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
SIRVA EMPLOYEES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/21/1985

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

ONE PARKVIEW PLAZA
OAKBROOK TERRACE, IL 60181

2b Employer Identification Number (EIN) 52-1840893

2c Plan Sponsor's telephone number 630-570-3196

2d Business code (see instructions) 484120

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.	10/15/2026	HEIDI RICHARDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

BENEFIT COMMITTEE, SIRVA, INC.

ONE PARKVIEW PLAZA
OAKBROOK TERRACE, IL 60181

3b Administrator's EIN: 52-1840893

3c Administrator's telephone number: 630-570-3196

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1702
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)**	138
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	119
b	Retired or separated participants receiving benefits	**6b**	794
c	Other retired or separated participants entitled to future benefits	**6c**	498
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1411
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	201
f	Total. Add lines **6d** and **6e**.	**6f**	1612
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [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) [X] **A** (Insurance Information) – Number Attached 1
- (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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
SIRVA EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SIRVA INC.

D Employer Identification Number (EIN)
52-1840893

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	434812	0	01/01/2025	10/21/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
SIRVA EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SIRVA INC.

D Employer Identification Number (EIN)
52-1840893

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**	87153343
b Actuarial value	**2b**	88631378

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	887	71811106	71811106
b For terminated vested participants	677	31110635	31110635
c For active participants	138	8498658	8535294
d Total	1702	111420399	111457035

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1610000
c Target normal cost	**6c**	1610000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/30/2026
Date

CRISTINA MERCADER
Type or print name of actuary

26-08014
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

312-288-7700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.95 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		169
	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 5.03 %		9
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		178
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	79.52 %
15	Adjusted funding target attainment percentage	15	79.52 %
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	82.95 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	868725	0			
07/15/2025	868725	0			
10/15/2025	868725	0			
01/15/2026	868725	0			
09/15/2026	609827	0			
			Totals ► 18(b)	4084727	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	3915639

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**	1610000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	22825657	2305639
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3915639

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

36 Additional cash requirement (line 34 minus line 35)	**36**	3915639
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3915639
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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
SIRVA EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SIRVA INC.

D Employer Identification Number (EIN)
52-1840893

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)

WILLIS TOWERS WATSON US LLC

53-0181291

(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 15 17 50 64 70	NONE	401771	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON HEWITT INVESTMENTS

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	152137	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	75217	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

BANK OF NEW YORK MELLON

13-5160382

(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?
19 21 50	NONE	28452	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14523	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACTIVE GRAPHICS, IC.

36-2554359

(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?
36 50	NONE	5639	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SIRVA EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SIRVA INC.

D Employer Identification Number (EIN)
52-1840893

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:	PRIN LDI EXT DUR SEP ACCT-Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN	42-0127290-129	**d** Entity code	P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0		

a Name of MTIA, CCT, PSA, or 103-12 IE:	SMALL CAP EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT GROUP TRUST		
c EIN-PN	27-2436452-009	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2017763		

a Name of MTIA, CCT, PSA, or 103-12 IE:	LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT GROUP TRUST		
c EIN-PN	27-2436452-007	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33456509		

a Name of MTIA, CCT, PSA, or 103-12 IE:	LARGE CAP EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT GROUP TRUST		
c EIN-PN	27-2436452-006	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11530433		

a Name of MTIA, CCT, PSA, or 103-12 IE:	HIGH YIELD PLUS BOND FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT GROUP TRUST		
c EIN-PN	27-2436452-004	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0		

a Name of MTIA, CCT, PSA, or 103-12 IE:	GLOBAL REAL ESTATE FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT GROUP TRUST		
c EIN-PN	27-2436452-005	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	110550		

a Name of MTIA, CCT, PSA, or 103-12 IE:	NON-US EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT GROUP TRUST		
c EIN-PN	27-2436452-010	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8035362		

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURY STRIPS INDEX

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11221979

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FD 1.147% 12/31/2049 DD

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4446278

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI ASSET CREDIT FUND

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3083957

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

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6613442

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

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

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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
SIRVA EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SIRVA INC.

D Employer Identification Number (EIN)
52-1840893

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)	1268374	1478552
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6285	14323
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	4637340	4529231
(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)	73249084	80516273
(10) Value of interest in pooled separate accounts	1c(10)	8010030	0
(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)		
(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	87171113	86538379
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	87171113	86538379

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)	4084727	
(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)		4084727
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	86	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		86
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6862722	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6824048	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		38674
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	278479	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		278479

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8167738
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12569704
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10566352	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	567264	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11133616
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	4860	
(5) Investment advisory and investment management fees	2i(5)	227354	
(6) Bank or trust company trustee/custodial fees	2i(6)	28452	
(7) Actuarial fees	2i(7)	160740	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1647416	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2068822
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13202438
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-632734
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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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 591674.

