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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NCR VOYIX SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 052

1c Effective date of plan 05/01/1985

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
NCR VOYIX CORPORATION

864 SPRING ST NW
ATLANTA, GA 30308

2b Employer Identification Number (EIN) 31-0387920

2c Plan Sponsor's telephone number 800-225-5627

2d Business code (see instructions) 334110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	ELAINE JACKSON
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	11256
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4359
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4098
b	Retired or separated participants receiving benefits	**6b**	276
c	Other retired or separated participants entitled to future benefits	**6c**	5213
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9587
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	85
f	Total. Add lines **6d** and **6e**.	**6f**	9672
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	10786
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	9245
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	1
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3H 3J

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NCR VOYIX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 052

C Plan sponsor's name as shown on line 2a of Form 5500
NCR VOYIX CORPORATION

D Employer Identification Number (EIN)
31-0387920

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FID INV INST OPS CO

04-2647786

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

FID MGMT TRUST CO

04-2723880

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

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

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 37 50 51 64 65	RECORDKEEPER	274120	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	203731	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CARRS RIGGS & INGRAM

72-1396621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	59800	Yes [ ] No [X]	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)

AON HEWITT

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	55699	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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?
26 27	INV ADVISORY	53011	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

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?
16	CONSULTING	18164	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
FID INV INST OPS CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NCR VOYIX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 052

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NCR VOYIX CORPORATION

D Employer Identification Number (EIN)
31-0387920

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: EARNEST SMID CP CORE

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

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)
26-4377500-041	C	4615431

a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLL DAILY S&P 500 EQUITY

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.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)
45-6138589-001	C	283647010

a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLL DAILY RUSSELL 2000

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.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)
45-6138589-009	C	36810297

a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLL DAILY EAFE INDEX FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.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)
45-6138589-017	C	24282476

a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLL DAILY AGGREGATE BOND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.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)
45-6138589-029	C	25622946

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX RETIRE FUND W

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
87-1103620-001	C	252301635

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2065 FUND W

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
87-1130439-001	C	13492659

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2030 FUND W

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 87-1035932-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 195978786

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2035 FUND W

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 87-1053383-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155892099

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2040 FUND W

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 87-1054299-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129061491

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2045 FUND W

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 87-1081115-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97877712

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2050 FUND W

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 87-1081397-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75616421

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2055 FUND W

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 87-1102204-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39640788

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK LIFEPATH INDEX 2060 FUND W

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 87-1102365-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24415550

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

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b Name of plan sponsor | **c** EIN-PN

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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NCR VOYIX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 052

C Plan sponsor's name as shown on line 2a of Form 5500
NCR VOYIX CORPORATION

D Employer Identification Number (EIN)
31-0387920

Part I Asset and Liability Statement

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)	768132	616590
(2) Participant contributions	1b(2)	0	163425
(3) Other	1b(3)	41961636	45806
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	44033273	42832239
(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)	9972105	9438080
(9) Value of interest in common/collective trusts	1c(9)	1288371567	1359255301
(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)	77542966	82854765
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	34681876	41659822

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1497331555	1536866028
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	46103208	97184
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	46103208	97184
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1451228347	1536768844

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)	17105451	
(B) Participants	2a(1)(B)	42556913	
(C) Others (including rollovers)	2a(1)(C)	6754622	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		66416986
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2037781	
(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)	766209	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2803990
(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)	2031995	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2031995
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		199484485
(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)		16897319
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		287634775
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	198165535	
(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)		198165535
f Corrective distributions (see instructions)	2f		11322
g Certain deemed distributions of participant loans (see instructions)	2g		71685
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	274120	
(4) IQPA audit fees	2i(4)	59800	
(5) Investment advisory and investment management fees	2i(5)	256742	
(6) Bank or trust company trustee/custodial fees	2i(6)	18164	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	55699	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		664525
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		198913067
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		88721708
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		3181211

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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CARR, RIGGS & INGRAM LLC **(2)** EIN: 72-1396621

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		163425
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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
CANDESCENT 401K PLAN	99-2892946	001

