Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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
THE BRINK'S COMPANY FROZEN PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 12/08/2017

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)
THE BRINK'S COMPANY

P.O. BOX 18100
RICHMOND, VA 23226-8100

1801 BAYBERRY COURT
RICHMOND, VA 23226-8100

2b Employer Identification Number (EIN) 54-1317776

2c Plan Sponsor's telephone number 804-289-9600

2d Business code (see instructions) 212110

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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	10102
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)**	651
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	515
b	Retired or separated participants receiving benefits	**6b**	5044
c	Other retired or separated participants entitled to future benefits	**6c**	3510
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9069
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	942
f	Total. Add lines **6d** and **6e**.	**6f**	10011
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 3J

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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
THE BRINK'S COMPANY FROZEN PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE BRINK'S COMPANY

D Employer Identification Number (EIN)
54-1317776

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**	587739425
b Actuarial value	**2b**	581098377

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	5767	421015840	421015840
b For terminated vested participants	3747	147054117	147054117
c For active participants	651	24562056	24562056
d Total	10165	592632013	592632013

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1800000
c Target normal cost	**6c**	1800000

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

Date

THOMAS M. SKIAVO, EA, MAAA
Type or print name of actuary

23-06727
Most recent enrollment number

MERCER
Firm name

202-331-2557
Telephone number (including area code)

WASHINGTON SQUARE
1050 CONNECTICUT AVENUE, SUITE 700
WASHINGTON, DC 20036-5386
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	18816096
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		5589564
9	Amount remaining (line 7 minus line 8)	0	13226532
10	Interest on line 9 using prior year's actual return of 4.29 %	0	567418
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	13793950

Part III Funding Percentages

14	Funding target attainment percentage	14	95.72 %
15	Adjusted funding target attainment percentage	15	95.72 %
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	98.36 %
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
			Totals ► 18(b)	0	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	0

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:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	1800000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	25327586	2455702
b Waiver amortization installment		

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**	4255702

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		4255702	4255702

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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
THE BRINK'S COMPANY FROZEN PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE BRINK'S COMPANY

D Employer Identification Number (EIN)
54-1317776

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

SEI INVESTMENT MANAGEMENT

04-2452803

(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?
28 51 52	NONE	1262425	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 50 63	NONE	107505	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

MERCER

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 50	NONE	78328	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

AON CONSULTING, INC.

22-2945469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	61126	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PENSION BENEFIT INFORMATION, LLC

82-4722389

(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?
49 50	NONE	20720	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

XACTLY

2450 S.W. GRAPEVINE PKWY ST
GRAPEVINE, TX 76051

(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?
49	NONE	6649	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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
THE BRINK'S COMPANY FROZEN PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE BRINK'S COMPANY

D Employer Identification Number (EIN)
54-1317776

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: SEI CORE PROPERTY COLLECTIVE INV TR

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3224429-045	C	1998227

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
THE BRINK'S COMPANY FROZEN PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE BRINK'S COMPANY

D Employer Identification Number (EIN)
54-1317776

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3703305	3660544
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	110542	148745
(2) U.S. Government securities	1c(2)	55287523	81704928
(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)	22026506	1998227
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	506611549	509933856
(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	587739425	597446300
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	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	587739425	597446300

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14053	
(B) U.S. Government securities	2b(1)(B)	757435	
(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)		771488
(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)	20061428	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20061428
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	55691318	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	53861629	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1829689
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1603898	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1603898

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		582012
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		32467643
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		57316158
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44707294	
(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)		44707294
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)	78328	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1262425	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1561236	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2901989
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		47609283
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9706875
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [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: KEITER **(2)** EIN: 54-1361262

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		50000000
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		1998227
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 595454.

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
THE BRINK'S COMPANY FROZEN PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE BRINK'S COMPANY

D Employer Identification Number (EIN)
54-1317776

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** |

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): _____ _____

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** | 3

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 9.00 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 86.00 %
High-Yield Debt: 4.00 % Real Assets: _____ % Cash or Cash Equivalents: 1.00 % 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_____.

The Brink's Company
Frozen Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

(With Independent Auditor's Report)

Keiter
Your Opportunity Advisors

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Glen Allen, Virginia 23060
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THE BRINK'S COMPANY FROZEN PENSION PLAN

Index to Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

	Page
Independent Auditor's Report	3
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	7
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2025 and 2024	8
Notes to Financial Statements	9
Supplemental Schedules	
Schedule H, line 4i - Schedule of Assets (Held at End of Year) - December 31, 2025	16
Schedule H, line 4j - Schedule of Reportable Transactions - For the Year Ended December 31, 2025	17

Other schedules not filed herewith are omitted because of the absence of conditions under which they are required.

INDEPENDENT AUDITOR'S REPORT

To the Benefits Administration Committee of the
The Brink's Company Frozen Pension Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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).

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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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions – for the Year Ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



October 13, 2026
Glen Allen, Virginia

THE BRINK'S COMPANY FROZEN PENSION PLAN

Statements of Net Assets Available for Benefits

(In thousands)	December 31, 2025	2024
Assets:		
Investments at fair value		
Mutual funds	$ 509,934	$ 506,612
U.S. government debt securities	81,705	55,288
Real estate fund	1,998	21,354
Structured credit collective trust	—	672
Cash equivalents	149	110
Total investments at fair value	593,786	584,036
Receivables:		
Due from brokers for securities sold	3,660	3,703
Total assets	597,446	587,739
Liabilities:		
Accrued expenses	374	390
Total liabilities	374	390
Net assets available for benefits	$ 597,072	$ 587,349

See accompanying notes to financial statements.

