Participation Requirements

Eligibility

Employees are eligible to participate upon completion of at least 1,000 or more hours of service in a 12 month period.

The plan was amended on April 26, 2021 such that effective April 30, 2021, no one hired after April 30, 2021 is eligible to participate in the plan.

Normal Retirement

Eligibility

A participant is eligible to receive pension benefits upon retirement on or after the attainment of age 65.

Benefit

The monthly amount payable to participants who retire on or after their normal retirement date is equal to:

- (1) The annual credit factor multiplied by the number of years of benefit service at retirement;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Benefits are frozen as of April 31, 2021. No benefits will be accrued after this date.

Annual Credit Factor

The annual credit factor applicable to each location is as follows:

Location	Effective Date	Annual Credit Factor
Sidney	May 1, 2012	\$ 32.00
	January 1, 2013	\$ 33.00
	January 1, 2014	\$ 34.00
	January 1, 2015	\$ 35.00
	January 1, 2016	\$ 36.00
	January 1, 2017	\$ 37.00
	January 1, 2018	\$ 38.00

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Reduced Early Retirement

Eligibility

A participant is eligible to retire with a reduced retirement benefit on or after the attainment of age 55 and the completion of five or more years of vesting service.

Benefit

The monthly amount payable to participants who retire on or after their early retirement date is equal to:

- (1) The normal retirement benefit reduced for each month by which commencement of payments precedes age 65;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Early Retirement Factors

5% per year

Disability Retirement

Eligibility

A participant is eligible to receive disability benefits upon retirement due to total and permanent disability on or after the completion of 10 or more years of benefit service.

Benefit

The monthly amount payable to participants immediately is equal to the following actuarially reduced to commencement age:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Termination

Eligibility

Five years of service

Benefit

The monthly amount payable is equal to:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

However, payments may commence after age 55 for participants who have completed five or more years of vesting service. The monthly amount payable is equal to the reduced 0.5% for each month preceding age 65.

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Preretirement Death

Eligibility	Five years of service and an active in the plan
Benefit	50% of the accrued benefit payable immediately
Eligibility	Five years of service and not active in the plan
Benefit	The amount payable to the surviving spouse is equal to 50% of the monthly benefit that would have been payable to the participant in the form of a 50% joint and survivor annuity payable when the participant would have attained age 55.

Definitions

Normal Form of Payment	For unmarried participants, benefits are paid in the form of a monthly annuity for the participant's lifetime. For married participants, benefits are reduced to an actuarially equivalent amount, which is payable monthly under the 50% joint and survivor form of annuity.
Optional Forms of Payment	The plan provides the following forms of retirement benefits: (1) Single life (for married participants) (2) Joint and survivor annuity of 25%, 50%, 66⅔%, 75% or 100% (3) Joint and survivor pop-up annuity of 25%, 50%, 66⅔%, 75% or 100% (4) Certain and life annuity of 5, 10, 15, and 20 years (5) Annuity and cash balance option (6) Social Security level income option at age 62, 65, or Social Security normal retirement age (7) Increasing annuity option — 3% every 13 months (8) Lump sum under \$10,000
Contributions	The company pays the entire cost of the plan.
Benefit Service	One year of service for each year with 1,000 hours worked after entering the plan. No additional service will be accrued after April 30, 2021.
Vesting Service	One year of service for each year with 1,000 hours worked after becoming employed.

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Legacy ACCO Brands Corporation Pension Plan for Salaried and
Certain Hourly-Paid Employees (“Non-Bargained” Plan)

Effective Date

The original plan became effective June 1, 1965. The plan was amended and restated effective January 1, 2008.

The plan was amended on January 20, 2009 such that effective March 7, 2009, benefit accruals were frozen on and after March 7, 2009. Participants continue to earn vesting service for purposes of determining entitlement to a non-forfeitable benefit. In addition, the plan was frozen to new entrants. That is, no new participants will enter the plan after March 6, 2009.

Plan Year

Calendar year

Eligibility

All employees of ACCO World Corporation, ACCO USA, Inc., Perma Products Company, and all employees actively employed on or after April 1, 1992 by Kensington Microwave Limited. Other related employers may adopt this plan with Board approval.

Participation

Each eligible employee shall become a participant on the first of the month coincident with or next following the date on which he completes 12 consecutive months during which he is credited with at least 1,000 hours. Eligible employees of GBC and VeloBind participate in the plan effective January 1, 2007 and will be credited with years of eligibility service and years of vesting service for service with GBC and VeloBind since the company’s acquisition of GBC on August 17, 2005.

