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
- [X] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [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
AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1977

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EDGEWELL PERSONAL CARE COMPANY

6 RESEARCH DRIVE
SHELTON, CT 06484

2b Employer Identification Number (EIN) 43-1863181

2c Plan Sponsor's telephone number 203-944-5979

2d Business code (see instructions) 551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	YAMILEE BRICE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

GLOBAL BENEFITS GOVERNANCE COMMITTEE

EDGEWELL PERSONAL CARE COMPANY
6 RESEARCH DRIVE
SHELTON, CT 06484

3b Administrator's EIN 43-1863181

3c Administrator's telephone number 203-944-5979

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	585
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)**	11
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	46388160
b Actuarial value	**2b**	46902894

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	445	46412800	46412800
b For terminated vested participants	130	7704446	7704446
c For active participants	11	1134129	1159176
d Total	586	55251375	55276422

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	650000
c Target normal cost	**6c**	650000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/29/2026
Date

MARK HENDRICKS
Type or print name of actuary

26-05452
Most recent enrollment number

MERCER
Firm name

816-556-4821
Telephone number (including area code)

2405 GRAND BOULEVARD
CROWN CENTER SQUARE
KANSAS CITY, MO 64108-2519
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	119939
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	119939
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.89 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1436
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		27
c	Total available at beginning of current plan year to add to prefunding balance		1463
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	84.85 %
15	Adjusted funding target attainment percentage	15	84.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	226000	0			
07/11/2025	226000	0			
10/14/2025	226000	0			
01/13/2026	226000	0			
09/14/2026	644000	0			
			Totals ► 18(b)	1548000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1463629

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	650000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8373528	812844
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1462844

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1462844
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1463629
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	785
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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
AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MORNEAU SHEPELL/LIFEWORKS

52-1883918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTACT ADMINISTRATOR	56189	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER HUMAN RESOURCE CONSULTING

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 27 50	ACTUARY	70452	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUBINBROWN LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	20000	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)

NORTHERN TRUST COMPANY

36-1564860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62 99	RECORDKEEPER	16683	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EPC CO RET PLANS MASTER TRUST

b Name of sponsor of entity listed in (a): EDGEWELL PERSONAL CARE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
43-1863181-008	M	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	326000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	46066337	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	46392337	0
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	46392337	0

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)	655000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		655000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		5342448
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5997448
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5330660	
(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)		5330660
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	56189	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	16683	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	70452	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	483620	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		646944
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5977604
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19844
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		46412181

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: RUBINBROWN LLP **(2)** EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**			
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)
EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN	43-1863181	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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588375.

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
AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

Part I Distributions

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

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

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

EIN(s): 36-3046063

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 0

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_____.

AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

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RubinBrown

7676 Forsyth Blvd
Suite 2100
St. Louis, MO 63105

T: 314.290.3300
E: info@rubinbrown.com
www.RubinBrown.com

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditors' Report

Benefits Governance Committee
American Safety Razor Company
Salaried Employees' Retirement Plan
Shelton, Connecticut

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Notes 4 and 5 to the financial statements, is complete and accurate.

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Opinion

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

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

Basis For Opinion

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

Emphasis Of Matter – Plan Merger

As discussed in Note 1 to the financial statements, the Plan was merged into another plan effective December 31, 2025. Our ERISA Section 103(a)(3)(c) audit opinion is not modified with respect to this matter.

Responsibilities Of Management For The Financial Statements

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

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

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

Auditors' Responsibilities For The Audit Of The Financial Statements

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

RubinBrown LLP

October 6, 2026

AMERICAN SAFETY RAZOR COMPANY
SALARIED EMPLOYEES' RETIREMENT PLAN

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

	December 31,	
	2025	2024
Assets		
Investments, At Fair Value		
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust	**$ —**	$ 46,066
Receivables		
Employer contributions	—	326
Net Assets Available For Benefits	**$ —**	$ 46,392

AMERICAN SAFETY RAZOR COMPANY
SALARIED EMPLOYEES' RETIREMENT PLAN

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

	For The Years Ended December 31,	
	2025	2024
Additions To Net Assets Attributed To:		
Employer contributions	**$ 655**	$ 815
Deductions From Net Assets Attributed To:		
Benefits paid	**5,331**	5,489
Administrative fees	**647**	645
Total Deductions	**5,978**	6,134
Investment Income		
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust investment income	**5,343**	829
Net Increase (Decrease) Before Transfers Out	**20**	(4,490)
Transfers Out	**(46,412)**	—
Net Decrease	**(46,392)**	(4,490)
Net Assets Available For Benefits - Beginning Of Year	**46,392**	50,882
Net Assets Available For Benefits - End Of Year	**$ —**	$ 46,392

1. Description Of The Plan

The following is a summary description of the American Safety Razor Company Salaried Employees' Retirement Plan (the Plan) and provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan was a noncontributory defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Merger

As of December 31, 2025, the Plan merged into the Edgewell Personal Care Company Defined Benefit Plan (Edgewell Plan). As a result, all assets were transferred into the Edgewell Plan as of that date. In addition, the Plan's accumulated plan benefits were transferred to the Edgewell Plan as well.