THE BRINK'S COMPANY FROZEN PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

(In thousands)	Years Ended December 31, 2025	2024
Additions:		
Net investment income:		
Net appreciation (depreciation) in fair value of investments:		
Mutual funds	$ 32,467	$ 9,512
U.S. government debt securities	3,434	(3,542)
Real estate fund	576	(1,745)
Structured credit collective trust	6	3,819
Dividends	20,062	18,692
Interest	771	24
Less investment expenses	(1,215)	(1,479)
Total net investment income	56,101	25,281
Deductions:		
Benefits paid directly to participants and beneficiaries	(44,707)	(44,358)
Administrative expenses	(1,671)	(4,742)
Total deductions	(46,378)	(49,100)
Net increase (decrease)	9,723	(23,819)
Net assets available for benefits:		
Beginning of year	587,349	611,168
End of year	$ 597,072	$ 587,349

See accompanying notes to financial statements.

Note 1. Presentation of the Plan

On September 26, 2017 The Brink's Company and its subsidiaries (the "Company") made a decision to spin off a certain portion of the Brink's Company Pension-Retirement Plan (the "PRP") to a new plan named The Brink's Company Frozen Pension Plan (the "Plan") and to terminate the PRP. The spin-off of the Plan and the termination of the PRP were effective on December 8, 2017. The portion that the Company spun off to form the Plan consisted of participants who are entitled to benefits with a projected present value greater than $5,000. The Plan essentially is a "clone" of the PRP and effectively carried over the plan provisions of the PRP.

The Plan is a noncontributory, defined benefit plan sponsored by the Company. The Board of Directors of the Company has appointed a Benefits Administration Committee (as successor to the former Administrative Committee), comprised of certain members of management of the Company, to be responsible for the administration of the Plan and carrying out its terms. The Benefits Administration Committee is governed by the Retirement Plan Committee (as successor to the former Oversight Committee and Investment Committee), which consists of key members of management of the Company. The Retirement Plan Committee is responsible for overseeing the Benefits Administration Committee and directing the Plan's investment.

The Plan is frozen such that participants in the Plan do not accrue benefits for service. Participants in the Plan are all U.S. employees of the Company hired before June 1, 2005 who were eligible to participate in the now terminated PRP prior to that date. Additionally, benefits are not provided to employees hired after 2005.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Participants should refer to the Plan document for more complete information.

At age 65, participants are eligible for normal retirement benefits when they have a minimum of five years of participating service. At age 55, participants are eligible for early retirement benefits when they have a minimum of ten years of vesting service.

Benefit payments are determined by a benefit formula that depends on the participant's average salary, a multiplier, and the number of years of benefit accrual service, each as defined in the Plan. Generally, an average salary is the average of a participant's total earnings, including overtime and bonus (with the exception of special recognition bonuses payable to highly compensated individuals and Management Performance Improvement Plan bonuses). For participants retiring after May 31, 2003, average salary is based on the highest 60 consecutive months of earnings. Average salary for participants that retired before May 31, 2003, other than participants who were employed by the Company's former subsidiary, Brink's Home Security, Inc. ("BHS"), was calculated based on the highest 36 consecutive months of earnings.

Participants can elect either a lump-sum benefit payment or monthly benefit payments, unless their lump-sum value is less than $5,000, in which case they must receive the benefit as a lump-sum payment.

Monthly benefits may be paid under one of several payment options. These payment options include the life annuity option, and several joint-and-survivor and period-certain options. Preretirement death benefit protection is automatically provided to all married vested participants through the 50% joint-and-survivor option. The Plan provides no death benefits except those which are provided under the aforementioned payment options.

Note 2. Summary of Significant Accounting Policies

Basis of Presentation
The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments
Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. Fair values of mutual funds are based on quoted market prices. U. S. government debt securities are valued based on current bid/ask prices from brokers based on similar exchange traded securities. The real estate fund and structured credit collective trust investments are stated at fair value which is estimated using the net asset value per share of the underlying investments as a practical expedient. Cash and cash equivalents are stated at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The cost basis of investments used in the determination of net appreciation (depreciation) in the fair value of investments, including investments sold during the year, is determined using the average cost method. Net appreciation (depreciation) in fair value of investments includes realized and unrealized gains (losses).

Use of Estimates
The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("U.S. GAAP") requires management to make estimates and assumptions relating to the reporting of assets and liabilities and changes therein, the disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits to prepare these financial statements. Actual results could differ materially from those estimates.

Benefit Payments
Benefit payments to participants are recorded upon distribution.

Subsequent Events
The Plan has evaluated subsequent events for potential recognition and disclosure through October 13, 2026, the date the Plan's financial statements were available to be issued, and identified one item for disclosure. Subsequent to December 31, 2025, the Board of Director's of The Brink's Company approved the termination of The Brink's Company Frozen Pension Plan, effective August 31, 2026, or as soon thereafter as administratively practicable. The termination is subject to the completion of applicable regulatory and administrative requirements. Because the approval of the termination occurred after December 31, 2025, no adjustments have been made to the accompanying financial statements related to this event.

Risks and Uncertainties
Investment securities and financial instruments are exposed to various risks, such as changes in interest rates, credit and overall market volatility. It is reasonably possible the fair value of investment securities and financial instruments could materially change in the future as a result of these risks. The actuarial present value of the accumulated plan benefits is reported based on certain assumptions pertaining to interest 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 could be material to the financial statements.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments, including lump-sum distributions that are attributable under the Plan's provisions to employees' service rendered through the benefit valuation date. 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 payable under all circumstances, retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered through the benefit valuation date.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability and duration of payments (using assumptions regarding dates of death, disability, or retirement) between the benefit valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations as of the most recent valuation date are as follows:

	December 31, 2025	December 31, 2024
Assumed rate of interest	5.40%	5.60%
Assumed long-term rate of return on investments	7.00%	7.00%
Age of employee at retirement	55-70 years	55-70 years
Average retirement age	68 years	68 years
Life expectancy	Society of Actuaries Pri-2012 Base Table and Mercer Modified MP-2021 Projection Scale, with Blue Collar Adjustment.	Society of Actuaries Pri-2012 Base Table and Mercer Modified MP-2021 Projection Scale, with Blue Collar Adjustment.