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

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

SCHEDULE R (Form 5500)

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NCR VOYIX SAVINGS PLAN

B Three-digit plan number (PN) ▶ 052

C Plan sponsor's name as shown on line 2a of Form 5500
NCR VOYIX CORPORATION

D Employer Identification Number (EIN)
31-0387920

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
	b	Enter the amount contributed by the employer to the plan for this plan year	6b
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10		Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11	a	Does the ESOP hold any preferred stock?	☐ Yes ☐ No
	b	If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12		Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

NCR Voyix Savings Plan

Financial Statements and Supplemental Schedules

Including Independent Auditor's Report
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025



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REPORT

Independent Auditor's Report

To the Plan Administrator of NCR Voyix Savings Plan

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

We have performed audits of the financial statements of NCR Voyix Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of NCR Voyix Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 NCR Voyix Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 NCR Voyix Savings Plan's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

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

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 NCR Voyix Savings 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 NCR Voyix Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

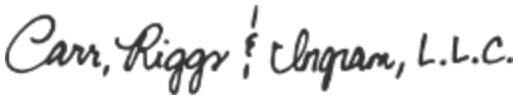
Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and Schedule H, line 4i - Schedule of Assets (Held at End of Year), as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 DOL'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 DOL'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).



CARR, RIGGS & INGRAM, L.L.C.
Atlanta, Georgia
September 10, 2026

FINANCIAL STATEMENTS

NCR Voyix Savings Plan

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$1,526,602,127	$1,444,629,682
Receivables		
Participant contributions	163,425	-
Employer contributions	616,590	768,132
Notes receivable from participants	9,438,080	9,972,105
Due from broker	45,806	41,961,636
Total receivables	10,263,901	52,701,873
Total assets	1,536,866,028	1,497,331,555
Liabilities		
Payables		
Due to broker	97,184	46,103,208
Total liabilities	97,184	46,103,208
Net assets available for benefits	$1,536,768,844	$1,451,228,347

See accompanying notes to the financial statements.

NCR Voyix Savings Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

	2025
Additions	
Investment income	
Interest and dividends	$ 4,069,776
Net appreciation in fair value of investments	216,381,804
Total investment income	220,451,580
Interest income on notes receivable from participants	766,209
Contributions	
Participant contributions	42,556,913
Employer contributions	17,105,451
Rollovers	6,754,622
Total contributions	66,416,986
Total additions	287,634,775
Deductions	
Benefits paid to participants	198,248,542
Administrative expenses	664,525
Total deductions	198,913,067
Net increase (decrease)	88,721,708
Transfers out to other qualified plan	(3,181,211)
Net assets available for benefits	
Beginning of year	1,451,228,347
End of year	$1,536,768,844

See accompanying notes to the financial statements.

1. Description of Plan

The following description of the NCR Voyix Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective May 1, 1985, as restated January 1, 2020. The Plan covers all employees, excluding nonresident aliens with no U.S. source income, certain collectively bargained employees, leased employees, certain temporary employees, contractors, and part-time employees who have not yet satisfied the Plan's eligibility requirements.

Employees generally become eligible to participate on the first day of the month coincident with or following their employment date. Part-time employees (including interns, co-ops, and seasonal employees) become eligible after completing an Eligibility Year with 1,000 Hours of Service and enter the Plan on the next January 1 or July 1 enrollment date.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Savings Plan Committee (the "Committee") of the NCR Voyix Savings Plan is responsible for oversight of the Plan. The Plan’s committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Savings Plan Committee of the NCR Voyix Savings Plan.