Participation

The Plan covered certain non-bargaining employees of Edgewell Personal Care Company (Edgewell or the Company) (which acquired American Safety Razor Company in November 2010), Megas Beauty Care, Inc., and Hewitt Soap Company, Inc. Edgewell is the Plan Sponsor.

The Plan was amended November 13, 2001, to freeze the participation in the Megas Salaried Plan as a result of the sale of Megas Beauty Care, Inc.

In 2003, American Safety Razor Company sold all of the assets of Hewitt Soap Company, Inc. effectively freezing participation in the Hewitt Soap Company, Inc. Salaried Pension Plan and Hewitt Soap Company Hourly Pension Plan, components of the Plan.

Effective July 16, 2005, the Plan was frozen to new participants.

Benefits

The Plan provided for normal and early retirement benefits. These benefits were determined based on provisions outlined in the Plan Document.

The Plan was amended July 16, 2005, to freeze the benefit accruals for most participants and again on July 15, 2008 to freeze the benefit accrual of a grandfathered group.

Administration And Expenses

The Plan's investments were held in the Edgewell Personal Care Company Retirement Plans Master Trust (Master Trust). The Company made contributions as necessary. The Benefits Governance Committee had the authority and discretion to manage and control Plan assets, and to control and manage the administration of the Plan (including payment of benefits). The Benefits Governance Committee also had the authority and discretion to delegate these activities.

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

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Valuation Of Investments And Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Benefits Governance Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and The Northern Trust Company (Custodian). See Note 7 for a discussion of fair value measurements.

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

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

Contributions Receivable And Credit Loss Policy

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

The Company has concluded that no allowance for current expected credit losses was necessary at December 31, 2024.

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits are based on annual earnings and length of service. For present employees, the valuation date is considered the date benefit accruals were frozen for the employee.

Estimates And Assumptions

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

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

3. Funding Policy

It was the Company's practice to fund accumulated plan benefits in accordance with the limits imposed by ERISA and the Internal Revenue Code (the Code). The contributions were made in amounts deemed necessary by the Plan's actuary to fund the benefits provided by the Plan. For the years ended December 31, 2025 and 2024, the Plan met the minimum funding requirements under ERISA.

4. Certified Investment Information

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements that was prepared by or derived from information certified by the Custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements related to the following assets as of December 31:

	Dollars In Thousands	
	2025	2024
Plan interest in Edgewell Personal Care Company Retirement Plans Master Trust	**$ —**	$ 46,066

The Custodian also certified to the completeness and accuracy related to the following investment income for the years ended December 31:

	Dollars In Thousands	
	2025	2024
Plan interest in Edgewell Personal Care Company Plans Master Trust investment income	**$ 5,343**	$ 829

5. Investment In Master Trust

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

The following is a summary of the Master Trust's asset information as of December 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements, that was prepared by or derived from information certified by the Custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements related to the following Master Trust assets as follows as of December 31:

	Dollars In Thousands	
	2025	2024
Investments		
Common stocks	**$ 28,640**	$ 26,256
Collective trust funds	**247,209**	239,906
Total Investments	**275,849**	266,162
Accrued Income	**67**	66
Due From Broker For Securities Sold	**1,952**	1,669
Due To Broker For Securities Purchased	**(1,952)**	(1,659)
Master Trust Net Assets Available For Benefits	**$ 275,916**	$ 266,238

The Custodian also certified to the completeness and accuracy related to the following Master Trust investment income for the years ended December 31:

	Dollars In Thousands	
	2025	2024
Net change in fair value of investments	**$ 29,111**	$ 8,666
Interest and dividends	**795**	579

The following table represents the Master Trust's balances and the Plan's interest in the Master Trust balances as of December 31, 2025 (Dollars In Thousands):

	Master Trust Balances	Plan's Interest In Master Trust Balances
Investments		
Common stocks	**$ 28,640**	$ —
Collective trust funds	**247,209**	—
Total Investments	**275,849**	—
Accrued Income	**67**	—
Due From Broker For Securities Sold	**1,952**	—
Due To Broker For Securities Purchased	**(1,952)**	—
Master Trust Net Assets Available For Benefits	**$ 275,916**	$ —

The following table represents the Master Trust's balances and the Plan's interest in the Master Trust balances as of December 31, 2024 (Dollars In Thousands):