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

The actuarial present value of accumulated plan benefits is as follows:

(In thousands)	December 31, 2025	December 31, 2024
Vested benefits:		
Participants currently receiving payments	$ 402,949	$ 404,515
Other participants	165,310	175,010
Total actuarial present value of accumulated plan benefits	$ 568,259	$ 579,525

The change in the actuarial present value of accumulated plan benefits resulted from the following:

	Years Ended	
(In thousands)	December 31, 2025	December 31, 2024
Actuarial present value of accumulated plan benefits, beginning of year	$ 579,525	$ 622,542
(Decrease) increase during the year attributed to:		
Interest cost	31,097	30,524
Actuarial gains and losses, net	2,344	(29,183)
Benefits paid	(44,707)	(44,358)
Net decrease	(11,266)	(43,017)
Actuarial present value of accumulated plan benefits, end of year	$ 568,259	$ 579,525

Note 4. Funding Policy

ERISA requires that the Company makes contributions from time to time in amounts that are at least actuarially sufficient to provide pension and other specified benefits to participants.

Effective for the 2025 and 2024 Plan years, no cash contributions were made to the Plan.

Note 5. Plan Termination

The Company has the right to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, the net assets of the Plan will be allocated to provide benefits in the order prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early-retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of the individual monthly benefit the PBGC guarantees. For Plan terminations occurring during 2025, the ceiling is $7,432 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. See Note 2 for more details regarding the planned Plan termination.

Note 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals. Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability. In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The following is a description of the valuation methodologies used for investments measured at fair value, including the general classification of such investments in the fair value hierarchy.

Mutual Funds
These investments are traded in active markets and quoted prices are available for these securities. They are classified within Level 1 of the fair value hierarchy.

U.S. Government Debt Securities
This category includes futures contracts and zero-coupon securities created by the U.S. Treasury. These securities do not have quoted prices. As such, the Plan classifies these investments within Level 2 of the fair value hierarchy.

Real Estate Fund
This investment is an actively managed investment fund that invests in underlying funds that acquire, manage, and dispose of commercial real estate properties. This investment can be redeemed quarterly with 105 days notice. In accordance with Subtopic 820-10, the net asset value (NAV) as a practical expedient is no longer required to be classified within the fair value hierarchy. However, it is included as a separate line item to reconcile to the fair value amount presented in the statements of net assets available for benefits.

Structured Credit Collective Trust
This investment was an actively managed investment fund that invested in a diversified portfolio comprised primarily of collateralized loan obligations and other structured credit investments backed primarily by bank loans. This investment could be redeemed quarterly with 65 days notice, which we exercised and fully redeemed during 2025. In accordance with Subtopic 820-10, the NAV as a practical expedient is no longer required to be classified within the fair value hierarchy. However, it is included as a separate line item to reconcile to the fair value amount presented in the statements of net assets available for benefits.

Cash Equivalents
This category is comprised of short term investment funds. These investments are classified within Level 1 of the fair value hierarchy.

Below are the Plan's investments carried at fair value on a recurring basis by the ASC 820 fair value hierarchy levels.

(In thousands)	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Total Fair Value
December 31, 2025			
Mutual funds-equity funds	$ 55,838	—	$ 55,838
Mutual funds-fixed income funds	454,096	—	454,096
U.S. government debt securities	—	81,705	81,705
Cash equivalents	149	—	149
Total assets in the fair value hierarchy	$ 510,083	81,705	$ 591,788
Net asset value per share practical expedient[(a)]			1,998
Investments at fair value			$ 593,786
December 31, 2024			
Mutual funds-equity funds	$ 162,831	—	$ 162,831
Mutual funds-fixed income funds	343,781	—	343,781
U.S. government debt securities	—	55,288	55,288
Cash equivalents	110	—	110
Total assets in the fair value hierarchy	$ 506,722	55,288	$ 562,010
Net asset value per share practical expedient[(a)]			22,026
Investments at fair value			$ 584,036

a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) using the 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 line items presented in the statements of net assets available for benefits.

Note 7. Information Certified by a Qualified Institution (Unaudited - see accompanying Independent Auditors' Report)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In addition to the information in the tables below, the information in the supplemental schedules have been derived from information that has been certified as complete and accurate by Principal Trust Company (the "Trustee"). The information certified by the Trustee was not audited by the Plan's independent auditors, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedules.

The following information is presented in the accompanying statements of net assets available for benefits. Information reflected below was not included in the scope of the audit by the Plan's independent auditors because it was certified by the Trustee.

(In thousands)	December 31, 2025	2024
Investments, at fair value	$ 593,786	$ 584,036
Due from brokers for securities sold	3,660	3,703

The following information is presented in the accompanying statements of changes in net assets available for benefits. Information reflected below was not included in the scope of the audit by the Plan's independent auditors because it was certified by the Trustee.

(In thousands)	Years Ended December 31, 2025	2024
Net appreciation in fair value of investments	$ 36,483	$ 8,044
Dividends	20,062	18,692
Interest	771	24
Investment expenses	(1,215)	(1,479)

Note 8. Administrative Expenses

Substantially all costs incurred in the administration of the Plan are paid by the Plan. The balance of such costs, if any, is paid by the Company.

Note 9. Related-Party Transactions

SEI Investments ("SEI") was hired to function in an investment management and advisory role during 2025 and 2024 for the Plan. Most investments of the Plan are mutual funds sponsored and managed by SEI. Investment activities conducted under SEI's management, including purchases and sales of shares of its funds, qualify as party-in-interest transactions, as indicated in the accompanying supplemental schedules.

SEI's advisory fees related to the Plan were $1,215,369 in 2025 and $1,479,521 in 2024, which are reported as investment expense. Certain investment activities conducted under the Trustee's management included purchases and sales of Principal Trust Company investments. These transactions qualify as party-in-interest transactions. Trustee fees of the Plan for 2025 and 2024 were $132,574 and $136,366, respectively.