Contributions

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

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

1. Description of Plan (continued)

Effective on and after January 1, 2025, the Company matched employee contributions as follows:

Period	Participants	Employer Matching Contribution
Prior to January 1, 2025	Customer Engineer participants hired or last rehired prior to January 1, 2025	50% of the first 10% of eligible compensation contributed, plus 100% of the next 2% of eligible compensation contributed
On and after January 1, 2025	Customer Engineer participants hired or last rehired on or after January 1, 2025	50% of the first 10% of eligible compensation contributed
Prior to and after January 1, 2025	Participants other than Customer Engineers	50% of the first 10% of eligible compensation contributed

Effective January 1, 2025, the Plan was amended to modify employer matching contributions for certain Customer Engineer participants. Customer Engineer participants hired or last rehired on or after January 1, 2025 became eligible for employer matching contributions equal to 50% of the first 10% of eligible compensation contributed to the Plan. Customer Engineer participants hired or last rehired prior to January 1, 2025 continue to be eligible for employer matching contributions equal to 50% of the first 10% of eligible compensation contributed plus 100% of the next 2% of eligible compensation contributed. The amendment did not affect the employer matching contribution formula applicable to participants other than Customer Engineers.

Participant accounts

Each participant's account is credited with the participant's contributions, Company matching contributions, allocations of the Company's discretionary contributions and an allocation of the Plan’s earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of Plan (continued)

Vesting and Forfeitures

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

Upon termination of employment, participants are entitled to full distribution of their contributions and all vested Company matching contributions; all non-vested Company matching contributions are forfeited. At December 31, 2025 and 2024, forfeited nonvested accounts totaled approximately $111,000 and $315,000 respectively. These forfeitures are generally reallocated and used to reduce future Company matching contributions. Forfeitures of approximately $183,000 were used to offset Company matching contributions during the year ended December 31, 2025.

Notes receivable from participants

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

Withdrawals and Benefits

Participants may withdraw vested balances upon reaching the age of 59 and ½, or upon a participant's termination or disability. A participant's beneficiary shall be eligible to receive a distribution of the participant's account upon death of the participant. Hardship withdrawals, as defined by the Plan, may be made from all employee contributions at any time subject to approval by the Plan's Administrator. On termination of service, participants receive a lump-sum amount equal to the value of the vested portion of their account if it is less than $1,000. Terminated participants with more than $5,000 in vested benefits may elect to receive a lump-sum payment, quarterly installment payments, or leave the vested benefits within the Plan until reaching the above noted retirement age, death and/or disability. Terminated participants with vested benefits greater than $1,000 but less than $5,000 have 45 days to elect to receive a lump-sum payment or quarterly installment payments. If no election is made within 45 days, their vested balances will be rolled over to an individual retirement account.

1. Description of Plan (continued)

Hardship Withdrawals

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

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from participants and the matching contributions from the employer are recorded in the year in which the related participant contributions are withheld from compensation.

2. Summary of Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred.

Due to and from Broker for Securities Purchased and Sold

These items are primarily pending security settlements.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events

Subsequent events were evaluated through September 10, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

3. Fair Value Measurements (continued)

Level 2 - Inputs to the valuation technique include:

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

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

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

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

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

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

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

3. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Mutual funds	$ 130,302,436	$ -	$ -	$ 130,302,436
Self-directed brokerage accounts	41,659,821	-	-	41,659,821
Total assets in the fair value hierarchy	171,962,257	-	-	171,962,257
Common collective trust funds	-	-	-	1,354,639,870
Total investments at fair value	$ 171,962,257	$ -	$ -	$1,526,602,127

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	$ 126,670,293	$ -	$ -	$ 126,670,293
Self-directed brokerage accounts	34,681,876	-	-	34,681,876
Total assets in the fair value hierarchy	161,352,169	-	-	161,352,169
Common collective trust funds	-	-	-	1,283,277,513
Total investments at fair value	$ 161,352,169	$ -	$ -	$1,444,629,682

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

3. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common Collective Trusts	$1,354,639,870	$ -	Daily	None

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common Collective Trusts	$1,283,277,513	$ -	Daily	None

4. Information of Certified by Qualified Institution

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedule was agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company , the Plan's Custodian and a qualified institution. The certified information includes the Plan's investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) and interest income on notes receivable from participants reported in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025.