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Normal Retirement

Eligibility

Age 65 and five years of participation

Benefits

A normal retiree shall receive an annual benefit equal to the sum of (1) and (2) and (3):

(1) For credited service accrued prior to January 1, 2002:

0.75% of final average base earnings up to Social Security covered compensation;

plus

1.25% of final average base earnings in excess of Social Security covered compensation;

times

Credited service accrued prior to January 1, 2002 (up to 30 years)

(2) For credited service accrued after December 31, 2001 and prior to January 1, 2007:

1.25% of final average total earnings:

times

Credited service accrued after December 31, 2001

(3) For credited service accrued after December 31, 2006:

1.00% of final average total earnings;

times

Credited service accrued after December 31, 2006

Benefits were frozen effective March 7, 2009. That is, no service or compensation increases after March 7, 2009 will be taken into account in the determination of a participant's accrued benefit.

Early Retirement

Eligibility

Age 55 and five years of vesting service

Benefits

An early retiree shall receive an annual benefit computed in the same manner as a normal retirement benefit, but based on the participant's final average earnings and credited service at the time of termination. Further, this benefit will be reduced 1/180 for each month that benefits commence prior to age 65 and 1/360 for each month that benefits commence prior to age 60. This benefit is paid monthly in 12 equal installments.

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Deferred With Vesting

Eligibility

Five years of vesting service

Benefits

A vested participant who terminates shall be entitled to receive his accrued benefit according to the normal or early retirement provisions. The accrued benefit is computed in the same manner as a normal retirement benefit, but based on the participant's final average earnings and credited service at the time of termination.

Disability Retirement

Eligibility

Immediate

Benefits

If the disabled participant is eligible for long-term disability benefits under an employer-sponsored plan, a benefit is computed in the same manner as a normal retirement benefit based on final average earnings at the time of disability, but with credited service projected to normal retirement. This benefit will be paid without reduction at age 65.

If the disabled participant is ineligible for long-term disability benefits, a benefit is computed in the same manner as a normal retirement benefit, but based on final average earnings and credited service at the time of disability. The benefit will either be paid at age 65 without reduction, or actuarially reduced and paid immediately.

Preretirement Death

Eligibility

Five years of vesting service

Benefits

A spouse who survives a vested participant, who has not yet retired, shall receive a life annuity commencing at the participant's normal retirement age or the participant's date of death if he had been eligible for early retirement at the date of death. The benefit amount will be equal to the survivor portion that the spouse would have received had the participant separated from service on the date of death with a 50% joint and survivor annuity in effect.

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Grandfathered Benefits

Change in Benefits Due to

Section 401(a)(17) Pay Limit

In no event will a participant's benefit (before any

applicable early retirement and optional payment form reductions) be less than the accrued benefit as of December 31, 1993 (before the decrease in the pay limit to \$150,000) nor less than his accrued benefit as of December 31, 1988, the effective date of section 401(a)(17).

Day-Timers Participants

Participants in the Day-Timers Plan, as of December 31, 1997, will receive the ACCO World Pension Plan benefit relating to all years of credited service subject to the following minimum:

- All Day-Timers participants, as of December 31, 1997, will receive their accrued Day-Timers benefit as of December 31, 1997 plus the ACCO World Pension Plan benefit for credited service after December 31, 1997. The Day-Timers Retirement Income Plan benefit is 1% of final average monthly earnings times years of benefit service plus the greater of zero and 0.5% of final average earnings times years of benefit service less 1.5% of primary insurance amounts times years of benefit service.
- In addition, Day-Timers participants, as of December 31, 1997, at least age 50 or age 45 with 60 age/service points will receive the impact of any future increases in final average monthly earnings in calculating the accrued Day-Timers benefit as of December 31, 1997.

Swingline, Inc. Participants

The normal retirement benefit described earlier applies to only service after January 1, 1989 that, in total, does not exceed 30 years for Swingline, Inc. participants. In addition, these participants receive the greatest of 1% of final average earnings not in excess of \$4,800, plus 1.5% of final average earnings in excess of \$4,800, times years of credited service (up to 30 years) before January 1, 1989, and \$96 times years of credited service (up to 30 years) before January 1, 1989, and the minimum benefits under the prior plan.

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Effective January 1, 1994, the definition of compensation for these participants was amended to exclude overtime, bonuses, commissions, and other specific forms of pay. In no event will a Swingline, Inc. participant's benefit (before any applicable early retirement and optional payment form reductions) be less than his accrued benefit as of December 31, 1993, based on the former definition of compensation.

Perma Products Participants and Former
Employees of Wilson Jones Company

The normal retirement benefit described earlier applies to only service after January 1, 1989 that, in total, does not exceed 30 years for Perma Products participants and former employees of Wilson Jones Company. In addition, these participants receive the greatest of 1% of final average earnings not in excess of \$20,000, plus 1.5% of final average earnings in excess of \$20,000, times years of credited service (up to 30 years) before January 1, 1989, and \$96 times years of credited service (up to 30 years) before January 1, 1989, and the minimum benefits under the prior plan or any benefits accrued under a prior plan.