Note 10. Federal Income Taxes

The Plan received a favorable determination letter dated September 15, 2020 from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and therefore the related trust is exempt from taxation. The Plan administrator believes the Plan has been designed in compliance with the applicable provisions of the IRC. The Plan administrator believes the Plan is operating in compliance with the applicable requirements of the IRC and therefore the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 11. Reconciliation to Form 5500

Net assets available for benefits in the Form 5500 for the Plan do not reflect a reduction for accrued expenses. The accompanying financial statements do include the reduction for accrued expenses.

The following reconciles net assets available for benefits from the Form 5500 to the Plan's financial statements:

	December 31,	
(In thousands)	2025	2024
Net assets available for benefits per the financial statements	$ 597,072	$ 587,349
Accrued expenses	374	390
Net assets available for benefit per the Form 5500	$ 597,446	$ 587,739

The following reconciles the change in net assets available for benefits from the Form 5500 to the Plan's financial statements:

	Years Ended December 31,	
(In thousands)	2025	2024
Change in net assets available for benefits per the financial statements	$ 9,723	$ (23,819)
Current year accrued expenses	374	390
Prior year accrued expenses	(390)	(473)
Change in net assets available for benefits per the Form 5500	$ 9,707	$ (23,902)

THE BRINK'S COMPANY FROZEN PENSION PLAN
EIN: 54-1317776 PLAN:003
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)
December 31, 2025
(In thousands, except share amounts)

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	SEI Institutional Investments Trust Intermediate Duration Credit Fund	33,951,748 shares, Mutual Fund - Fixed	$ 311,974	$ 303,868
*	SEI Long Duration Corporate Bond Fund	19,186,187 shares, Mutual Fund - Fixed	161,676	150,228
*	SEI Global Managed Volatility Fund	4,906,667 shares, Mutual Fund - Equity	61,142	55,838
	U.S. Treasury Bond/Note # 912833x96	61,956,000 par, U.S. Treasury Bond/Note Stripped Zero Coupon, 11/15/2035	39,064	40,356
	U.S. Treasury Bond # 912834JP4	64,445,000 par, U.S. Treasury Bond Zero Coupon, 02/15/2041	30,619	30,982
	U.S. Treasury STRIP CUSIP # 912834PM4	14,702,000 par, U.S. Treasury Security Stripped Zero Coupon, 08/15/2045	5,525	5,433
	U.S. Treasury STRIP CUSIP # 9128337S3	4,205,000 par, U.S. Treasury Security Stripped, 11/15/2032	3,073	3,182
*	SEI Core Property Collective Investment Trust	612 shares, Collective Equity Fund	835	1,998
	U.S. Treasury STRIP CUSIP # 912803GU1	6,879,000 par, U.S. Treasury Security Stripped Principal Zero Coupon, 08/15/2053	1,991	1,752
*	Principal Deposit Sweep Program	Money Market Fund	149	149
	Total		$ 616,048	$ 593,786

**Indicates a party-in-interest investment.*

The data listed above are based upon information which has been certified as complete and accurate by Principal Trust Company, the Trustee of the Plan.

See accompanying Independent Auditor's Report.

THE BRINK'S COMPANY FROZEN PENSION PLAN
EIN: 54-1317776 PLAN:003
Schedule H, Line 4j, Schedule of Reportable Transactions - for the Year Ended December 31, 2025
(In thousands, except number of purchase and sales)

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single transactions:						
*SEI Global Managed Volatility Fund	Mutual Fund					
	1 purchase	111,209	N/A	111,209	111,209	—
*SEI Global Managed Volatility Fund	Mutual Fund					
	1 sale	N/A	57,566	57,064	57,566	502
*SEI Institutional Investment Trust - World Equity Ex-US Fund	Mutual Fund					
	1 sale	N/A	68,684	58,135	68,684	10,549
*SEI Institutional Investment Trust - S&P 500 Index Fund	Mutual Fund					
	1 sale	N/A	79,612	66,558	79,612	13,054
*SEI Institutional Investment Trust Intermediate Duration Credit Fund	Mutual Fund					
	1 purchase	32,365	N/A	32,365	32,365	—
U.S. Treasury Bond/Note # 912833x96	U.S Government Debt Security					
	1 purchase	30,923	N/A	30,923	30,923	—
Series of transactions:						
*Principal Deposit Sweep Program	Money Market Fund					
	92 purchases	37,063	N/A	37,063	37,063	—
	127 sales	N/A	37,024	37,024	37,024	—
*SEI Global Managed Volatility Fund	Mutual Fund					
	5 purchases	133,489	N/A	133,489	133,489	—
	7 sales	N/A	78,778	72,347	78,778	6,431
*SEI Institutional Investment Trust - World Equity Ex-US Fund	Mutual Fund					
	3 purchases	5,019	N/A	5,019	5,019	—
	9 sales	N/A	85,761	74,505	85,761	11,256
*SEI Institutional Investment Trust - S&P 500 Index Fund	Mutual Fund					
	7 purchases	8,036	N/A	8,036	8,036	—
	9 sales	N/A	92,717	78,389	92,717	14,328
*SEI Institutional Investment Trust Intermediate Duration Credit Fund	Mutual Fund					
	14 purchases	72,423	N/A	72,423	72,423	—
	1 sale	N/A	1,648	1,726	1,648	(78)

THE BRINK'S COMPANY FROZEN PENSION PLAN
EIN: 54-1317776 PLAN:003
Schedule H, Line 4j, Schedule of Reportable Transactions - for the Year Ended December 31, 2025
(In thousands, except number of purchase and sales)

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
*SEI Long Duration Corporate Bond Fund	Mutual Fund					
	14 purchases	36,841	N/A	36,841	36,841	—
	1 sale	N/A	3,978	4,384	3,978	(406)
U.S. Treasury Bond # 912834JP4	U.S Government Debt Security					
	3 purchases	30,619	N/A	30,619	30,619	—
U.S. Treasury Bond/Note # 912833x96	U.S Government Debt Security					
	3 purchases	39,064	N/A	39,064	39,064	—

* *Indicates a party-in-interest investment.*

The data listed above are based upon information which has been certified as complete and accurate by Principal Trust Company, the Trustee of the Plan.