5. Plan Transfers

Digital First Holdings, LLC was sold to an unrelated third party on September 1, 2024. As a result of this sale, the Plan was amended for all employees that were employed by Digital Holdings, LLC prior to the sale to remain eligible participants in the Plan up to December 31, 2024. Effective January 1, 2025 active employees of Digital First Holdings, LLC were transferred to a new qualified 401(k) savings plan. As a result of this, approximately $1,531,000 in participant accounts were transferred out of the Plan. The remaining balance of transfers of approximately $1,650,000 were residual participant account balances that transferred to the NCR Atleos Savings Plan related to the 2024 spin off.

6. Related-Party and Party In Interest Transactions

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

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

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

8. Tax Status

The IRS has determined and informed the Company by a letter dated February 10, 2023, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

10. Delinquent Participant Contributions

For the year ended December 31, 2025, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions, which totaled $163,424, were not corrected in 2025. Additionally, the Company will compensate participants for lost earnings resulting from the delay in contributions.

SUPPLEMENTARY INFORMATION

NCR Voyix Savings Plan

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

EIN: 31-0387920 Plan Number: 052

For the Year Ended December 31, 2025

Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan (1)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 163,425	$ 163,425	$ -	$ -	$ -

(1) Amount does not include participant loan repayments.

The Company is in process of calculating and remitting lost earnings to participant accounts.

(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
Common Collective Trust Fund				
	BTC LPATH IDX RET W	Common Collective Trust Fund	**	$252,301,635
	BTC LPTH IDX 2030 W	Common Collective Trust Fund	**	195,978,786
	BTC LPTH IDX 2035 W	Common Collective Trust Fund	**	155,892,099
	BTC LPTH IDX 2040 W	Common Collective Trust Fund	**	129,061,491
	BTC LPTH IDX 2045 W	Common Collective Trust Fund	**	97,877,712
	BTC LPTH IDX 2050 W	Common Collective Trust Fund	**	75,616,421
	BTC LPTH IDX 2055 W	Common Collective Trust Fund	**	39,640,788
	BTC LPTH IDX 2060 W	Common Collective Trust Fund	**	24,415,550
	BTC LPTH IDX 2065 W	Common Collective Trust Fund	**	13,492,659
	INTL EQUITY INDEX	Common Collective Trust Fund	**	24,282,476
	S&P 500 INDEX	Common Collective Trust Fund	**	283,647,010
	FIXED INCOME INDEX	Common Collective Trust Fund	**	25,622,946
	RUSSELL 2000 INDEX	Common Collective Trust Fund	**	36,810,297
Mutual Funds				
	EARNEST SMID CP CORE	Mutual Funds	**	4,615,431
	JPM US GOVT MM CAP	Mutual Funds	**	42,832,239
	OAKMARK R6	Mutual Funds	**	26,301,617
	DODGE & COX INT SK X	Mutual Funds	**	17,344,845
	EV INC FUND BOSTON I	Mutual Funds	**	7,964,784
*	FID MID CAP IDX	Mutual Funds	**	21,946,066
*	FID INFL PR BD IDX	Mutual Funds	**	6,102,697
*	FID LT TR BD IDX	Mutual Funds	**	3,194,757
Other				
*	BROKERAGELINK	Self Directed Accounts	**	41,659,821
*	Notes Receivable From Participants	Notes Receivable From Participants (1)	**	9,438,080
	Total investments			$1,536,040,207

*Denotes a party-in-interest.