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
SIRVA EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SIRVA INC.

D Employer Identification Number (EIN)
52-1840893

Part I Distributions

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

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

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

EIN(s): 13-5160382

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** 1

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: 25.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 62.0 %
High-Yield Debt: 0.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 0.0 % Other: 5.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

SIRVA Employees Retirement Plan

EIN 52-1840893 PN 002

Independent Auditor's Report, Financial Statements, and Supplemental Schedules

December 31, 2025 and 2024

SIRVA Employees Retirement Plan
Contents
December 31, 2025 and 2024

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Forvis Mazars, LLP
333 W. Wacker Drive, Suite 1100
Chicago, IL 60606-1285
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Independent Auditor's Report

Benefits Committee
SIRVA Employees Retirement Plan
Oakbrook Terrace, Illinois

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

We have performed audits of the financial statements of SIRVA Employees Retirement Plan, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related 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 SIRVA Employees Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification 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 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Forvis Mazars, LLP

Chicago, Illinois
October 13, 2026

Federal Employer Identification Number: 44-0160260

SIRVA Employees Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 84,847,607	$ 85,794,958
Receivables		
Contribution receivable - employer	1,478,552	1,268,374
Accrued Income	14,323	6,285
	1,492,875	1,274,659
Net Assets Available for Benefits	$ 86,340,482	$ 87,069,617

SIRVA Employees Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 8,267,674	$ 1,461,998
Interest and dividends	120,902	106,243
Total Investment Income	8,388,576	1,568,241
Contributions		
Employer	4,084,727	3,605,780
Total Additions	12,473,303	5,174,021
Deductions		
Benefits paid to participants	10,909,665	7,312,560
Administrative expenses	2,292,773	2,061,367
Total Deductions	13,202,438	9,373,927
Net Decrease	(729,135)	(4,199,906)
Net Assets Available for Benefits, Beginning of Year	87,069,617	91,269,523
Net Assets Available for Benefits, End of Year	$ 86,340,482	$ 87,069,617

Note 1. Description of the Plan

General

The following description of the SIRVA Employees Retirement Plan (Plan), a defined-benefit plan, is provided for informational purposes only. Participants should refer to the plan document for more complete information.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended.

Participation and Vesting

The Plan covers all full-time and part-time employees of SIRVA, Inc. (the "Company"), except employees whose terms and conditions of employment are determined by a collective bargaining agreement with a union or affiliate. Effective December 31, 2002, the Plan was amended and restated to freeze participation and benefits accruals in the Plan. There have been no new participants since this date. All participants are fully vested to receive benefits from the Plan after five years.

Contributions

The Company's funding policy is to make annual contributions to the Plan in amounts necessary to maintain the Plan, in compliance with the minimum funding requirements of ERISA. The Plan was in compliance with applicable ERISA minimum funding requirements for the plan years ended December 31, 2025 and 2024.

Pension Benefits

The Plan was amended and restated, December 31, 2002 to freeze participation and benefit accruals in the Plan. No individual will become a participant after this date. Compensation and creditable service earned after this date will not be considered in the determination of a participant's benefit amount.

Participants with five or more years of service are entitled to pension benefits beginning at retirement. The Plan permits early retirement at age 55 and completion of 10 years of service. The Plan also provides for a late retirement benefit for participants whose employment continues beyond the normal retirement age of 65. If participants terminate before completing five years of service, they forfeit the right to receive their benefits.

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

On December 15, 2022, the Plan negotiated with Principal Life Insurance Company (Principal) for Principal to assume obligations for a portion of the Plan's participant population in exchange for the Plan's purchase of a single premium group annuity contract. Total payment for the purchase of the single premium group annuity contract made by the Plan to the Company was $23,364,478 and was largely recognized in 2023.

Distributions

Participants completing at least five years of service will, upon retirement or termination, be entitled to receive the value of their benefits as monthly payments.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and the changes therein. Actual results could differ from those estimates.

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

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Because of the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Valuation of Investments and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion on fair value measurements.

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

Administrative Expenses

The Plan's trustee fees and Pension Benefit Guaranty Corporation ("PBGC") fees are paid by the Plan and reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Company or the Plan.