Effective January 1, 1994, the definition of compensation for these participants was amended to exclude overtime, bonuses, commissions, and other specific forms of pay. In no event will a participant's benefit (before any applicable early retirement and optional payment form reductions) be less than his accrued benefit as of December 31, 1993, based on the former definition of compensation.

Normal Form of Benefits

An unmarried participant shall receive a life annuity. Married participants will receive an actuarially reduced 50% joint and survivor annuity unless another form is elected.

Optional Forms of Benefits

100%, 75%, or 50% contingent annuitant options, 5- and 10-year certain and life annuities, and a level income option are available. Participants may also combine joint and survivor and certain and life annuity options.

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Definitions

Vesting Service	Twelve months of completed employment are counted as one full year of vesting service. Any portion of one year is counted to the next highest 1/12th of a year.
Credited Service	Credited service is equal to years of vesting service as a participant in the plan. No credited service is granted to GBC and VeloBind participants for periods prior to January 1, 2007 (January 1, 2006 for certain GBC participants). No credited service will accrue on and after March 7, 2009.
Compensation	All amounts paid to a participant not in excess of \$250,000 (indexed).
Final Average Base Compensation	Average base compensation during the five consecutive calendar years within the 10 years of service prior to date of termination that provide the highest average. Compensation on and after March 7, 2009 is not considered.
Final Average Total Earnings	Average total earnings during the five consecutive calendar years within the 10 years of service prior to date of termination that provide the highest average. Compensation on and after March 7, 2009 is not considered.
Covered Compensation	The 35-year average of the FICA taxable wage bases ending with the earlier of the year the participant reaches Social Security retirement age or the year of termination or retirement.
Actuarially Reduced	Disability benefits are actuarially reduced based on the RP-2000 Combined Healthy Participant Table, with blended 50% male and 50% female with no age setbacks, and a 6% interest rate.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

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

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34	1									
35-39		1	4							
40-44		9	2	2						
45-49		21	7	5	1					
50-54		34	8	7	2	2	2			
55-59		45	11	14	4	3	4	2	2	
60-64		28	4	11	3	3	11	12	2	
65-69		12	1	3		2		1		1
70+		2								

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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	223,384	1,298,071	10,450,038	11,971,493
2025	252,740	1,617,225	10,084,672	11,954,637
2026	242,021	1,973,519	9,698,021	11,913,561
2027	249,980	2,210,257	9,342,423	11,802,660
2028	285,806	2,523,940	9,024,116	11,833,862
2029	328,452	2,790,128	8,675,606	11,794,186
2030	337,432	2,986,242	8,308,373	11,632,047
2031	362,557	3,214,392	7,942,980	11,519,929
2032	372,393	3,392,437	7,598,143	11,362,973
2033	414,577	3,465,410	7,245,468	11,125,455
2034	416,527	3,560,475	6,890,052	10,867,054
2035	425,834	3,652,135	6,530,516	10,608,485
2036	439,342	3,708,913	6,165,403	10,313,658
2037	464,311	3,703,693	5,804,830	9,972,834
2038	466,415	3,692,990	5,434,290	9,593,695
2039	467,457	3,687,515	5,061,975	9,216,947
2040	477,785	3,652,236	4,699,721	8,829,742
2041	476,064	3,599,705	4,331,649	8,407,418
2042	467,579	3,532,106	3,969,366	7,969,051
2043	458,327	3,456,863	3,614,424	7,529,614
2044	455,205	3,364,327	3,269,013	7,088,545
2045	446,126	3,263,401	2,935,507	6,645,034
2046	437,942	3,152,052	2,616,222	6,206,216
2047	425,884	3,030,385	2,313,343	5,769,612
2048	403,865	2,906,062	2,028,823	5,338,750
2049	395,798	2,773,885	1,764,325	4,934,008
2050	372,115	2,634,563	1,521,117	4,527,795
2051	352,801	2,486,166	1,299,990	4,138,957
2052	334,398	2,336,638	1,101,261	3,772,297
2053	314,340	2,181,026	924,767	3,420,133
2054	295,881	2,019,893	769,894	3,085,668
2055	273,634	1,861,246	635,636	2,770,516
2056	252,548	1,704,791	520,655	2,477,994
2057	232,271	1,547,907	423,356	2,203,534
2058	211,409	1,393,164	341,995	1,946,568

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	191,323	1,245,773	274,746	1,711,842
2060	171,925	1,105,906	219,771	1,497,602
2061	153,356	973,425	175,297	1,302,078
2062	135,799	850,456	139,652	1,125,907
2063	119,256	737,585	111,321	968,162
2064	103,936	635,116	88,964	828,016
2065	89,845	543,085	71,420	704,350
2066	77,012	461,293	57,710	596,015
2067	65,434	389,336	47,022	501,792
2068	55,092	326,660	38,693	420,445
2069	45,948	272,596	32,193	350,737
2070	37,948	226,392	27,105	291,445
2071	31,027	187,258	23,100	241,385
2072	25,108	154,391	19,924	199,423
2073	20,106	127,003	17,380	164,489