	Master Trust Balances	Plan's Interest In Master Trust Balances
Investments		
Common stocks	**$ 26,256**	$ 4,543
Collective trust funds	**239,906**	41,510
Total Investments	**266,162**	46,053
Accrued Income	**66**	11
Due From Broker For Securities Sold	**1,669**	289
Due To Broker For Securities Purchased	**(1,659)**	(287)
Master Trust Net Assets Available For Benefits	**$ 266,238**	$ 46,066

6. Financial Instruments Measured At Fair Value

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

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

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

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

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

Common Stocks

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

Collective Trust Funds

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

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

	December 31, 2025 (Dollars In Thousands)			
	Level 1	**Level 2**	**Level 3**	**Total**
Common stocks	$ 28,640	$ —	$ —	$ 28,640
Investments measured at net asset value (a)				247,209
Total assets at fair value				$ 275,849

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

	December 31, 2024 (Dollars In Thousands)			
	Level 1	**Level 2**	**Level 3**	**Total**
Common stocks	$ 26,256	$ —	$ —	$ 26,256
Investments measured at net asset value (a)				239,906
Total assets at fair value				$ 266,162

(a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Fair Value Of Investments In Entities That Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024:

	Fair Value (Dollars In Thousands)				
Investment Type	**2025**	2024	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Collective trust funds	**$ 247,209**	$ 239,906	None	Daily	None

There have been no changes in the valuation methodologies used at December 31, 2025 or 2024.

7. Accumulated Plan Benefits/Assumptions

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

Significant assumptions at December 31, 2024 used in this calculation are as follows:

Discount rate	5.15%
Mortality table	Pre-commencement: PRI-2012 mortality for employees, separately for males and females with no collar adjustment and MSS-2024 generational mortality improvement scale.
	Post commencement: Mercer Industry Longevity Experience Study Annuitant for Consumer Goods and Food & Drink (MILES-2010), with no collar adjustment and MSS-2024 generational mortality improvement scale.
Retirement age	Based on a scale ranging from age 55 to age 65 and older

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024 there would be no material differences.

Based on the preceding assumptions, the total actuarial present value of accumulated plan benefits at December 31, 2024 is as follows (Dollars In Thousands):

Vested benefits	
Active participants	$ 1,166
Participants currently receiving payments	46,032
Other participants	7,906
	55,104
Nonvested benefits	26
Total actuarial present value of accumulated plan benefits	$ 55,130

Changes in the Plan's actuarial present value of accumulated plan benefits for the year ended December 31, 2024 are as follows (Dollars In Thousands):

Actuarial present value of accumulated plan benefits as of January 1, 2024	$ 59,114
Increase during year attributed to:	
Actuarial losses	696
Increase for interest due to decrease in discount period	2,666
Benefits paid	(5,489)
Change in actuarial assumptions	(1,857)
	(3,984)
Actuarial present value of accumulated plan benefits as of December 31, 2024	$ 55,130

Change In Actuarial Assumptions

- The generational mortality improvement projection scale was updated from MSS-2023 to the MSS-2024 scale.

- The discount rate was increased from 4.70% to 5.15%

8. Party In Interest Transactions

The Master Trust and Plan allow for transactions with certain parties who may perform services or have fiduciary responsibilities to the Master Trust and Plan. The Master Trust held an investment, which is owned and managed by the Custodian.

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

9. Income Tax Status

The Company received a favorable letter of determination from the Internal Revenue Service (IRS) dated January 17, 2018 indicating the Plan was in compliance with the Code. The Plan had been amended since receiving the determination letter. However, the Plan Administrator believed that the Plan was designed and operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44											
45–49						1					1
50–54				1			1				2
55–59							1	2			3
60–64							2	1			3
65–69							1	1			2
70 & up											
Total				1		1	5	4			11

In each cell, the number shown is the count of active participants for each age/service combination.

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

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	**Nonstabilized**	**PBGC Premiums**
• First 5 years	5.07%	5.07%	5.07%
• Next 15 years	5.31%	5.33%	5.33%
• Over 20 years	5.50%	5.36%	5.36%
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the Pri-2012 mortality tables with improvement projected based on the MP- 2021 scale, with IRS modifications for COVID-19 and the statutory cap on annual improvement.		
• Disabled participants	Same as healthy participants		
417(e) lump sums	None assumed		
Non-417(e) lump sums	Not applicable		
Other economic assumptions			
• Salary increases	Not applicable		
• Flat-dollar benefit increases	Not applicable		
• Social Security wage base	Not applicable		
• Inflation	Not applicable		
• Expected investment return	5.70% for 2025; 5.10% for 2024; 4.85% for 2023		
• Expenses	$650,000 added to current year normal cost		