Payment of Benefits

Benefits are recorded when paid.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the plan provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) present

employees or their beneficiaries; and (c) beneficiaries of employees who have died. 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 to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial present value of accumulated plan benefits as of December 31, 2024 were as follows:

Retirement age:

Attained Age	North American Van Line Employees	American Van Line Employees
55	9%	0%
56-59	2%	0%
60-62	7%	7%
63	12%	12%
64	20%	20%
65	25%	25%
66	30%	30%
67-68	40%	40%
69	45%	45%
70	100%	100%

Investment return: 6.65%

Asset value: Market

Mortality basis: Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021

Employee turnover:

The rates at which participants are assumed to leave the Company by age are shown below:

	Percentage Assumed to Leave During the Year
Age	All Employees
20	6.00%
25	6.00%
30	6.00%
35	6.00%
40	6.00%
45	6.00%
50	5.50%
53	0.00%

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present values of accumulated plan benefits. The computations of the actuarial present value of the accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024 there would be no material differences.

The actuarially computed present values of accumulated plan benefits as of December 31, 2024, are as follows:

Vested benefits	
Retirees and beneficiaries currently receiving benefits	$ 65,754,849
Terminated vested members	27,576,099
Fully vested employees	7,485,194
Total vested benefits	100,816,142
Nonvested benefits	31,295
Total actuarial present value of accumulated plan benefits	$ 100,847,437

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2024, is as follows:

Actuarial present value of accumulated plan benefits - December 31, 2023	$ 105,733,929
Increase (decrease) during the year attributable to	
Actuarial (gains) losses	(4,504,027)
Decrease in the discount period	6,830,570
Benefits paid	(7,570,237)
Assumption changes	357,202
Net decrease	(4,886,492)
Actuarial present value of accumulated plan benefits - December 31, 2024	$ 100,847,437

The changes in accumulated plan benefits related to change in assumptions are primarily due to a change in the interest rate assumption from 6.7% to 6.65%.

Note 4. Information Certified by the Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon/BNY Mellon N.A., the trustee of the Plan, has certified the following information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.

- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2025, and the accompanying schedule of reportable transactions for the year ended December 31, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and ERISA-required supplemental schedules.

Note 5. Related-Party and Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan. Any party rendering services to the Plan, the employer, and certain others. The Plan holds investments issued by Principal Life Insurance Company, The Bank of New York Mellon and Aon Hewitt Group Trust that are considered party-in-interest investments.

Amounts paid by the Plan to parties-in-interest included fees paid for investment management, and trust services. Certain professional fees for the administration of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Note 6. Tax Status

The Plan, as amended, is intended to be qualified under Section 401(a) of the Internal Revenue Code (Code) and exempt from federal income taxes under Section 501(a). In the Plan's latest determination letter, dated August 19, 2014, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the requirements of the Code. The Plan has been amended subsequent to the amendments covered by the determination letter. However, the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable rules and regulations of the Code, and that the Plan is qualified and that the related trust continues to be tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has undertaken an uncertain tax 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, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability 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 7. Fair Value Measurements

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

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

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

Collective trust funds: Fair values of shares of collective trust funds are based upon the net asset values of the funds reported by the fund managers as of the Plan's financial statement dates and recent transaction prices as a practical expedient. The Aon Hewitt Group Trust collective investment funds provide for daily redemptions by the Plan at reported net asset values per share, pursuant to notice of at least fifteen business days before the valuation date. The EB Temporary Investment Fund of The Bank of New York Mellon provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

103-12 investment entities: The fair values of 103-12 investment entities are based on their net asset value (NAV) as a practical expedient, provided by the funds and their administrators. 103-12 investment entities consist of private equity investments. The investment strikes a NAV, which is the price at which redemptions are placed. The shares of the Fund are valued monthly at NAV, which is based on the fair value (reported NAVs) of each underlying investment fund. An investor can redeem 10% of its shares at the Fund's NAV calculated for the calendar month-end with 15 days' notice. Full redemptions in the Fund may be redeemed at the Fund's NAV calculated for the calendar quarter-end with 60 days' notice. A gate may be imposed if redemptions exceed more that 30% of the Fund's value (though this has never occurred to date).

Pooled separate accounts: The fair values of participation units held in the pooled separate accounts are based on their NAV, as reported by the managers of the pooled separate accounts and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date as a practical expedient. Each pooled separate account provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per unit.