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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 7,615,590	December 1, 2023	14	\$ 741,629
Shortfall	\$ 4,166,666	December 1, 2024	15	\$ 387,359

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Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 12/1/2024 at 5.34%	Interest Adjusted Contribution
March 14, 2025	\$ 592,908	103	\$ 584,267
June 13, 2025	592,908	194	576,738
September 15, 2025	353,901	288	339,668
December 15, 2025	353,901	379	335,291
Total Contribution	\$ 1,893,618		\$ 1,835,964

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

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

Sidney Rates

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	1.00%	1.0000	0.56
56.5	1.00%	0.9900	0.56
57.5	1.00%	0.9801	0.56
58.5	1.00%	0.9703	0.57
59.5	2.00%	0.9606	1.14
60.5	3.00%	0.9414	1.71
61.5	3.00%	0.9131	1.68
62.5	15.00%	0.8857	8.30
63.5	10.00%	0.7529	4.78
64.5	25.00%	0.6776	10.93
65.5	50.00%	0.5082	16.64
66.5	35.00%	0.2541	5.91
67.5	30.00%	0.1652	3.34
68.5	25.00%	0.1156	1.98
69.5	25.00%	0.0867	1.51
70	100.00%	0.0650	4.55
Weighted Average			64.72
Active Count			7

Blair Rates

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	1.00%	1.0000	0.56
56.5	1.00%	0.9900	0.56
57.5	1.00%	0.9801	0.56
58.5	1.00%	0.9703	0.57
59.5	1.00%	0.9606	0.57
60.5	3.00%	0.9510	1.73
61.5	3.00%	0.9225	1.70
62.5	25.00%	0.8948	13.98
63.5	10.00%	0.6711	4.26
64.5	20.00%	0.6040	7.79
65.5	45.00%	0.4832	14.24
66.5	45.00%	0.2658	7.95
67.5	30.00%	0.1462	2.96
68.5	25.00%	0.1023	1.75
69.5	25.00%	0.0767	1.33
70	100.00%	0.0576	4.03
Weighted Average			64.54
Active Count			104

Non-Bargained Rates

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	3.00%	0.9224	1.65
60.5	5.00%	0.8947	2.71
61.5	10.00%	0.8500	5.23
62.5	10.00%	0.7650	4.78
63.5	10.00%	0.6885	4.37
64.5	15.00%	0.6196	5.99
65.5	35.00%	0.5267	12.07
66.5	40.00%	0.3423	9.11
67.5	30.00%	0.2054	4.16
68.5	30.00%	0.1438	2.95
69.5	45.00%	0.1006	3.15
70	100.00%	0.0554	3.87
Weighted Average			64.46
Active Count			178

$$\text{Weighted Average} = (64.72 * 7 + 64.54 * 104 + 64.46 * 178) / 289 = 64.5$$

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
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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	223,384	1,298,071	10,450,038	11,971,493
2025	252,740	1,617,225	10,084,672	11,954,637
2026	242,021	1,973,519	9,698,021	11,913,561
2027	249,980	2,210,257	9,342,423	11,802,660
2028	285,806	2,523,940	9,024,116	11,833,862
2029	328,452	2,790,128	8,675,606	11,794,186
2030	337,432	2,986,242	8,308,373	11,632,047
2031	362,557	3,214,392	7,942,980	11,519,929
2032	372,393	3,392,437	7,598,143	11,362,973
2033	414,577	3,465,410	7,245,468	11,125,455
2034	416,527	3,560,475	6,890,052	10,867,054
2035	425,834	3,652,135	6,530,516	10,608,485
2036	439,342	3,708,913	6,165,403	10,313,658
2037	464,311	3,703,693	5,804,830	9,972,834
2038	466,415	3,692,990	5,434,290	9,593,695
2039	467,457	3,687,515	5,061,975	9,216,947
2040	477,785	3,652,236	4,699,721	8,829,742
2041	476,064	3,599,705	4,331,649	8,407,418
2042	467,579	3,532,106	3,969,366	7,969,051
2043	458,327	3,456,863	3,614,424	7,529,614
2044	455,205	3,364,327	3,269,013	7,088,545
2045	446,126	3,263,401	2,935,507	6,645,034
2046	437,942	3,152,052	2,616,222	6,206,216
2047	425,884	3,030,385	2,313,343	5,769,612
2048	403,865	2,906,062	2,028,823	5,338,750
2049	395,798	2,773,885	1,764,325	4,934,008
2050	372,115	2,634,563	1,521,117	4,527,795
2051	352,801	2,486,166	1,299,990	4,138,957
2052	334,398	2,336,638	1,101,261	3,772,297
2053	314,340	2,181,026	924,767	3,420,133
2054	295,881	2,019,893	769,894	3,085,668
2055	273,634	1,861,246	635,636	2,770,516
2056	252,548	1,704,791	520,655	2,477,994
2057	232,271	1,547,907	423,356	2,203,534
2058	211,409	1,393,164	341,995	1,946,568