Demographic assumptions	
• Withdrawal	SOA 2003 Termination Table for Small Plans. See table of sample rates.
• Disability incidence	None assumed

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

• Retirement age	**Attained age**	**Percentage**
	55	5%
	56	5%
	57	5%
	58	5%
	59	5%
	60	20%
	61	5%
	62	30%
	63	40%
	64	15%
	65 and above	100%
• Benefit commencement age for		
– Future vested deferred	65	
– Current vested deferred	65	
• Spouse assumptions	**Male participants**	**Female participants**
- Percentage married		
- Megas	80%	80%
- All Others	100%	100%
• Spouse age difference	3 years younger	3 years older
• Pre-retirement death benefit coverage	It is assumed that the charge to Hewitt and ASR participants for pre-retirement death benefits equals the cost of such benefits.	
• **Form of payment**	55% elect Life Annuity and 45% elect Joint & 75% Survivor	
Unpredictable contingent event assumptions	Not applicable	

Rationale for Economic assumptions

- Expected investment return – This assumption is based the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook, taking into account expected investment expense of approximately 9 bps.
- Expenses – This assumption is based on prior year experience, adjusted for significant expected changes in the upcoming year, including PBGC increases.

Rationale for Demographic assumptions

- Mortality – As prescribed by the IRS

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

- Withdrawal incidence – This plan has less than 50 active participants so the small plan rates from the SOA are used.
- Retirement incidence – This assumption is reviewed with each valuation to determine if there are significant changes in the retirement pattern.
- Form of payment – Based on a review of plan experience from 2015 to 2018.
- Benefit commencement age – Based on a review of plan experience from 2015 to 2018.

Table of Sample Rates

Withdrawal	
Attained age	**Percentage**
20	24.30%
25	19.50%
30	15.50%
35	12.10%
40	9.40%
45	7.30%
50	5.60%
55	4.20%
60	3.00%
65	1.90%

Actuarial Methods for Funding

Asset Methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

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

Participant Methods

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

- **Participants included:** The plan administrator provides us with data on all eligible employees as of the valuation date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum Funding Methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year. An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EDGEWELL PERSONAL CARE COMPANY

D Employer Identification Number (EIN)
43-1863181

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	46,388,160
b Actuarial value	**2b**	46,902,894

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	445	46,412,800	46,412,800
b For terminated vested participants	130	7,704,446	7,704,446
c For active participants	11	1,134,129	1,159,176
d Total	586	55,251,375	55,276,422

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	650,000
c Target normal cost	**6c**	650,000

Statement by Enrolled Actuary

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

SIGN HERE

MARK HENDRICKS MH
Signature of actuary

09/29/2026
Date

MARK HENDRICKS
Type or print name of actuary

2605452
Most recent enrollment number

MERCER
Firm name

816-556-4821
Telephone number (including area code)

2405 GRAND BOULEVARD
CROWN CENTER SQUARE
KANSAS CITY MO 64108-2519
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	119,939
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	119,939
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.89%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,436
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		27
	c Total available at beginning of current plan year to add to prefunding balance		1,463
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	84.85%
15	Adjusted funding target attainment percentage	15	84.85%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.27%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	226,000	0			
07/11/2025	226,000	0			
10/14/2025	226,000	0			
01/13/2026	226,000	0			
09/14/2026	644,000	0			
			Totals ► 18(b)	1,548,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,463,629

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	650,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	8,373,528	812,844
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,462,844

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1,462,844
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,463,629

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	785
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	10,000	500	27,500
56	5.0%	9,500	475	26,600
57	5.0%	9,025	451	25,707
58	5.0%	8,574	429	24,882
59	5.0%	8,145	407	24,013
60	20.0%	7,738	1,548	92,880
61	5.0%	6,190	310	18,910
62	30.0%	5,880	1,764	109,368
63	40.0%	4,116	1646	103,698
64	15.0%	2,470	370	23,630
65	100.0%	2,100	2,100	136,500
Total			10,000	613,738
Average				61.37