See accompanying Independent Auditor's Report.

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**
•	First 5 years	5.07%	5.07%
•	Next 15 years	5.31%	5.33%
•	Over 20 years	5.50%	5.36%
Mortality sponsor elections			
•	Healthy participants	Pre-retirement: Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. Post-retirement: Base mortality rate tables for post-retirement mortality from the 2020 custom mortality study prepared for IRS funding purposes effective January 1, 2021, with generational projection of rates based on the IRS modified MP-2021 mortality improvement scale.	
•	Pre-1995 disabilities	Same as healthy	
•	Post-1994 disabilities	Same as healthy	
Other economic assumptions			
•	Salary increases	Not applicable	
•	Inflation	Not applicable	
•	Expected investment return	6.50% per year	
•	Expenses	$1,800,000 added to current year normal cost	

Rationale for economic assumptions

- Expected investment return – Developed based on the plan's current target investment mix using simulated 20-year investment returns of the capital market assumptions published in Mercer Investment Consulting *Capital Markets Outlook* for December 2024. Results are adjusted by 7 basis points for passive investment expenses and Trustee fees.
- Expenses – Developed based on average of administrative expenses from 2022-2024, plus an estimate of PBGC premiums for 2025.

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

Demographic assumptions		
• Withdrawal	See table of sample rates.	
• Disability incidence	Incidence of disability is based on the 1985 Unisex Disability (Class I) Table.	
• Retirement age	**Attained age**	**Percentage**
	Under 55	0.00%
	55 – 64	2.00%
	65 – 66	25.00%
	67 – 69	20.00%
	70 and above	100.00%
	Disability is implicitly reflected in the retirement rates starting at retirement eligibility	
• **Benefit commencement age for**		
– Future vested deferred	64 for participants eligible for early retirement 65 otherwise	
– Current vested deferred	64 for participants eligible for early retirement 65 otherwise	
• Spouse assumptions	**Male participants**	**Female participants**
– Percentage married	70%	50%
– Spouse age difference	3 years younger	3 years older
Form of payment — Males	**Single life**	**50% J&S**
• Active retirements	55%	45%
• Future vested deferred	55%	45%
• Future disabilities	55%	45%
• Future deaths	0%	100%
• Current vested deferred	55%	45%
• **Form of payment — Females**	**Single life**	**50% J&S**
• Active retirements	75%	25%
• Future vested deferred	75%	25%
• Future disabilities	75%	25%
• Future deaths	0%	100%
• Current vested deferred	75%	25%

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

Unpredictable contingent event assumptions	Not applicable
Union benefit offset	A monthly union benefit of $35 per year of service to a maximum of 30 years is estimated for employees from decertified Teamsters Unions who join the Plan. This benefit serves as an offset to benefits otherwise payable under this plan.

Table of sample rates

Attained age	Percentage	
	Withdrawal	
	Male	Female
25	16.8%	16.8%
30	15.1%	15.1%
35	12.2%	12.2%
40	11.0%	11.0%
45	10.2%	10.2%
50	9.6%	9.6%
55	9.1%	9.1%
56 and above	0.0%	0.0%

Rationale for demographic assumptions

- Withdrawal – Withdrawal rates were developed based on an experience study conducted in 2016. The assumption is reviewed annually for reasonability.
- Retirement age (active employees) – Retirement rates were developed based on actual plan experience through January 1, 2025.
- Benefit commencement age (terminated vested) – Retirement rates were developed based on actual plan experience through January 1, 2025.
- Percent married – This assumption was reviewed and confirmed in the 2016 experience study.
- Form of payment – The optional payment elections are based on an experience study conducted in 2010 and confirmed in the 2016 experience study.

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

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 24 months 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.

Participant methods

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **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 is 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, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	The FPP established as a result of spinoff from The Brink's Pension-Retirement Plan ("Original Plan") as of December 8, 2017. The Original Plan was effective January 1, 1976 and restated January 1, 2006. The Original Plan was frozen to new entrants and future benefit accruals as of December 31, 2005. Plan year: January 1 through December 31
Most Recent Amendment	September 2019
Status of the plan	Frozen
Significant events that occurred during the year	The FPP was established as a result of a spin-off from the Original Plan as of December 8, 2017.
Definitions	
• Covered employees	All employees except those covered by a Collective Bargaining Agreement or working as a casual employee at the BAX Global hub facility.
• Participation	Each individual who is a Participant in the Plan on December 31, 2005, shall continue as a Participant on January 1, 2006. An individual who was not otherwise a Participant in the Plan on December 31, 2005, may not participate in the Plan after such date.
• Employee contributions	None
• Vesting service	For an individual who becomes an employee on or after June 1, 2003, a Year of Vesting Service means each vesting computation period during which the individual completed 1,000 or more Hours of Service. For an individual who becomes an employee before May 31, 2003, a Year of Vesting Service means each vesting computation period during which the individual completed 500 or more Hours of Service.
• Credited service	Effective as of December 31, 2005, no further Benefit Accrual Service shall be credited to a Participant for periods after December 31, 2005.
• Pensionable earnings	Compensation received by an Employee in any month for personal services rendered to the Company, including wages, overtime, premium pay, salary, commissions, bonuses and similar amounts.
• Final average earnings	Final Average Salary is based on the highest 36 consecutive months of earnings (highest 60 consecutive months for BHS) for service prior to May 31, 2003 and highest 60 consecutive months of earnings for all service after May 31, 2003 and through December 31, 2005.
• Primary Social Security benefit	The yearly primary old age insurance benefit to which a Participant is, or would on application be, entitled on his Normal Retirement Date or his Late Retirement Date, if applicable, under Title II of the Social Security Act (apart from the fact that he may have disqualified himself and without regard to any election which may have been made by him to have a reduced Social Security Benefit commence prior thereto), as determined by the Administrative Committee.