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ACCO Brands Corporation Pension Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	191,323	1,245,773	274,746	1,711,842
2060	171,925	1,105,906	219,771	1,497,602
2061	153,356	973,425	175,297	1,302,078
2062	135,799	850,456	139,652	1,125,907
2063	119,256	737,585	111,321	968,162
2064	103,936	635,116	88,964	828,016
2065	89,845	543,085	71,420	704,350
2066	77,012	461,293	57,710	596,015
2067	65,434	389,336	47,022	501,792
2068	55,092	326,660	38,693	420,445
2069	45,948	272,596	32,193	350,737
2070	37,948	226,392	27,105	291,445
2071	31,027	187,258	23,100	241,385
2072	25,108	154,391	19,924	199,423
2073	20,106	127,003	17,380	164,489

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

Legacy ACCO Brands Corporation Pension Plan for Certain Bargained Hourly Employees (“Bargained” Plan)

Effective Date

The effective date of the plan is May 1, 2012.

Blair**Participation Requirements****Eligibility**

Full-time employees are eligible to participate on the date of hire. All other employees are eligible to participate upon completion of at least 1,000 or more hours of service in a 12 month period. No one hired after December 31, 2014 is eligible to participate in the plan.

Normal Retirement**Eligibility**

A participant is eligible to receive pension benefits upon retirement on or after the attainment of age 65.

Benefit

The monthly amount payable to participants who retire on or after their normal retirement date is equal to:

- (1) The annual credit factor multiplied by the number of years of benefit service at retirement;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Benefits are frozen as of December 31, 2014. No benefits will be accrued after this date.

Annual Credit Factor

The annual credit factor applicable to each location is as follows:

Location	Effective Date	Annual Credit Factor
Blair	May 1, 2012	\$ 31.00
	January 1, 2013	\$ 32.00
	January 1, 2014	\$ 33.00

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Unreduced Early Retirement

Eligibility

A participant is eligible to retire with an unreduced retirement benefit on or after the attainment of age 62 and the completion of 30 or more years of vesting service.

Benefit

The monthly amount payable to participants who retire on or after their early retirement date is equal to:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Reduced Early Retirement

Eligibility

A participant is eligible to retire with a reduced retirement benefit on or after the attainment of age 55 and the completion of five or more years of vesting service.

Benefit

The monthly amount payable to participants who retire on or after their early retirement date is equal to:

- (1) The normal retirement benefit reduced for each month by which commencement of payments precedes age 65;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Early Retirement Factors

3% per year between age 62 and 65

6% per year between 55 and 62

Disability Retirement

Eligibility

A participant is eligible to receive disability benefits upon retirement due to total and permanent disability on or after the completion of 10 or more years of benefit service.

Benefit

The monthly amount payable to participants immediately is equal to the following actuarially reduced to commencement age:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

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Termination

Eligibility

Five years of service.

Benefit

The monthly amount payable is equal to:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

However, payments may commence after age 55 for participants who have completed five or more years of vesting service. The monthly amount payable is equal to the reduced early retirement benefit.

Preretirement Death

Eligibility

Five years of service

Benefit

The amount payable to the surviving spouse is equal to 75% of the monthly benefit that would have been payable to the participant in the form of a 75% joint and survivor annuity payable immediately if the participant had attained age 55 at the time of his death.

Benefit

The amount payable to the surviving spouse is equal to 50% of the monthly benefit that would have been payable to the participant in the form of a 50% joint and survivor annuity payable when the participant would attained age 55.

Definitions

Normal Form of Payment

For unmarried participants, benefits are paid in the form of a monthly annuity for the participant's lifetime.

For married participants, benefits are reduced to an actuarially equivalent amount, which is payable monthly under the 50% joint and survivor form of annuity.

Optional Forms of Payment

The plan provides the following forms of retirement benefits:

- (1) Single life (for married participants)
- (2) Joint and survivor annuity of 25%, 50%, 66 $\frac{2}{3}$ %, 75% or 100%
- (3) Joint and survivor pop-up annuity of 25%, 50%, 66 $\frac{2}{3}$ %, 75% or 100%
- (4) Certain and life annuity of 5, 10, 15, and 20 years

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- (5) Annuity and cash balance option
- (6) Social Security level income option at age 62, 65, or Social Security normal retirement age
- (7) Increasing annuity option—3% every 13 months
- (8) Lump sum

Contributions

The company pays the entire cost of the plan.