Schedule SB, Part V — Summary of Plan Provision

Summary of Major Plan Provisions

Effective date and plan year	Original plan: July 1, 1955 Restated plan: January 1, 2008 Last amended: May 16, 2012 Plan year: January 1 to December 31
Status of the plan	The plan is closed to new entrants and does not have ongoing benefit accruals.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All non-bargaining employees who work 1,000 hours during the year.
• Participation	Effective July 15, 2005, there are no further entrants to the retirement plan.
• Vesting service	Aggregate number of years and partial years from hire date.
• Accredited service	Aggregate number of years and partial years from hire date. No additional service is granted after July 15, 2008 for the grandfathered participants.
• Social Security integration level	The average of the taxable wage bases for the 35 calendar years ending with the year in which a participant reaches Social Security Retirement Age. For participants terminating after meeting early retirement eligibility, the Social Security Integration Level is computed as if the participant attained age 65 on the day prior to actual retirement.
• Compensation	Actual annual compensation including overtime, shift differential, sales commissions, sales incentive programs, executive bonus plans and executive incentive programs.
• Average compensation	Average compensation is determined as one-fifth of the highest total compensation during any 5 consecutive calendar years out of the last 10 years. Compensation in the year of retirement or termination is annualized.
• Accrued benefit	Same as Normal Retirement Benefit, except that average compensation, accredited service and Social Security integration level are computed as of the earlier of termination or date benefit stopped accruing (2005 or 2008).
Normal retirement	
• Eligibility	First of the month coinciding with or next following the later of attainment of age 65 or completion of 5 years of participation service.

Schedule SB, Part V — Summary of Plan Provision

• Benefit	Payable upon the normal retirement of any participant and computed as the largest of 1, 2, or 3 below. 1. Sum of (A), (B), and (C): A. 1.575% of average compensation up to the Social Security integration level times years of accredited service, not in excess of 35 years, plus B. 1.875% of average compensation in excess of the Social Security integration level times years of accredited service, not in excess of 35 years, plus C. 1.875% of average compensation times years of accredited service in excess of 35 years. 2. Greater of (A) or (B): A. Minimum accrued benefit under the ASR Staunton Employees' Retirement Plan. B. Minimum accrued benefit computed as of December 31, 1993 based on the formula in effect on that date. 3. Sum of (A) and (B): A. Minimum accrued benefit computed as of December 31, 1993 based on the formula in effect on that date with compensation limited in all prior years to $235,840, plus B. 1.575% of average compensation up to the Social Security integration level plus 1.875% of average compensation in excess of the Social Security integration level, times years of accredited service, not in excess of 35 years less accredited service as of December 31, 1993, plus 1.875% of average compensation times years of accredited service in excess of 35 years, less accredited service as of December 31, 1993 in excess of 35 years. Effective January 1, 2005, the annual accrued benefit of any participant who satisfied the condition below will increase by a one-time flat dollar amount of $525. The additional accrual shall be credited only to the participants who are not Highly Compensated Employees as of December 31, 2005, are participants as of December 31, 2005 and are employed by ASR as of September 30, 2006. <u>Grandfathered</u> Effective July 15, 2005, there are no future accruals except for those active participants at July 15, 2005 whose age plus service is at least equal to 62 ("Grandfathered Participants"). Accrued Benefits for all Grandfathered Participants shall be determined as of July 15, 2008 taking into account five-year average compensation, accredited service and Social Security integration level as of such date or termination with the company if earlier.

Schedule SB, Part V — Summary of Plan Provision

	Corrective Group Effective January 1, 2008, Grandfathered participant group was extended to participants whose age plus accredited service as of July 15, 2005 was under 62 but was at least 60.916; who were not highly compensated employees for either the 2004 plan year or subsequent plan years; and who remained active as of December 1, 2008 ("Corrective Group"). For the Corrective Group, the accrued benefits are frozen as of July 15, 2008 taking into account five-year average compensation, accredited service and Social Security integration level as of July 15, 2008.
Early retirement	
• Eligibility	First day of any month prior to his normal retirement date provided he has attained age of 55 or more and completed at least 5 years of accredited service.
• Benefit	Accrued Benefit reduced actuarially for commencement prior to age 60 and no reduction if the employee has completed at least 30 years of accredited service.

Age	Factor
60 and later	1.000
59	0.904
58	0.818
57	0.742
56	0.675
55	0.614

Deferred vested	
• Eligibility	Five years of accredited service.
• Benefit	Benefit commencing on the normal retirement date calculated the same as in Normal Retirement Benefit above using service at date of termination. A participant who has enough accredited service to be eligible for early retirement may elect to receive a reduced benefit after age 55. Benefits may commence at age 55 and are reduced based on the actuarial equivalence assumptions defined in the plan.
Late retirement	
• Eligibility	The first day of any month after the participant's Normal Retirement Date.
• Benefit	The benefit at Normal Retirement Date actuarially increased to the Late Retirement Date.
Disability	
• Eligibility	Eligible to receive disability benefits under the American Safety Razor Company Long Term Disability Plan. Disability benefits are no longer applicable following the plan freeze.