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

The following table summarizes the Plan's investments accounted for at fair value at December 31, 2025 and 2024:

	December 31, 2025			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Not Within Fair Value Hierarchy				
Collective trust funds*	$ 80,410,239	$ -	$ -	$ -
103-12 investment entities*	4,437,368	-	-	-
Total	$ 84,847,607	$ -	$ -	$ -

	December 31, 2024			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Not Within Fair Value Hierarchy				
Collective trust funds*	$ 73,183,747	$ -	$ -	$ -
103-12 investment entities*	4,601,181	-	-	-
Pooled separate accounts*	8,010,030	-	-	-
Total	$ 85,794,958	$ -	$ -	$ -

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

Note 8. Plan Termination

The Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$ 86,340,482	$ 87,069,617
103-12 investment entities - valuation adjustment	91,863	36,159
Pooled separate accounts - valuation adjustment	106,034	65,337
Net assets available for benefits per the Form 5500	$ 86,538,379	$ 87,171,113

The following is a reconciliation of the decrease in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Net decrease in net assets available for benefits per the financial statements	$ (729,135)	$ (4,199,906)
103-12 investment entities - valuation adjustment	55,704	36,159
Pooled separate accounts - valuation adjustment	40,697	65,337
Net decrease in net assets available for benefits per the Form 5500	$ (632,734)	$ (4,098,410)

Note 10. Concentrations of Investments

Included in investments as of December 31, 2025 and 2024, are investments that are greater than 20% of total investments. These include shares of AON Hewitt Group Trust Long Credit Bond Fund amounting to $33,456,509 and $36,425,492 at December 31, 2025 and 2024, respectively. This investment represented 39% and 42% of total investments at December 31, 2025 and 2024, respectively. A significant decline in the market value of this investment could significantly affect the net assets available for benefits of the Plan. The AON Hewitt Group Trust annual report can be obtained by contacting AON Hewitt.

Note 11. Subsequent Events

Plan management has evaluated subsequent events for recognition and disclosure through October 13, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

SIRVA Employees Retirement Plan
EIN 52-1840893 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Party Involved	(c) Description of Assets	(d) Cost	(e) Current Value
*	Collective trust funds			
	The Bank of New York Mellon	EB Temporary Investment Fund of The Bank of New York Mellon	$ 4,446,278	$ 4,446,278
*	AON Hewitt Group Trust	AON Hewitt Group Trust Small Cap Equity Index Fund	1,236,323	2,017,763
*	AON Hewitt Group Trust	AON Hewitt Group Trust Non-US Equity Index Fund	5,097,985	8,035,362
*	AON Hewitt Group Trust	AON Hewitt Group Trust Global Real Estate Fund	80,188	110,550
*	AON Hewitt Group Trust	AON Hewitt Group Trust Large Cap Equity Index Fund	6,180,167	11,530,433
*	AON Hewitt Group Trust	AON Hewitt Group Trust 20+ Year U.S. Treasury STRIPS Index Fund	12,825,999	11,221,979
*	AON Hewitt Group Trust	AON Hewitt Group Trust Multi-Asset Credit Fund	2,334,908	3,061,066
*	AON Hewitt Group Trust	AON Hewitt Group Trust Long Credit Bond Fund	35,971,189	33,456,509
*	AON Hewitt Group Trust	AON Hewitt Group Trust Core Real Estate Fund	5,213,948	6,530,299
	Total collective trust funds		73,386,984	80,410,239
	103-12 investment securities			
*	AON Hewitt Group Trust	AON Diversifying Alt Portfolio Fund	4,158,889	4,437,368
	Total 103-12 investment securities		4,158,889	4,437,368
	Total investments held at end of year		$ 77,545,873	$ 84,847,607

*Represents party-in-interest.

SIRVA Employees Retirement Plan
EIN 52-1840893 PN 002
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of transactions						
The Bank of New York Mellon	EB Temporary Investment Fund of The bank of New York Mellon	$ 12,129,153	$ -	$ 12,129,153	$ 12,129,153	$ -
The Bank of New York Mellon	EB Temporary Investment Fund of The bank of New York Mellon	-	8,893,860	8,893,860	8,893,860	-
Aon Hewitt Group Trust	Long Credit Bond	-	5,500,000	6,332,595	6,332,595	(832,595)
Aon Hewitt Group Trust	20+ Year U.S. Treasury Strips Index Fund	-	1,000,000	1,472,484	1,472,484	(472,484)
Aon Hewitt Group Trust	20+ Year U.S. Treasury Strips Index Fund	8,000,000	-	8,000,000	8,000,000	-
* Principal	Liquid Assets	-	6,460,515	6,431,988	6,431,988	28,527
* Principal	Liquid Assets	-	7,026,117	8,188,115	8,188,115	(1,161,998)