Benefit Service

Generally, entire period of employment after becoming a participant at MeadWestVaco or ACCO Brands as applicable, adjusted for breaks in service. No additional service will be credited after December 31, 2014.

Vesting Service

Entire period of employment since hire at MeadWestvaco or ACCO Brands as applicable (or rehire if not vested at prior termination and had five consecutive years with no break in service).

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Sidney

Participation Requirements

Eligibility

Employees are eligible to participate upon completion of at least 1,000 or more hours of service in a 12 month period.

The plan was amended on April 26, 2021 such that effective April 30, 2021, no one hired after April 30, 2021 is eligible to participate in the plan.

Normal Retirement

Eligibility

A participant is eligible to receive pension benefits upon retirement on or after the attainment of age 65.

Benefit

The monthly amount payable to participants who retire on or after their normal retirement date is equal to:

- (1) The annual credit factor multiplied by the number of years of benefit service at retirement;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Benefits are frozen as of April 31, 2021. No benefits will be accrued after this date.

Annual Credit Factor

The annual credit factor applicable to each location is as follows:

Location	Effective Date	Annual Credit Factor
Sidney	May 1, 2012	\$ 32.00
	January 1, 2013	\$ 33.00
	January 1, 2014	\$ 34.00
	January 1, 2015	\$ 35.00
	January 1, 2016	\$ 36.00
	January 1, 2017	\$ 37.00
	January 1, 2018	\$ 38.00

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Reduced Early Retirement

Eligibility

A participant is eligible to retire with a reduced retirement benefit on or after the attainment of age 55 and the completion of five or more years of vesting service.

Benefit

The monthly amount payable to participants who retire on or after their early retirement date is equal to:

- (1) The normal retirement benefit reduced for each month by which commencement of payments precedes age 65;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Early Retirement Factors

5% per year

Disability Retirement

Eligibility

A participant is eligible to receive disability benefits upon retirement due to total and permanent disability on or after the completion of 10 or more years of benefit service.

Benefit

The monthly amount payable to participants immediately is equal to the following actuarially reduced to commencement age:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

Termination

Eligibility

Five years of service

Benefit

The monthly amount payable is equal to:

- (1) The normal retirement benefit;
reduced by
- (2) The amount of any retirement benefit the participant is entitled to receive from MeadWestVaco.

However, payments may commence after age 55 for participants who have completed five or more years of vesting service. The monthly amount payable is equal to the reduced 0.5% for each month preceding age 65.

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Preretirement Death

Eligibility	Five years of service and an active in the plan
Benefit	50% of the accrued benefit payable immediately
Eligibility	Five years of service and not active in the plan
Benefit	The amount payable to the surviving spouse is equal to 50% of the monthly benefit that would have been payable to the participant in the form of a 50% joint and survivor annuity payable when the participant would have attained age 55.

Definitions

Normal Form of Payment	For unmarried participants, benefits are paid in the form of a monthly annuity for the participant's lifetime. For married participants, benefits are reduced to an actuarially equivalent amount, which is payable monthly under the 50% joint and survivor form of annuity.
Optional Forms of Payment	The plan provides the following forms of retirement benefits: (1) Single life (for married participants) (2) Joint and survivor annuity of 25%, 50%, 66⅔%, 75% or 100% (3) Joint and survivor pop-up annuity of 25%, 50%, 66⅔%, 75% or 100% (4) Certain and life annuity of 5, 10, 15, and 20 years (5) Annuity and cash balance option (6) Social Security level income option at age 62, 65, or Social Security normal retirement age (7) Increasing annuity option — 3% every 13 months (8) Lump sum under \$10,000
Contributions	The company pays the entire cost of the plan.
Benefit Service	One year of service for each year with 1,000 hours worked after entering the plan. No additional service will be accrued after April 30, 2021.
Vesting Service	One year of service for each year with 1,000 hours worked after becoming employed.

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ACCO Brands Corporation Pension Plan
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Legacy ACCO Brands Corporation Pension Plan for Salaried and
Certain Hourly-Paid Employees (“Non-Bargained” Plan)

Effective Date

The original plan became effective June 1, 1965. The plan was amended and restated effective January 1, 2008.

The plan was amended on January 20, 2009 such that effective March 7, 2009, benefit accruals were frozen on and after March 7, 2009. Participants continue to earn vesting service for purposes of determining entitlement to a non-forfeitable benefit. In addition, the plan was frozen to new entrants. That is, no new participants will enter the plan after March 6, 2009.

Plan Year

Calendar year

Eligibility

All employees of ACCO World Corporation, ACCO USA, Inc., Perma Products Company, and all employees actively employed on or after April 1, 1992 by Kensington Microwave Limited. Other related employers may adopt this plan with Board approval.