Schedule SB, Part V — Summary of Plan Provision

• Benefit	Commencing on the normal retirement date, the monthly retirement benefit the participant would have been entitled to had he remained in service until his normal retirement date with average compensation and Social Security integration level determined as of the disability date. Credited Service stopped in 2005 or 2008 similar to the Normal Retirement Benefit.
Pre-retirement death	
• Eligibility	If a married participant has completed 5 years of accredited service and dies before beginning to receive any benefits, the surviving spouse will receive a lifetime monthly benefit, commencing on the first day of the month following the later of the participant's earliest retirement date had he survived or the participant's date of death.
• Benefit	The benefit is computed assuming the participant had retired on the day preceding his death, survived to the earliest retirement date or date of death if later and began receiving benefits under a 50% qualified joint and survivor annuity. Spouse can elect a 75% qualified joint and survivor annuity as well. There is a charge for this benefit. The actual benefit payable will be reduced for each year the coverage is in effect at the rate of 2/10% between ages 35 and 55, and ½% from age 55 to the participant's normal retirement date.
Form of benefits	
• Automatic form for unmarried participants	Straight life
• Automatic form for married participants	50% joint and survivor
• Optional forms	Joint and survivor annuity (100%, 75%, 50%) Straight life
• Actuarial equivalence	Mortality Table: Blended 77% of the GATT-2003 Table with ages set forward 1 year and 23% of the GATT-2003 Table with ages set back 4 years. Interest Rate: 7% per year.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a) (17) for the calendar year in which the 12-month period begins.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Schedule SB, Part V — Summary of Plan Provision

Megas Salaried Participants

Effective date and plan year	Original plan: November 27, 1985 Restated plan: January 1, 2008 Plan year: January 1 to December 31
Status of the plan	The plan is closed to new entrants and does not have ongoing benefit accruals.
Significant events that occurred during the year	None
Definitions	
• Participation	Participation in the Prior Plan as of November 26, 1985 or one year of service. Effective November 13, 2001, no employee who is not already a participant shall be eligible for participation.
• Vesting service	Aggregate number of years and partial years.
• Credited service	Aggregate number of years and partial years.
• Compensation	Total compensation paid by the employer, excluding severance pay, non-cash compensation, and reimbursement of expenses. Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a) (17) for the calendar year in which the 12-month period begins.
• Accrued benefit	Same as Normal Retirement Benefit except compensation ends at the earlier of termination or November 13, 2001.
Normal retirement	
• Eligibility	First of the month coinciding with or next following the participant's 65th birthday.
• Benefit	Accrued Benefit determined as of Normal Retirement Date. 1/12 of 3/4% of compensation received during all periods of credited service as of November 13, 2001. Effective November 13, 2001, the accrued benefit of each participant is frozen as of that date.
Early retirement	
• Eligibility	First day of any month after age 55 and 5 years of service
• Benefit	Accrued Benefit at early retirement date and payable: 1. At normal retirement date without reduction, or 2. For active participants retiring early; reduced 2/10% for each of the first 36 months and 4/10% for each of the next 84 months that the early retirement date precedes the normal retirement date, or 3. For deferred vested participants retiring early; reduced 4/10% for each month that the early retirement date precedes the normal retirement date.

Schedule SB, Part V — Summary of Plan Provision

Late retirement	
• Eligibility	The first day of any month after the participant's Normal Retirement Date.
• Benefit	Accrued Benefit actuarially increased and payable as of Late Retirement Date.
Deferred vested	
• Eligibility	After 5 years of Vesting Service or attainment of age 65, the Accrued Benefit is 100% vested. Effective November 13, 2001, all participants are 100% vested.
• Benefit	Accrued Benefit payable at age 65, or reduced benefit payable on or after attainment of age 55.
Pre-retirement death	
• Eligibility	Available and fully subsidized if member is married and vested at death.
• Benefit prior to early retirement	Payable as if participant had terminated employment at death (if not previously terminated); survived to Earliest Retirement Age (age 55); retired under 50% joint and survivor form (or 75% if elected); and died the day after reaching Earliest Retirement Age.
• Benefit after early but before normal retirement	After eligible for Early Retirement, Accrued Benefit converted to 50% joint and survivor form payable to the spouse as if the participant had retired immediately before death. Spouse can elect a 75% survivor annuity as well.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	Actuarially reduced 50% joint and survivor
• Optional forms	• Joint and survivor (50%, 66-2/3%, 75% or 100%) • Straight life • 10 year certain and continuous
• Actuarial equivalence	Mortality Table: GATT-2003 Table with ages set back 2 years. Interest Rate: 7% per year.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a) (17) for the calendar year in which the 12-month period begins.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Schedule SB, Part V — Summary of Plan Provision