** Participant directed, therefore, cost not required.

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

Schedule C, Line 2(h) Formula Descriptions

NCR Voyix Savings Plan

EIN: 31-0387920, PN: 052

Plan Year Ending: December 31, 2025

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

PAYOR NAME	ADDRESS	ADDRESS 2	ADDRESS 3	STATE	ZIP CODE	COMPENSATION
ABERDEEN U.S. SMALL CAP EQUITY FD CL A	1735 MARKET ST	32ND FL		PA	19103	0.40%
ABSOLUTE CAPITAL ASSET ALLOCATOR INVS	101 PENNSYLVANIA BLVD			PA	15228	0.40%
ADV PREFERRED GOLD BULLION STRAT INV	1445 RESEARCH BLVD STE 530			MD	20850	0.40%
ADVISORS CAPITAL ACTIVE ALL CAP FD	100 SALEM ST			RI	02917	0.40%
ADVISORS CAPITAL GROWTH FUND	100 SALEM ST			RI	02917	0.40%
ADVISORS CAPITAL INTERNATIONAL FUND	100 SALEM ST			RI	02917	0.40%
ADVISORS CAPITAL SMALL MID CAP INVSTR	100 SALEM ST			RI	02917	0.40%
ADVISORS CAPITAL US DIVIDEND FD INVESTOR	100 SALEM ST			RI	02917	0.40%
ALGER HEALTH SCIENCES FD CL A	600 PLAZA ONE	6TH FL		NJ	07311	0.40%
ALGER SPECTRA FUND CLASS CL A	600 PLAZA ONE	6TH FL		NJ	07311	0.40%
ALLSPRING DIVRSFD CAP BUILDER FD INST	525 MARKET ST MAC A0103 122			CA	94105	0.10%
ALLSPRING PRECIOUS METALS FUND A	525 MARKET ST MAC A0103 122			CA	94105	0.40%
ALLSPRING PRECIOUS METALS FUND INST	525 MARKET ST MAC A0103 122			CA	94105	0.10%
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE ST			WA	98225	0.40%
AMANA INCOME FUND INSTITUTIONAL	1300 NORTH STATE ST			WA	98225	0.10%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST			WA	98225	0.40%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST			WA	98225	0.40%
AMANA PARTICIPATION FD INVESTOR CLASS	1300 NORTH STATE ST			WA	98225	0.40%
AMERICAN AMCAP CLASS A	3500 WISEMAN BLVD			TX	78251	$18.00
AMERICAN BALANCED FUND F2	3500 WISEMAN BLVD			TX	782514321	0.15%
AMERICAN BEACON ARK TRANS INNOVTN INVSTR	220 E LAS COLINAS BLVD	STE 1200		TX	75039	0.40%
AMERICAN CENTURY GLOBAL GOLD INV CL	4400 MAIN ST 1ST FL			MO	64111	0.35%
AMERICAN FUNDAMENTALINVESTORS CL F1	3500 WISEMAN BLVD			TX	782514321	0.37%
AMERICAN GROWTH FUNDOF AMERICA CLASS A	3500 WISEMAN BLVD			TX	78251	$18.00
AMERICAN INCOME FUNDOF AMERICA CLASS F1	3500 WISEMAN BLVD			TX	782514321	0.37%
AMERICAN INVESTMNT CO OF AMERICA CL A	3500 WISEMAN BLVD			TX	78251	$18.00
AMERICAN NEW PERSPECTIVE CLASS A	3500 WISEMAN BLVD			TX	78251	$18.00
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD			TX	782514321	0.37%