Schedule SB, Part V — Summary of Plan Provisions

• Covered Compensation	The average (without indexing) of the taxable wage bases (under Code section 3121(a)(1) and section 230 of the Social Security Act) in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attained or will attain Social Security Retirement Age. In determining the Covered Compensation Base of a Participant who has not attained Social Security Retirement Age, the taxable wage base for each calendar year after the current year shall be assumed to be the same as the taxable wage base in effect for the current calendar year. Covered Compensation shall take into account periods of employment with a Component Member that is not a Company.
• Accrued benefit	All accrued benefits are frozen as of December 31, 2005 and were calculated per the formula defined below under normal retirement benefits.
Normal retirement	
• Eligibility	An employee is eligible for a normal retirement pension at the later of age 65 and 5 years of vesting service.
• Benefit	An employee retiring on or after Normal Retirement Date is entitled to the following annual pension: 2.1% of Final Average Salary (1.75% for BHS) for each year of service prior to May 31, 2003 and 1.75% of Final Average Salary for each year of service after May 31, 2003 up to 25 years. *plus* 1% of Final Average Salary for each year of service over 25 years. *minus* .55% of Final Average Covered Compensation for each year of service up to 35 years. All accrued benefits are frozen as of December 31, 2005.
Early retirement	
• Eligibility	An employee is eligible for early retirement at the later of age 55 and 10 years of vesting service.
• Benefit	An employee who retires early is entitled to a benefit as described above based on service and final average salary at retirement. The benefit payable is reduced 5/12% for each month the early retirement date precedes the normal retirement date.
Late retirement	
• Eligibility	An employee is eligible for late retirement at the date a Participant terminates employment after having attained Normal Retirement Age.
• Benefit	An employee retiring on or after Normal Retirement Date is entitled to the following annual pension: 2.1% of Final Average Salary (1.75% for BHS) for each year of service prior to May 31, 2003 and 1.75% of Final Average Salary for each year of service after May 31, 2003 up to 25 years. plus 1% of Final Average Salary for each year of service over 25 years. minus

Schedule SB, Part V — Summary of Plan Provisions

	0.55% of Final Average Covered Compensation for each year of service up to 35 years. All accrued benefits are frozen as of December 31, 2005.
Deferred vested	
• Eligibility	An employee who terminates employment after at least five years of vesting service is entitled to a retirement benefit at age 65 or an early retirement benefit at age 55 if at least ten years of vesting service.
• Benefit	A reduced benefit is payable immediately if the employee qualifies for early retirement, otherwise a normal retirement benefit is payable at age 65 based on vesting service and age at the date of termination.
Disability	
• Eligibility	Retirement because of total disability is permitted when an employee has at least 10 years of vesting service and is eligible to receive disability benefits under the Social Security laws. An employee who becomes totally and permanently disabled prior to normal retirement is entitled to a disability benefit.
• Benefit	The benefit of a participant who is eligible for benefits under a long-term disability plan is an annuity for life beginning as of the earlier of normal retirement date or the date payments cease under the long-term disability plan. The annuity is based on the participant's Average Salary at disability retirement date taking into account the additional Benefit Accrual Service for the period after disability until the plan freeze date. The benefit of a participant who is not eligible for benefits under a long-term disability plan is an annuity beginning on disability retirement date and continuing until death or recovery (if prior to age 65). The annuity is based on service and salary at disability retirement date.
Pre-retirement death	
• Eligibility	The spouse of an active participant who dies after five years of vesting service, the spouse of a participant who has five years of vesting service and dies after termination of employment but before benefits start, or the beneficiary of an active non-married participant who dies after age 55 with 5 years of vesting service is eligible for a pre-retirement death benefit.
• Benefit prior to early retirement	Immediate benefit is payable as though the participant had retired, elected the 50% joint annuity and then died.
• Benefit after early but before normal retirement	Unless a signed death election form exists, immediate benefit is payable as though the participant had retired, elected the 50% joint annuity and then died. If such an election form exists, the payment form specified is payable to the beneficiary.
• Benefit after normal retirement	Immediate benefit is payable as though the participant had retired, elected the 50% joint annuity and then died.
Form of benefits	
• Automatic form for unmarried participants	Single life annuity for the duration of the employee's life
• Automatic form for married participants	Reduced 50% joint and survivor annuity

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	An employee may elect to receive a reduced benefit whereby payments are guaranteed for 5, 10, 15, or 20 years. An employee may also choose a joint and survivor option where reduced payments to the employee are continued to the survivor for his or her lifetime.
• Optional form conversion factors	100% JSA: 0.75 plus/(minus) 0.01 for each of the first 10 years the contingent annuitant is older/(younger) than the employee and plus/(minus) 0.005 for each additional year 75% JSA: 0.80 plus/(minus) 0.0075 for each of the first 10 years the contingent annuitant is older/(younger) than the employee and plus/(minus) 0.00375 for each additional year. 50% JSA: 0.94 plus/(minus) 0.005 (prior to February 1, 2006, 0.86 plus/(minus) 0.005) for each of the first 10 years the contingent annuitant is older/(younger) than the employee and plus/(minus) 0.0025 for each additional year. The initial factor will be increased/(decreased) by 0.006 for each year the employee is under/(over) age 65. The joint and survivor factors will be determined by the employee's and contingent annuitant's ages rounded to the nearest integer at his/her retirement date. In no event shall any joint and survivor factor exceed 0.995. SLA with 5 years certain: 0.975 plus/(minus) 0.002 for each year the employee is under/(over) age 65 SLA with 10 years certain: 0.910 plus/(minus) 0.007 for each year the employee is under/(over) age 65 SLA with 15 years certain: 0.825 plus/(minus) 0.013 for each year the employee is under/(over) age 65 SLA with 20 years certain: 0.740 plus/(minus) 0.016 for each year the employee is under/(over) age 65 The period certain factors will be determined by the employee's age rounded to the nearest integer at his/her retirement date. In no event shall any period certain factor exceed .995.
Miscellaneous	
• Maximum compensation	Not applicable. Frozen plan.
• Maximum benefits	Annual benefits and the plan compensation may not exceed the limits in IRC Sections 415 and 401(a)(17) respectively as of December 31, 2005.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through December 8, 2017, are included in this valuation:

- **Most recent plan amendments included:** The plan document was amended in September 2019 for the allowance of certain retirees to be transferred to an insurer via an annuity contract purchase.
- **Plan amendments excluded:** None.