*Represents party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	2	0	0	0	0	0	0	0	0	2
45-49	0	3	3	0	0	0	0	0	0	0	6
50-54	0	6	6	2	0	0	0	0	0	0	14
55-59	0	5	3	7	9	0	0	0	0	0	24
60-64	0	7	4	10	21	15	0	0	0	0	57
65-69	0	0	2	5	9	7	5	0	0	0	28
70 & over	0	0	1	1	2	2	1	0	0	0	7
Total	0	23	19	25	41	24	6	0	0	0	138

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	5.070%	5.070%
• Second segment rate	5.310%	5.330%
• Third segment rate	5.500%	5.360%
• Effective interest rate	5.330%	5.310%

Lump sum conversion basis

- Interest rate for minimum funding purposes: 3-segment interest rates reflecting corridors described above.
- Mortality: 2025 IRS unisex mortality table prescribed for 2025 lump sum payments.

Demographic Assumptions

Inclusion date: Only plan participants at January 1, 2025 are included in the valuation.

New or rehired employees: It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

The rates at which participants are assumed to leave the Company by age are shown below:

Percentage assumed to leave during the year	
Age	All Employees
20	6.0%
25	6.0%
30	6.0%
35	6.0%
40	6.0%
45	6.0%
50	5.5%
53	0.0%

SCHEDULE SB ATTACHMENTS

Retirement

From Active Status Percentage assumed to retire during the year		
Age	NAVL Employees	AVL Employees
55	9%	0%
56	2%	0%
57	2%	0%
58	2%	0%
59	2%	0%
60	7%	7%
61	7%	7%
62	7%	7%
63	12%	12%
64	20%	20%
65	25%	25%
66	30%	30%
67	40%	40%
68	40%	40%
69	45%	45%
70	100%	100%

From Terminated Vested Status Percentage assumed to retire during the year	
Age	All Employees
60	5%
61	5%
62	5%
63	5%
64	5%
65	70%
66	30%
67	20%
68	20%
69	50%
70	100%

SCHEDULE SB ATTACHMENTS

Form of payment – Active participants	Pre-1996 accrued benefits: – Lump sum – 10% – 50% J&S annuity – 40% – 100% J&S annuity – 15% – Single life annuity – 35% Other benefits: – 50% J&S annuity – 30% – 100% J&S annuity – 20% – Single life annuity – 50%
Form of payment – Terminated vested participants	• 50% J&S annuity – 15% • 100% J&S annuity – 30% • Single life annuity – 55%
Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 75% of eligible participants are assumed to be married.
Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Administrative expenses	The amount included this year for plan-related expenses is $1,610,000.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.

SCHEDULE SB ATTACHMENTS

Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.70% for 2024 and 5.74% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with SIRVA, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Data was provided by Principal Financial Group, the plan's recordkeeper.

In consultation with SIRVA, the following assumptions were made for missing or apparently inconsistent data elements:

- In cases where a hire date or termination date was not provided for a terminated vested participant, vesting service was assumed to be 10 years.
- If data information pertaining to participant status or benefit information is not provided, it is assumed that there has been no change from the prior year information.
- Deceased vested terminated records identified in a 2025 Death Audit are treated as deferred beneficiaries for valuation purposes.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name	**SIRVA EMPLOYEES RETIREMENT PLAN**
Plan Sponsor EIN	**52-1840893**
ERISA Plan #	**002**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

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
SIRVA EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SIRVA INC.

D Employer Identification Number (EIN)
52-1840893

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**	87,153,343
b Actuarial value	**2b**	88,631,378

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	887	71,811,106	71,811,106
b For terminated vested participants	677	31,110,635	31,110,635
c For active participants	138	8,498,658	8,535,294
d Total	1,702	111,420,399	111,457,035

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**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,610,000
c Target normal cost	**6c**	1,610,000

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

Cristina Mercader — Signature of actuary

9/30/2026 — Date

Cristina Mercader — Type or print name of actuary

2608014 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

312-288-7700 — Telephone number (including area code)

PO Box 674401
Houston TX 77267 — 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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.95 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		169
	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 5.03 %		9
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		178
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	79.52 %
15	Adjusted funding target attainment percentage	15	79.52 %
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	82.95 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	868,725	0			
07/15/2025	868,725	0			
10/15/2025	868,725	0			
01/15/2026	868,725	0			
09/15/2026	609,827	0			
			Totals ► 18(b)	4,084,727	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	3,915,639

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:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	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**	1,610,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	22,825,657	2,305,639
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3,915,639