Schedule C, Line 2(h) Formula Descriptions

NCR Voyix Savings Plan

EIN: 31-0387920, PN: 052

Plan Year Ending: December 31, 2025

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

PAYOR NAME	ADDRESS	ADDRESS 2	ADDRESS 3	STATE	ZIP CODE	COMPENSATION
AMERICAN SMALL CAP WORLD CLASS A	3500 WISEMAN BLVD			TX	78251	$18.00
AQR MANAGED FUTURES STRATEGY HV CL N	1 GREENWICH PLAZA			CT	06830	0.40%
ARTISAN HIGH INCOME FUND INVESTOR	875 E WISCONSIN AVE STE 800			WI	53202	0.39%
BARON EMERGING MARKETS FUND RETAIL	767 5TH AVE 49TH FL			NY	10153	0.40%
BERKSHIRE FOCUS FUND	475 MILAN DR STE 103			CA	95134	0.40%
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE	STE 1000 E TOWER		MD	20814	0.40%
BLACKROCK COMMODITY STRATEGIES FUND CL A	40 EAST 52ND ST			NY	10022	0.40%
BLACKROCK MID CAP GROWTH EQUITY CL A	40 EAST 52ND ST			NY	10022	0.40%
BLACKROCK TECHNOLOGYOPPORTUNITIES CL A	40 EAST 52ND ST			NY	10022	0.40%
BRIDGEWAY ULTRA SMALL CO MARKET	20 GREENWAY PLAZA	STE 450		TX	77046	0.10%
BROWN INTERNATIONAL SMALL COMPANY INSTL	1290 BROADWAY	STE 1100		CO	80203	0.10%
CLEARBRIDGE SELECT FUND I	100 FOUNTAIN PARKWAY			FL	33716	0.10%
COLUMBIA THERMOSTAT CL A	225 FRANKLIN ST	BX25 10320		MA	02110	0.40%
CONESTOGA SMALL CAP INVESTOR CLASS	225 PICTORIA DR	STE 450		OH	45246	0.40%
DFA INTERMEDIATE GOVT F/I PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE		TX	78746	0.02%
DFA INTERNATIONAL SUSTAIN CORE 1 PORT	6300 BEE CAVES ROAD	BUILDING ONE		TX	78746	0.02%
DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVE			WI	53202	0.40%
EP INTERNATIONAL BOND FUND CLI	LOTS 81 82	ST C	STE 204	PR	00646	0.10%
EUROPAC GOLD FUND CL I	LOTS 81 82	ST C	STE 204	PR	00646	0.10%
EUROPAC GOLD FUND CLASS A	LOTS 81 82	ST C	STE 204	PR	00646	0.08%
FIRST EAGLE GOLD CLASS A	1345 AVE OF THE AMERICAS 48TH FLR			NY	10105	0.40%
FRANKLIN BIOTECH DISCOVERY FUND A	100 FOUNTAIN PARKWAY			FL	33716	$16.00
FRANKLIN GOLD AND PRECIOUS METALS CL A	100 FOUNTAIN PARKWAY			FL	33716	$16.00
GABELLI GOLD FUND CLAAA	401 THEODORE FREMD. AVE.			NY	10580	0.40%
GLENMEDE LARGE CAP GROWTH	1650 MARKET ST. STE 1200			PA	19103	0.40%
GOEHRING & ROZENCWAJG RES INSTL	1290 BROADWAY ST STE 1100			CO	80203	0.10%
GUGGENHEIM LIMITED DURATION CL P	9601 BLACKWELL RD STE 500			MD	20850	0.40%
HARBOR CAP APP INST	111 S. WACKER DR	34TH FL		IL	60606	0.15%