Participation

Each eligible employee shall become a participant on the first of the month coincident with or next following the date on which he completes 12 consecutive months during which he is credited with at least 1,000 hours. Eligible employees of GBC and VeloBind participate in the plan effective January 1, 2007 and will be credited with years of eligibility service and years of vesting service for service with GBC and VeloBind since the company’s acquisition of GBC on August 17, 2005.

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Normal Retirement

Eligibility

Age 65 and five years of participation

Benefits

A normal retiree shall receive an annual benefit equal to the sum of (1) and (2) and (3):

(1) For credited service accrued prior to January 1, 2002:

0.75% of final average base earnings up to Social Security covered compensation;

plus

1.25% of final average base earnings in excess of Social Security covered compensation;

times

Credited service accrued prior to January 1, 2002 (up to 30 years)

(2) For credited service accrued after December 31, 2001 and prior to January 1, 2007:

1.25% of final average total earnings:

times

Credited service accrued after December 31, 2001

(3) For credited service accrued after December 31, 2006:

1.00% of final average total earnings;

times

Credited service accrued after December 31, 2006

Benefits were frozen effective March 7, 2009. That is, no service or compensation increases after March 7, 2009 will be taken into account in the determination of a participant's accrued benefit.

Early Retirement

Eligibility

Age 55 and five years of vesting service

Benefits

An early retiree shall receive an annual benefit computed in the same manner as a normal retirement benefit, but based on the participant's final average earnings and credited service at the time of termination. Further, this benefit will be reduced 1/180 for each month that benefits commence prior to age 65 and 1/360 for each month that benefits commence prior to age 60. This benefit is paid monthly in 12 equal installments.

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Deferred With Vesting

Eligibility

Five years of vesting service

Benefits

A vested participant who terminates shall be entitled to receive his accrued benefit according to the normal or early retirement provisions. The accrued benefit is computed in the same manner as a normal retirement benefit, but based on the participant's final average earnings and credited service at the time of termination.

Disability Retirement

Eligibility

Immediate

Benefits

If the disabled participant is eligible for long-term disability benefits under an employer-sponsored plan, a benefit is computed in the same manner as a normal retirement benefit based on final average earnings at the time of disability, but with credited service projected to normal retirement. This benefit will be paid without reduction at age 65.

If the disabled participant is ineligible for long-term disability benefits, a benefit is computed in the same manner as a normal retirement benefit, but based on final average earnings and credited service at the time of disability. The benefit will either be paid at age 65 without reduction, or actuarially reduced and paid immediately.

Preretirement Death

Eligibility

Five years of vesting service

Benefits

A spouse who survives a vested participant, who has not yet retired, shall receive a life annuity commencing at the participant's normal retirement age or the participant's date of death if he had been eligible for early retirement at the date of death. The benefit amount will be equal to the survivor portion that the spouse would have received had the participant separated from service on the date of death with a 50% joint and survivor annuity in effect.

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Grandfathered Benefits

Change in Benefits Due to

Section 401(a)(17) Pay Limit

In no event will a participant's benefit (before any

applicable early retirement and optional payment form reductions) be less than the accrued benefit as of December 31, 1993 (before the decrease in the pay limit to \$150,000) nor less than his accrued benefit as of December 31, 1988, the effective date of section 401(a)(17).

Day-Timers Participants

Participants in the Day-Timers Plan, as of December 31, 1997, will receive the ACCO World Pension Plan benefit relating to all years of credited service subject to the following minimum:

- All Day-Timers participants, as of December 31, 1997, will receive their accrued Day-Timers benefit as of December 31, 1997 plus the ACCO World Pension Plan benefit for credited service after December 31, 1997. The Day-Timers Retirement Income Plan benefit is 1% of final average monthly earnings times years of benefit service plus the greater of zero and 0.5% of final average earnings times years of benefit service less 1.5% of primary insurance amounts times years of benefit service.
- In addition, Day-Timers participants, as of December 31, 1997, at least age 50 or age 45 with 60 age/service points will receive the impact of any future increases in final average monthly earnings in calculating the accrued Day-Timers benefit as of December 31, 1997.

Swingline, Inc. Participants

The normal retirement benefit described earlier applies to only service after January 1, 1989 that, in total, does not exceed 30 years for Swingline, Inc. participants. In addition, these participants receive the greatest of 1% of final average earnings not in excess of \$4,800, plus 1.5% of final average earnings in excess of \$4,800, times years of credited service (up to 30 years) before January 1, 1989, and \$96 times years of credited service (up to 30 years) before January 1, 1989, and the minimum benefits under the prior plan.