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

36 Additional cash requirement (line 34 minus line 35)	**36**	3,915,639
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,915,639
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for the 42 active AVL employees was calculated by applying the rate of retirement at each age to a cohort of participants. The weighted average age at retirement was then calculated. The calculation for this group of participants is shown below:

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.00	1,000	1.000000	0.000000	0.000000
56	0.00	1,000	1.000000	0.000000	0.000000
57	0.00	1,000	1.000000	0.000000	0.000000
58	0.00	1,000	1.000000	0.000000	0.000000
59	0.00	1,000	1.000000	0.000000	0.000000
60	0.07	1,000	1.000000	0.070000	4.200000
61	0.07	930	0.930000	0.065100	3.971100
62	0.07	865	0.864900	0.060543	3.753666
63	0.12	804	0.804357	0.096523	6.080939
64	0.20	708	0.707834	0.141567	9.060277
65	0.25	566	0.566267	0.141567	9.201844
66	0.30	425	0.424700	0.127410	8.409070
67	0.40	297	0.297290	0.118916	7.967381
68	0.40	178	0.178374	0.071350	4.851778
69	0.45	107	0.107025	0.048161	3.323112
70	1.00	59	0.058863	0.058863	4.120444
Average age at retirement					64.939612

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for the 96 active NAVL employees was calculated by applying the rate of retirement at each age to a cohort of participants. The weighted average age at retirement was then calculated. The calculation for this group of participants is shown below:

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.09	1,000	1.000000	0.090000	4.950000
56	0.02	910	0.910000	0.018200	1.019200
57	0.02	892	0.891800	0.017836	1.016652
58	0.02	874	0.873964	0.017479	1.013798
59	0.02	856	0.856485	0.017130	1.010652
60	0.07	839	0.839355	0.058755	3.525291
61	0.07	781	0.780600	0.054642	3.333163
62	0.07	726	0.725958	0.050817	3.150658
63	0.12	675	0.675141	0.081017	5.104067
64	0.20	594	0.594124	0.118825	7.604789
65	0.25	475	0.475299	0.118825	7.723614
66	0.30	356	0.356474	0.106942	7.058195
67	0.40	250	0.249532	0.099813	6.687462
68	0.40	150	0.149719	0.059888	4.072365
69	0.45	90	0.089832	0.040424	2.789270
70	1.00	49	0.049407	0.049407	3.458516
Average age at retirement					63.517692

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The weighted average age for the entire Plan was calculated by multiplying the proportion of AVL active employees by their weighted average age at retirement, followed by multiplying the proportion of NAVL active employees by their weighted average age at retirement, and the summing the values. The calculation is shown below:

	(1)	(2)	(3)	(4) ((2) x (3))	
	Number of active employees	Proportion of all active employees	Weighted average age at retirement	Weighted average	
AVL	42	30.43%	64.93961	19.76423	
NAVL	96	69.57%	63.51769	44.18622	
Total	138			63.95045	**= 64**

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	5.070%	5.070%
• Second segment rate	5.310%	5.330%
• Third segment rate	5.500%	5.360%
• Effective interest rate	5.330%	5.310%

Lump sum conversion basis

- Interest rate for minimum funding purposes: 3-segment interest rates reflecting corridors described above.
- Mortality: 2025 IRS unisex mortality table prescribed for 2025 lump sum payments.

Demographic Assumptions

Inclusion date: Only plan participants at January 1, 2025 are included in the valuation.

New or rehired employees: It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

The rates at which participants are assumed to leave the Company by age are shown below:

Percentage assumed to leave during the year	
Age	All Employees
20	6.0%
25	6.0%
30	6.0%
35	6.0%
40	6.0%
45	6.0%
50	5.5%
53	0.0%

SCHEDULE SB ATTACHMENTS

Retirement

From Active Status Percentage assumed to retire during the year		
Age	NAVL Employees	AVL Employees
55	9%	0%
56	2%	0%
57	2%	0%
58	2%	0%
59	2%	0%
60	7%	7%
61	7%	7%
62	7%	7%
63	12%	12%
64	20%	20%
65	25%	25%
66	30%	30%
67	40%	40%
68	40%	40%
69	45%	45%
70	100%	100%

From Terminated Vested Status Percentage assumed to retire during the year	
Age	All Employees
60	5%
61	5%
62	5%
63	5%
64	5%
65	70%
66	30%
67	20%
68	20%
69	50%
70	100%

SCHEDULE SB ATTACHMENTS

Form of payment – Active participants	Pre-1996 accrued benefits: – Lump sum – 10% – 50% J&S annuity – 40% – 100% J&S annuity – 15% – Single life annuity – 35% Other benefits: – 50% J&S annuity – 30% – 100% J&S annuity – 20% – Single life annuity – 50%
Form of payment – Terminated vested participants	• 50% J&S annuity – 15% • 100% J&S annuity – 30% • Single life annuity – 55%
Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 75% of eligible participants are assumed to be married.
Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Administrative expenses	The amount included this year for plan-related expenses is $1,610,000.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.