Schedule C, Line 2(h) Formula Descriptions

NCR Voyix Savings Plan

EIN: 31-0387920, PN: 052

Plan Year Ending: December 31, 2025

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

PAYOR NAME	ADDRESS	ADDRESS 2	ADDRESS 3	STATE	ZIP CODE	COMPENSATION
HARTFORD SCHRODERS US MID CAP OPP CL I	100 MATSONFORD RD	STE 300		PA	19087	0.15%
HCM MULTI ASSET PLUS CLASS A	1145 HEMBREE ROAD			GA	30076	0.10%
HCM SECTOR PLUS CL A	1145 HEMBREE ROAD			GA	30076	0.10%
HCM TACTICAL PLUS FD CL A	1145 HEMBREE ROAD			GA	30076	0.10%
HOOD RIVER NEW OPPORFUND INVESTOR	6001 SHADY OAK ROAD	STE 200		MN	55343	0.40%
HOOD RIVER NEW OPPORTUNITIES INSTL	6001 SHADY OAK ROAD	STE 200		MN	55343	0.12%
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA; STE 100			TX	77046	0.40%
INVESCO INTL SMALL MID COMPANY A	11 GREENWAY PLAZA; STE 100			TX	77046	0.40%
KINETICS GLOBAL FUNDNO LOAD CLASS SHARES	470 PARK AVE SOUTH			NY	10016	0.40%
KINETICS MARKET OPPORTUNITIES FD	470 PARK AVE SOUTH			NY	10016	0.40%
KINETICS PARADIGM FUND	470 PARK AVE SOUTH			NY	10016	0.40%
MANNING & NAPIER PROBLEND EXTD CL S	290 WOODCLIFF DR.			NY	14450	0.40%
MFS BLENDED RESEARCHGRWTH EQ FD CL I	111 HUNTINGTON AVE			MA	021997632	0.15%
MFS GROWTH ALLOCATION CLASS A	111 HUNTINGTON AVE			MA	021997632	0.40%
MFS INTERNATIONAL LG CAP VALUE INSTL	111 HUNTINGTON AVE			MA	021997632	0.08%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE	4TH FL		NY	10036	0.40%
MORGAN STANLEY INSIGHT A	522 FIFTH AVE	4TH FL		NY	10036	0.40%
MORGAN STANLEY INSTLINTERNTL OPP CL A	522 FIFTH AVE	4TH FL		NY	10036	0.40%
NUVEEN REAL ESATE SECURITIES SEL R6	333 WEST WACKER DR			IL	60606	0.10%
PARNASSUS CORE EQUITY INVESTOR	1 MARKET ST STEUART TOWER STE 1600			CA	94105	0.40%
PARNASSUS MID CAP	1 MARKET ST STEUART TOWER STE 1600			CA	94105	0.40%
PERMANENT AGGRESSIVEGROWTH PORTFOLIO	600 MONTGOMERY ST STE 4100			CA	941112702	0.40%
PIMCO INCOME FUND CL A	1633 BROADWAY			NY	10019	0.40%
PIMCO LOW DURATION INCOME CL I3	1633 BROADWAY			NY	10019	0.10%
PIMCO SHORT TERM FUND CL I3	1633 BROADWAY			NY	10019	0.10%
POTOMAC RISK DEFENSIVE BULL I	777 BRICKELL AVE STE 500			FL	33131	0.15%
POTOMAC RISK MANAGEDVOLATILITY FUND I	777 BRICKELL AVE STE 500			FL	33131	0.15%
POTOMAC RISK TACTICAL OPP FUND I	777 BRICKELL AVE STE 500			FL	33131	0.15%

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POTOMAC RISK TACTICAL ROTATION I	777 BRICKELL AVE STE 500			FL	33131	0.15%
QUANTIFIED COMMON GROUND FD INVST	1445 RESEARCH BLVD STE 530			MD	20850	0.40%
QUANTIFIED GOVT'T INC TACTICAL INVSTR	1445 RESEARCH BLVD STE 530			MD	20850	0.40%
RYDEX ELECTRONICS INV CLASS	9601 BLACKWELL RD STE 500			MD	20850	0.40%
RYDEX INVERSE NASDAQ 1002X CL H	9601 BLACKWELL RD STE 500			MD	20850	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL H	9601 BLACKWELL RD STE 500			MD	20850	0.40%
SEMICONDUCTOR ULTRA SECTOR PRO FD INVSTR	7501 WISCONSIN AVE	STE 1000 E TOWER		MD	20814	0.40%
STEWARD COVERED CALL INCOME INSTL	15375 MEMORIAL DR.	STE 200		TX	77079	0.12%
T ROWE PRICE ALL CAPOPPORTUNITIES INVST	4515 PAINTERS MILL RD			MD	21117	0.15%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD			MD	21117	0.15%
T ROWE PRICE COMM & TECHNOLOGY INVESTOR	4515 PAINTERS MILL RD			MD	21117	0.15%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD			MD	21117	0.15%
T ROWE PRICE GLBL ALLOCATION INVESTOR	4515 PAINTERS MILL RD			MD	21117	0.15%
T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD			MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD			MD	21117	0.15%
T ROWE PRICE SMALL CAP VALUE FUND	4515 PAINTERS MILL RD			MD	21117	0.15%
T ROWE PRICE U.S EQUITY RESEARCH FD	4515 PAINTERS MILL RD			MD	21117	0.15%
T ROWE PRICE VALUE	4515 PAINTERS MILL RD			MD	21117	0.15%
T.ROWE PRICE INTRNL DISCIPLINED EQ INV	4515 PAINTERS MILL RD			MD	21117	0.15%
THE INTERNET FUND	470 PARK AVE SOUTH			NY	10016	0.40%
THE TEBERG FUND INVESTOR CLASS	5161 MILLER TRUNK HIGHWAY			MN	55811	0.10%
THORNBURG INCOME BUILDER CL I	2300 NORTH RIDGETOP RD			NM	87506	0.15%
THRIVENT LARGE CAP GROWTH FUND CL A	4321 N. BALLARD ROAD			WI	549190001	0.10%
VALUE LINE ASSET ALLOCATION INVESTOR	7 TIMES SQUARE	STE 1606		FL	34236	0.40%
VALUE LINE CAPITAL APPRECIATION INV	7 TIMES SQUARE	STE 1606		FL	34236	0.40%
VALUE LINE SMALL CAPOPPORTUNITIES INV FD	7 TIMES SQUARE	STE 1606		FL	34236	0.40%
VEST BITCOIN STRATEGY MANAGED VOL	8730 STONY POINT PKWY STE 205			VA	23235	0.40%
VICTORY PRECIOUS METALS& MINERALS A	4900 TIEDEMAN RD 4TH FL			OH	44114	0.40%