Hewitt Salaried Participants

Effective date and plan year	Original plan: January 1, 1981 Restated plan: January 1, 2008 Plan year: January 1 to December 31
Status of the plan	The plan is closed to new entrants and does not have ongoing benefit accruals.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All salaried employees who work at least 501 hours of service during a six-month period and have attained age 20. The Hewitt Soap Company was sold to Bradford Soap International, Inc. on October 27, 2003. Benefit accruals under the Hewitt Soap Company Salaried Pension Plan were frozen and all participants are considered terminated as of the sale date.
• Vesting service	Aggregate number of years of service. From January 1, 1981, a year of service is a plan year in which an employee works at least 1,000 hours, plus years of service earned under the Prior Plan prior to 1981.
• Credited service	Aggregate number of years of service. From January 1, 1981, a year of service is a plan year in which an employee works at least 1,000 hours, plus years of service earned under the Prior Plan prior to 1981. No service is granted after October 27, 2003.
• Compensation	Actual annual compensation including overtime payments, discretionary bonuses, formula bonuses, commissions, and other non-deferred compensation.
• Accrued benefit	Same as Normal Retirement Benefit, except compensation is calculated at earlier of termination or October 27, 2003.
Normal retirement	
• Eligibility	First of the month coinciding with or next following the later of the attainment of age 65 or completion of 5 years of participation service. If the participant is vested due to the sale of Hewitt Soap, Normal Retirement is the first of the month coinciding with or next following the attainment of age 65.

Schedule SB, Part V — Summary of Plan Provision

• Benefit	Payable upon the normal retirement of any participant and computed as 1 plus 2. 1. For service before January 1, 1981: A. The monthly pension benefit, if any, earned under the Hewitt Basic Retirement Plan as of December 31, 1980, plus B. The monthly pension benefit, if any, earned under the Hewitt Variable Income Retirement Plan as of December 31, 1980. 2. For service after December 31, 1980, the greater of A. or B: A. 2% of a participant's average earnings times years of credited service. B. The sum of the participant's accrued benefit as of December 31, 1993, with average earnings limited to $235,840 effective as of December 31, 1993 retroactively for all years, plus 2% of a participant's average earnings times years of credited service beginning on or after January 1, 1994.
Early retirement	
• Eligibility	First day of any month prior to his normal retirement date provided he has attained the age of fifty-five or more and completed at least 25 years of service or he has attained the age of 60 or more and completed at least 10 years of service.
• Benefit	Accrued Benefit reduced 1/180th for each of the first sixty months, and 1/360th for each of the next sixty months for commencement prior to age 65.

Age	Factor
65	1.000
64	0.933
63	0.867
62	0.800
61	0.733
60	0.667
59	0.633
58	0.600
57	0.567
56	0.533
55	0.500

Deferred retirement	
• Eligibility	The first day of any month after the participant's Normal Retirement Date.
• Benefit	The normal retirement benefit calculated above, with average earnings and credited service calculated as of the normal retirement date, actuarially increased to the deferred retirement date.

Schedule SB, Part V — Summary of Plan Provision

Deferred vested	
• Eligibility	Five years of service. Due to the sale of Hewitt Soap to Bradford Soap Works, all active salaried participants as of October 27, 2003 were vested in their accrued benefit to date.
• Benefit	Benefit commencing at normal retirement date calculated the same as the Normal Retirement Benefit. A participant who has enough years of service to be eligible for early retirement may elect to receive a reduced benefit after he satisfies the appropriate age requirement.
Pre-retirement death	
• Eligibility	If a married participant has completed five years of service and dies before beginning to receive any benefits, the surviving spouse will receive a lifetime monthly benefit, commencing on the first day of the month following the later of the earliest date the participant would have been able to retire or the participant's date of death.
• Benefit	The benefit is computed assuming the participant had retired on the day preceding his death, survived to the earliest retirement date or date of death if later and began receiving benefits under a 50% qualified joint and survivor annuity. Effective January 1, 1991, the actual benefit payable will be reduced for each year the coverage is in effect at the rate of 15/100% between ages 35 and 55, and 1/2% from age 55 to the participant's Normal Retirement Date. The death benefit will be at least equal to a refund of the accumulated prior plan values.
Form of benefits	
• Automatic form for unmarried participants	Straight life
• Automatic form for married participants	50% joint and survivor
• Optional forms	• Joint and survivor annuity (100%, 75%, 50%) • Straight life • Lump sum (not to exceed $10,000) • Lump sum of Prior Plan Benefit
• Actuarial equivalence	Mortality Table: Blended 37% of the GATT-2003 Table with ages set forward 1 year and 63% of the GATT-2003 Table with ages set back 4 years. Interest Rate: 7% per year.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Schedule SB, Part V — Summary of Plan Provision