Schedule SB, Part V — Summary of Plan Provisions

- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
  - *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.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan is frozen and does not have any further benefit accruals.
- **Scheduled benefit increases** Not applicable. The plan's benefit accruals are frozen as of December, 2005.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits

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 66.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.00%	1,000.00	20.00	1,100.00
56	2.00%	980.00	19.60	1,097.60
57	2.00%	960.40	19.21	1,094.97
58	2.00%	941.19	18.82	1,091.56
59	2.00%	922.37	18.45	1,088.55
60	2.00%	903.92	18.08	1,084.80
61	2.00%	885.84	17.72	1,080.92
62	2.00%	868.12	17.36	1,076.32
63	2.00%	850.76	17.02	1,072.26
64	2.00%	833.74	16.67	1,066.88
65	25.00%	817.07	204.27	13,277.55
66	25.00%	612.80	153.20	10,111.20
67	20.00%	459.60	91.92	6,158.64
68	20.00%	367.68	73.54	5,000.72
69	20.00%	294.14	58.83	4,059.27
70	100.00%	235.31	235.31	16,471.70
Total				65,932.94
Average				65.93

Schedule SB, line 23 — Information on Use of Substitute Mortality Tables

The Brink's Company ("Brink's") received approval from the Internal Revenue Service ("IRS") to use substitute funding mortality tables for The Brink's Company Frozen Pension Plan pursuant to the regulations detailed in the "Mortality Tables for Determining Present Value Under Defined Benefit Pension Plans" Notice dated October 5, 2017.

The mortality experience study was performed on a separate annuitant/non-annuitant basis, with the population divided into two groups of participants based on experience from January 1, 2016 through December 31, 2018 (3 years). We studied experience separately for each gender of the population. The population has partial credibility based on its size. Approval to use substitute tables for annuitants was granted for a 10-year period beginning with the 2021 plan year. Following is a summary of the major characteristics of the substitute table:

– Male and female annuitants

› Mortality ratio: 1.1037

› Credibility Weighting Factor: 0.5228

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost changed from $4,600,000 to $1,800,000 to reflect our expectations for the current plan year.
- The expected return on assets changed from 6.20% to 6.50%.
- Retirement rates were developed based on actual plan experience through January 1, 2025.
- Benefit commencement age for terminated vested participants eligible for early retirement was updated from 61 to 64.

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

Attained age	Years of Vesting 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						24					24
						1,647					
45–49						54	33				87
						2,032	4,367				
50–54					2	41	60	16			119
						2,136	5,326				
55–59					1	48	46	43	15	1	154
						1,780	4,962	9,710			
60–64					1	70	61	28	16	6	182
						1,723	4,876	9,699			
65–69					3	31	14	10	7	1	66
						1,853					
70 & up					1	9	5	2	1	1	19
Total					8	277	219	99	39	9	651
											4,952

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

Total annual pension: $ 3,223,536
Average age: 57.6
Average years of service from hire: 26.6

Plan: The Brink's Company Frozen Pension Plan
EIN/PN: 54-1317776/003
Valuation Date: 01/01/2025

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	258,982	2,485,055	43,695,833	46,439,870
2026	420,483	3,462,977	42,403,995	46,287,456
2027	604,252	4,325,361	41,050,217	45,979,830
2028	775,841	5,350,908	39,628,792	45,755,541
2029	936,624	6,405,588	38,155,210	45,497,422
2030	1,107,181	7,356,217	36,619,460	45,082,858
2031	1,282,373	8,316,749	35,073,028	44,672,150
2032	1,464,075	9,033,894	33,464,416	43,962,386
2033	1,630,528	9,759,959	31,838,356	43,228,843
2034	1,791,870	10,500,773	30,178,603	42,471,246
2035	1,931,551	11,309,694	28,483,833	41,725,079
2036	2,072,872	11,911,874	26,787,481	40,772,227
2037	2,176,864	12,358,218	25,088,319	39,623,402
2038	2,254,980	12,707,189	23,386,238	38,348,407
2039	2,316,054	12,992,939	21,700,908	37,009,901
2040	2,340,753	13,167,555	20,028,529	35,536,836
2041	2,358,978	13,256,684	18,391,841	34,007,504
2042	2,339,863	13,197,549	16,788,619	32,326,030
2043	2,318,233	13,092,611	15,237,587	30,648,432
2044	2,280,016	12,864,883	13,739,721	28,884,621
2045	2,230,279	12,573,623	12,306,755	27,110,657
2046	2,165,964	12,216,113	10,948,809	25,330,886
2047	2,094,054	11,826,044	9,669,927	23,590,025
2048	2,014,469	11,399,384	8,475,882	21,889,735
2049	1,926,715	10,945,306	7,371,396	20,243,417
2050	1,834,759	10,466,922	6,359,971	18,661,652
2051	1,738,438	9,965,307	5,443,610	17,147,356
2052	1,638,727	9,442,307	4,622,616	15,703,649
2053	1,535,953	8,900,577	3,895,551	14,332,081
2054	1,431,191	8,343,583	3,259,215	13,033,989
2055	1,325,531	7,775,536	2,708,845	11,809,912
2056	1,219,899	7,201,263	2,238,403	10,659,564
2057	1,115,269	6,626,009	1,840,846	9,582,124
2058	1,012,624	6,055,212	1,508,571	8,576,407
2059	912,905	5,494,231	1,233,781	7,640,917
2060	816,998	4,948,203	1,008,764	6,773,965
2061	725,691	4,421,947	826,140	5,973,778
2062	639,640	3,919,770	679,044	5,238,454
2063	559,346	3,445,388	561,269	4,566,003
2064	485,155	3,001,856	467,352	3,954,362
2065	417,273	2,591,476	392,599	3,401,348
2066	355,765	2,215,807	333,056	2,904,629
2067	300,575	1,875,676	285,458	2,461,710
2068	251,551	1,571,182	247,166	2,069,899
2069	208,445	1,301,749	216,082	1,726,276
2070	170,946	1,066,217	190,564	1,427,726
2071	138,687	862,895	169,337	1,170,920
2072	111,257	689,673	151,425	952,355
2073	88,209	544,099	136,082	768,390
2074	69,081	423,482	122,752	615,315