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NCR Voyix Savings Plan

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Plan Year Ending: December 31, 2025

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PAYOR NAME	ADDRESS	ADDRESS 2	ADDRESS 3	STATE	ZIP CODE	COMPENSATION
VIRTUS KAR INTL SMALL MID CAP A	100 SUMMIT LAKE DR 201			MA	01301	0.40%
VIRTUS KAR SMALL CAP GROWTH CL A	100 SUMMIT LAKE DR 201			MA	01301	0.40%
VIRTUS KAR SMALL CAP GROWTH FUND CL I	100 SUMMIT LAKE DR 201			MA	01301	0.10%
VIRTUS ZEVENBERGEN INNOVATIVE GR STK A	100 SUMMIT LAKE DR 201			MA	01301	0.40%
WASATCH INTL VALUE FUND INVESTOR CLASS	505 WAKARA WAY	SUITE 300		UT	84108	0.40%

Fidelity Highly Confidential Information

(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
Common Collective Trust Fund				
	BTC LPATH IDX RET W	Common Collective Trust Fund	**	$252,301,635
	BTC LPTH IDX 2030 W	Common Collective Trust Fund	**	195,978,786
	BTC LPTH IDX 2035 W	Common Collective Trust Fund	**	155,892,099
	BTC LPTH IDX 2040 W	Common Collective Trust Fund	**	129,061,491
	BTC LPTH IDX 2045 W	Common Collective Trust Fund	**	97,877,712
	BTC LPTH IDX 2050 W	Common Collective Trust Fund	**	75,616,421
	BTC LPTH IDX 2055 W	Common Collective Trust Fund	**	39,640,788
	BTC LPTH IDX 2060 W	Common Collective Trust Fund	**	24,415,550
	BTC LPTH IDX 2065 W	Common Collective Trust Fund	**	13,492,659
	INTL EQUITY INDEX	Common Collective Trust Fund	**	24,282,476
	S&P 500 INDEX	Common Collective Trust Fund	**	283,647,010
	FIXED INCOME INDEX	Common Collective Trust Fund	**	25,622,946
	RUSSELL 2000 INDEX	Common Collective Trust Fund	**	36,810,297
Mutual Funds				
	EARNEST SMID CP CORE	Mutual Funds	**	4,615,431
	JPM US GOVT MM CAP	Mutual Funds	**	42,832,239
	OAKMARK R6	Mutual Funds	**	26,301,617
	DODGE & COX INT SK X	Mutual Funds	**	17,344,845
	EV INC FUND BOSTON I	Mutual Funds	**	7,964,784
*	FID MID CAP IDX	Mutual Funds	**	21,946,066
*	FID INFL PR BD IDX	Mutual Funds	**	6,102,697
*	FID LT TR BD IDX	Mutual Funds	**	3,194,757
Other				
*	BROKERAGELINK	Self Directed Accounts	**	41,659,821
*	Notes Receivable From Participants	Notes Receivable From Participants (1)	**	9,438,080
	Total investments			$1,536,040,207

*Denotes a party-in-interest.

** Participant directed, therefore, cost not required.

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