SCHEDULE SB ATTACHMENTS

Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.70% for 2024 and 5.74% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with SIRVA, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Data was provided by Principal Financial Group, the plan's recordkeeper.

In consultation with SIRVA, the following assumptions were made for missing or apparently inconsistent data elements:

- In cases where a hire date or termination date was not provided for a terminated vested participant, vesting service was assumed to be 10 years.
- If data information pertaining to participant status or benefit information is not provided, it is assumed that there has been no change from the prior year information.
- Deceased vested terminated records identified in a 2025 Death Audit are treated as deferred beneficiaries for valuation purposes.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan History

The plan was originally effective June 21, 1985. The plan document was restated effective January 1, 2014.

On June 21, 1985, the Company adopted the North American Van Lines, Inc. Employees Retirement Plan (renamed the SIRVA Employee Retirement Plan referred to as the “Plan”) for the purpose of providing retirement and death benefits to its eligible employees and their designated beneficiaries.

Effective December 31, 1995, all benefits accrued under the Plan were frozen.

Effective January 1, 1996, the Plan was restated to reflect the change in the Plan’s benefit structure applicable to the pension amounts attributable to an employee’s service after December 31, 1995.

Effective April 1, 2002, the Plan was restated to freeze benefits under the formula effective prior to April 2, 2002, to adopt a new benefit formula, to make additional changes and to extend the new formula to eligible employees of Allied Van Lines, Inc.

Effective August 9, 2002, the Allied Van Lines, Inc. Retirement Plan (the “Allied Plan”) was merged into the Plan. Benefits accrued under the Allied Plan prior to April 1, 2002, are determined under the prior Allied Plan provisions.

Effective December 31, 2002, participation and all benefit accruals were frozen. However, participants still continue earning service for vesting and eligibility for early retirement purposes.

Effective October 1, 2007, early retirement reduction factors were changed for certain participants involuntarily terminating between October 1, 2007 and September 30, 2009.

Effective January 1, 2009, the plan document was restated to comply with the recent legislation.

Effective January 1, 2014, the plan document was restated to comply with recent legislation.

Effective December 8, 2022, the Plan was amended to provide for the transfer of certain assets and liabilities from the Plan to an insurer (to be selected by the Company) issuing one or more group annuity contracts.

Effective November 1, 2023, the Plan was amended to offer a one-time lump sum in December 2023 to certain deferred vested participants in the plan. Also effective November 1, 2023, the applicable interest rate to convert annuities to lump sum amounts was changed from the November immediately preceding the plan year to the October immediately preceding the plan year.

Definitions

Plan year	The twelve month period ending December 31.
Vesting service	Service from date of hire.

Plan Name:	SIRVA Employees Retirement Plan
EIN / PN:	52-1840893/002
Plan Sponsor:	SIRVA, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Credited service	Benefit accruals were frozen as of December 31, 2002.
Normal retirement date (NRD)	First of the month immediately following the participant's 65th birthday.
Accrued benefit	Former NAVL Participants: i. The benefit earned at December 31, 1995 less the benefit earned as of June 12, 1985 under PepsiCo Retirement Plan ("Frozen" benefit), plus ii. The benefit earned between January 1, 1996 and March 31, 2002 ("Transition" benefit), plus iii. The benefit earned between April 1, 2002 and December 31, 2002 ("SIRVA" benefit); but not less than iv. The formula in (iii.) applied to all service reduced by PepsiCo benefit. Former AVL participants: i. AVL benefit at March 31, 2002, plus ii. SIRVA benefit. Other participants: SIRVA benefit calculated and provided by the administrator. Accrued benefits were calculated and provided by the plan administrator.

Eligibility for Benefits

Normal retirement	Frozen benefit – age 65 and fifth anniversary of participation or 5 years of vesting service. Transition benefit – age 65 and fifth anniversary of participation or 5 years of vesting service. AVL benefit – age 65. SIRVA benefit – age 65 and fifth anniversary of participation or 5 years of vesting service.