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 the ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative; the combined shortfall amortization change cannot be less than $0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 Installment
2023	$	10,105,826	13	$	1,038,634
2024		(502,492)	14		(49,070)
2025		15,724,252	15		1,466,138
Total	$	25,327,586		$	2,455,702

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
THE BRINKS COMPANY FROZEN PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
The Brinks Company

D Employer Identification Number (EIN)
54-1317776

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**	587,739,425
b Actuarial value	**2b**	581,098,377

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	5,767	421,015,840	421,015,840
b For terminated vested participants	3,747	147,054,117	147,054,117
c For active participants	651	24,562,056	24,562,056
d Total	10,165	592,632,013	592,632,013

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,800,000
c Target normal cost	**6c**	1,800,000

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

Thomas Skiavo TJ
Signature of actuary

7/28/2026
Date

THOMAS M. SKIAVO, EA, MAAA
Type or print name of actuary

2606727
Most recent enrollment number

MERCER
Firm name

202-331-2557
Telephone number (including area code)

WASHINGTON SQUARE
1050 CONNECTICUT AVENUE, SUITE 700
WASHINGTON DC 20036-5386
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	18,816,096
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		5,589,564
9	Amount remaining (line 7 minus line 8)	0	13,226,532
10	Interest on line 9 using prior year's actual return of 4.29%	0	567,418
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	13,793,950

Part III Funding Percentages

14	Funding target attainment percentage	14	95.72%
15	Adjusted funding target attainment percentage	15	95.72%
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	98.36%
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
			Totals ► 18(b)	0	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	0

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:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
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	66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	1,800,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	25,327,586	2,455,702
b Waiver amortization installment		

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	4,255,702

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		4,255,702	4,255,702

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

THE BRINK'S COMPANY FROZEN PENSION PLAN
EIN: 54-1317776 PLAN:003
Schedule H, Line 4j, Schedule of Reportable Transactions - for the Year Ended December 31, 2025
(In thousands, except number of purchase and sales)

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single transactions:						
*SEI Global Managed Volatility Fund	Mutual Fund					
	1 purchase	111,209	N/A	111,209	111,209	—
*SEI Global Managed Volatility Fund	Mutual Fund					
	1 sale	N/A	57,566	57,064	57,566	502
*SEI Institutional Investment Trust - World Equity Ex-US Fund	Mutual Fund					
	1 sale	N/A	68,684	58,135	68,684	10,549
*SEI Institutional Investment Trust - S&P 500 Index Fund	Mutual Fund					
	1 sale	N/A	79,612	66,558	79,612	13,054
*SEI Institutional Investment Trust Intermediate Duration Credit Fund	Mutual Fund					
	1 purchase	32,365	N/A	32,365	32,365	—
U.S. Treasury Bond/Note # 912833x96	U.S Government Debt Security					
	1 purchase	30,923	N/A	30,923	30,923	—
Series of transactions:						
*Principal Deposit Sweep Program	Money Market Fund					
	92 purchases	37,063	N/A	37,063	37,063	—
	127 sales	N/A	37,024	37,024	37,024	—
*SEI Global Managed Volatility Fund	Mutual Fund					
	5 purchases	133,489	N/A	133,489	133,489	—
	7 sales	N/A	78,778	72,347	78,778	6,431
*SEI Institutional Investment Trust - World Equity Ex-US Fund	Mutual Fund					
	3 purchases	5,019	N/A	5,019	5,019	—
	9 sales	N/A	85,761	74,505	85,761	11,256
*SEI Institutional Investment Trust - S&P 500 Index Fund	Mutual Fund					
	7 purchases	8,036	N/A	8,036	8,036	—
	9 sales	N/A	92,717	78,389	92,717	14,328
*SEI Institutional Investment Trust Intermediate Duration Credit Fund	Mutual Fund					
	14 purchases	72,423	N/A	72,423	72,423	—
	1 sale	N/A	1,648	1,726	1,648	(78)

THE BRINK'S COMPANY FROZEN PENSION PLAN
EIN: 54-1317776 PLAN:003
Schedule H, Line 4j, Schedule of Reportable Transactions - for the Year Ended December 31, 2025
(In thousands, except number of purchase and sales)

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
*SEI Long Duration Corporate Bond Fund	Mutual Fund					
	14 purchases	36,841	N/A	36,841	36,841	—
	1 sale	N/A	3,978	4,384	3,978	(406)
U.S. Treasury Bond # 912834JP4	U.S Government Debt Security					
	3 purchases	30,619	N/A	30,619	30,619	—
U.S. Treasury Bond/Note # 912833x96	U.S Government Debt Security					
	3 purchases	39,064	N/A	39,064	39,064	—

* *Indicates a party-in-interest investment.*

The data listed above are based upon information which has been certified as complete and accurate by Principal Trust Company, the Trustee of the Plan.

See accompanying Independent Auditor's Report.