Hewitt Hourly Participants

Effective date and plan year	Original plan: July 1, 1950 Restated plan: January 1, 2008 Plan year: January 1 to December 31
Status of the plan	The plan is closed to new entrants and does not have ongoing benefit accruals.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All hourly-paid employees of the Company, not actively participating in any other qualified Company retirement plan, who have completed a year of service. The Hewitt Soap Company was sold to Bradford Soap International, Inc. on October 27, 2003. Benefit accruals under the Hewitt Pension Plan were frozen and all participants are considered terminated as of the sale date.
• Vesting service	Aggregate number of years of service. A year of service is any consecutive 12-month period measured from an Employees' employment commencement date or anniversary during which the employee was employed at least 1,000 hours.
• Credited service	Aggregate number of years of service. A year of service is any consecutive 12-month period measured from an Employees' employment commencement date or anniversary during which the employee was employed at least 1,000 hours. No service is granted after October 27, 2003.
• Accrued benefit	Same as Normal Retirement Benefit, with the benefit rate in effect at date of termination and years of credited service computed at the earlier of termination or October 27, 2003.
Normal retirement	
• Eligibility	First of the month coinciding with or next following the later of the attainment of age 65 or completion of 5 years of participation service.
• Benefit	Payable upon the normal retirement of any participant, a monthly amount determined as the larger of 1 or 2 below: 4. $30.00 times years of credited service, or 5. Minimum accrued benefit computed as of December 31, 1993, based on the plan provisions in effect on that date.
Early retirement	
• Eligibility	First day of any month prior to his normal retirement date provided he has attained the age of fifty-five or more and completed at least 10 years of credited service or attained age sixty-two or completed 30 or more years of credited service.

Schedule SB, Part V — Summary of Plan Provision

• Benefit	Accrued Benefit reduced for commencement prior to age 62 with no reduction if the employee has completed at least 30 years of credited service.

Age	Factor
65	1.000
64	1.000
63	1.000
62	1.000
61	0.990
60	0.980
59	0.970
58	0.960
57	0.950
56	0.940
55	0.930

Postponed retirement	
• Eligibility	The first day of any month after the participant's Normal Retirement Date.
• Benefit	Normal Retirement Benefit actuarially increased to postponed retirement date.
Deferred vested	
• Eligibility	Five years of credited service.
• Benefit	Benefit commencing at his normal retirement date calculated the same as Normal Retirement Benefit above. A participant who has five years of credited service is eligible to receive a reduced benefit after age fifty-five. The reduction is 6 2/3% for each year prior to age 65. If a participant had met early retirement eligibility as of October 27, 2003, the early retirement factors as an active participant would be applied instead of the early retirement factors as a terminated participant.
Disability	
• Eligibility	First day of any month prior to his normal retirement date if a participant is eligible for Social Security disability benefits, attained at least age 55 and completed 10 years of service. Disability benefits are no longer applicable following the sale of Hewitt Soap Company to Bradford Soap International, Inc.
• Benefit	Accrued Benefit reduced for commencement prior to age 62 as provided under the early retirement provisions.

Schedule SB, Part V — Summary of Plan Provision

Pre-retirement death	
• Eligibility	If a married participant has completed five years of credited service and dies before beginning to receive any benefits, the surviving spouse will receive a lifetime monthly benefit, commencing on the first day of the month following the later of the earliest date the participant would have been able to retire or the participant's date of death.
• Benefit	The benefit is computed assuming the participant had retired on the day preceding his death, survived to the earliest retirement date or date of death if later and began receiving benefits under a 50% qualified joint and survivor annuity. Effective January 1, 1991, participants between ages 35 and 55 will be charged for this benefit. The actual benefit will be reduced for each year the coverage is in effect at the rate of 2/10% per month.
Form of benefits	
• Automatic form for unmarried participants	Straight life
• Automatic form for married participants	50% joint and survivor
• Optional forms	• Joint and survivor annuity (100%, 75%, 50%) • Straight life
• Actuarial equivalence	Mortality Table: Blended 37% of the GATT-2003 Table with ages set forward 1 year and 63% of the GATT-2003 Table with ages set back 4 years. Interest Rate: 7% per year.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2017, are included in this valuation.

- **Plan amendments excluded:** None.

- **Late retirement increases:**
  - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a) (17) have been incorporated into our calculations.

Schedule SB, Part V — Summary of Plan Provision

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

Plan Provisions Specific to Funding

Additional Benefits Included or Excluded

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

Plan Provision Changes since Prior Valuations

Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		**Outstanding balance**	**Years remaining**		**2025 installment**
2023	$	4,055,022	13	$	416,758
2024	$	(1,489,738)	14	$	(145,758)
2025		5,808,244	15		541,564
Total	$	8,373,528		$	812,844

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial Assumption Changes since Prior Valuation

Funding

- The expense assumption was increased from $630,000 to $650,000 for 2025.
- The expected investment return was updated from 5.10% to 5.70%.