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Effective January 1, 1994, the definition of compensation for these participants was amended to exclude overtime, bonuses, commissions, and other specific forms of pay. In no event will a Swingline, Inc. participant's benefit (before any applicable early retirement and optional payment form reductions) be less than his accrued benefit as of December 31, 1993, based on the former definition of compensation.

Perma Products Participants and Former
Employees of Wilson Jones Company

The normal retirement benefit described earlier applies to only service after January 1, 1989 that, in total, does not exceed 30 years for Perma Products participants and former employees of Wilson Jones Company. In addition, these participants receive the greatest of 1% of final average earnings not in excess of \$20,000, plus 1.5% of final average earnings in excess of \$20,000, times years of credited service (up to 30 years) before January 1, 1989, and \$96 times years of credited service (up to 30 years) before January 1, 1989, and the minimum benefits under the prior plan or any benefits accrued under a prior plan.

Effective January 1, 1994, the definition of compensation for these participants was amended to exclude overtime, bonuses, commissions, and other specific forms of pay. In no event will a participant's benefit (before any applicable early retirement and optional payment form reductions) be less than his accrued benefit as of December 31, 1993, based on the former definition of compensation.

Normal Form of Benefits

An unmarried participant shall receive a life annuity. Married participants will receive an actuarially reduced 50% joint and survivor annuity unless another form is elected.

Optional Forms of Benefits

100%, 75%, or 50% contingent annuitant options, 5- and 10-year certain and life annuities, and a level income option are available. Participants may also combine joint and survivor and certain and life annuity options.

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Definitions

Vesting Service	Twelve months of completed employment are counted as one full year of vesting service. Any portion of one year is counted to the next highest 1/12th of a year.
Credited Service	Credited service is equal to years of vesting service as a participant in the plan. No credited service is granted to GBC and VeloBind participants for periods prior to January 1, 2007 (January 1, 2006 for certain GBC participants). No credited service will accrue on and after March 7, 2009.
Compensation	All amounts paid to a participant not in excess of \$250,000 (indexed).
Final Average Base Compensation	Average base compensation during the five consecutive calendar years within the 10 years of service prior to date of termination that provide the highest average. Compensation on and after March 7, 2009 is not considered.
Final Average Total Earnings	Average total earnings during the five consecutive calendar years within the 10 years of service prior to date of termination that provide the highest average. Compensation on and after March 7, 2009 is not considered.
Covered Compensation	The 35-year average of the FICA taxable wage bases ending with the earlier of the year the participant reaches Social Security retirement age or the year of termination or retirement.
Actuarially Reduced	Disability benefits are actuarially reduced based on the RP-2000 Combined Healthy Participant Table, with blended 50% male and 50% female with no age setbacks, and a 6% interest rate.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

ACCO BRANDS CORPORATION PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
November 30, 2025

Name of Plan Sponsor: ACCO Brands Corporation
Employer Identification Number: 36-2704017
Three-Digit Plan Number: 010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>Mutual Funds</u>		
	Dimensional Fund Advisors	International Value I	\$ 5,062,876	\$ 7,892,998
	Dimensional Fund Advisors	US Targeted Value I	3,052,986	3,809,103
	Dimensional Fund Advisors	Commodity Strategy Portfolio	5,342,789	5,352,179
	Fidelity	Emerging Markets Fund K	2,429,843	2,940,594
	Fidelity	Small Cap Growth	2,326,056	2,982,215
	TCW	Emerging Markets Income Fund	7,133,017	6,530,261
	Credit Suisse	Floating Rate High Income Fund	3,052,066	2,908,482
	Vanguard	Long-Term Investment-Grade Fund	51,387,046	46,630,633
	Vanguard	Intermediate-Term Investment-Grade Fund	29,274,733	29,850,008
	Vanguard	International Growth Fund Admiral Shares	6,775,394	7,315,470
		<u>Exchange Traded Funds</u>		
	iShares	Core S&P Mid-Cap ETF	2,482,841	4,406,236
	Vanguard	High Dividend Yield ETF	2,698,839	4,427,339
	Vanguard	Real Estate ETF	2,627,496	2,812,998
	State Street	SPDR Portfolio High Yield Bond ETF	6,141,883	6,204,396
		<u>Collective Investment Fund</u>		
*	The Northern Trust Company	Collective Short Term Investment Fund	1,106,167	1,106,167
*	The Northern Trust Company	Collective S&P 500 Index Fund	14,517,271	17,469,709
			<u>\$ 145,411,303</u>	<u>\$ 152,638,788</u>

* Denotes party-in-interest

See independent auditor's report.

Schedule SB Attachment (Form 5500)—2024 Plan Year
ACCO Brands Corporation Pension Plan
EIN: 36-2704017 PN: 010

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 7,615,590	December 1, 2023	14	\$ 741,629
Shortfall	\$ 4,166,666	December 1, 2024	15	\$ 387,359