SCHEDULE SB ATTACHMENTS

Early retirement	Frozen benefit – age 55 and 10 years of service. Transition benefit – age 55 and 15 years of service or age 60 and 5 years of service or age 62. AVL benefit – age 55 and 5 years of service. SIRVA benefit – age 55 and 10 years of service.
Vested termination	5 years of service or attainment of normal retirement age.
Preretirement death benefit	5 years of vesting service and married for at least one year before death.

Benefits Paid Upon the Following Events

Normal retirement

Accrued benefit payable at the normal retirement date.

Early retirement

Frozen benefit – Accrued benefit reduced 3%/year from NRA.

Transition benefit –

a. Benefit between ages 55 and 60 is the minimum of:
   i. $500, or
   ii. Age 62 Social Security amount, or
   iii. Accrued Benefit
b. Benefit at 60 and 61:
   i. If ≥ 20 years of service – no reduction
   ii. Otherwise reduction is 6 ⅔%/year from 62
c. Benefit at 62:
   i. Benefit in b.) is further reduced by 66 ⅔% of age 62 Social Security benefit, or
   ii. If benefit in b.) not taken, the Accrued Benefit is reduced only by 66 ⅔% of Social Security benefit.

SIRVA benefit – Accrued Benefit reduced 4%/year from 62.

Vested termination

Accrued Benefit payable at Normal Retirement. Reduced benefits are available at an earlier age.

Preretirement death	Generally, the benefit is Qualified Pre-retirement Survivor Annuity. However, the time of benefit commencement and reduction for early retirement depends on benefit part, age at death and service.

Other Plan Provisions

Forms of payment	Normal Form of Benefit: Single – life only annuity; Married – actuarially equivalent 50% joint and survivor annuity Optional – life annuity, 10-year certain and life annuity and other joint-and-survivor options. In addition, the Frozen benefit may be paid as a lump sum.
Actuarial Equivalence	In determining optional forms of payment, other than a lump sum payment, actuarial equivalence is based on the 1983 Group Annuity Mortality Table, 50% male/50% female rates and an interest rate of 8%. Actuarial equivalence for determining a lump sum value, is based on 417(e) applicable mortality table and applicable interest rate for the month of October preceding the plan year of determination.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.
Benefits not valued	All benefits described in this section were valued. WTW has reviewed the plan provisions with SIRVA, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions since the prior valuation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	2	0	0	0	0	0	0	0	0	2
45-49	0	3	3	0	0	0	0	0	0	0	6
50-54	0	6	6	2	0	0	0	0	0	0	14
55-59	0	5	3	7	9	0	0	0	0	0	24
60-64	0	7	4	10	21	15	0	0	0	0	57
65-69	0	0	2	5	9	7	5	0	0	0	28
70 & over	0	0	1	1	2	2	1	0	0	0	7
Total	0	23	19	25	41	24	6	0	0	0	138

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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	118,778	1,176,677	7,166,881	8,462,336
2026	308,469	1,980,938	6,985,520	9,274,927
2027	433,929	2,235,376	6,797,485	9,466,790
2028	532,002	2,393,865	6,600,519	9,526,386
2029	608,792	2,484,293	6,395,439	9,488,524
2030	663,530	2,527,265	6,182,586	9,373,381
2031	698,700	2,544,508	5,960,947	9,204,155
2032	719,321	2,546,947	5,727,056	8,993,324
2033	729,374	2,525,940	5,484,147	8,739,461
2034	730,979	2,491,720	5,236,587	8,459,286
2035	727,367	2,443,081	4,982,620	8,153,068
2036	720,721	2,383,732	4,722,386	7,826,839
2037	710,448	2,315,412	4,455,578	7,481,438
2038	696,892	2,236,339	4,182,943	7,116,174
2039	680,972	2,150,828	3,905,492	6,737,292
2040	662,461	2,060,489	3,624,561	6,347,511
2041	641,950	1,965,673	3,341,840	5,949,463
2042	619,674	1,866,724	3,059,344	5,545,742
2043	595,152	1,764,465	2,779,359	5,138,976
2044	568,710	1,660,482	2,504,369	4,733,561
2045	540,469	1,555,504	2,236,946	4,332,919
2046	510,597	1,450,064	1,979,635	3,940,296
2047	479,212	1,344,823	1,734,862	3,558,897
2048	446,468	1,240,471	1,504,811	3,191,750
2049	412,633	1,137,681	1,291,356	2,841,670
2050	378,039	1,037,071	1,095,937	2,511,047
2051	343,089	939,232	919,510	2,201,831
2052	308,265	844,757	762,510	1,915,532
2053	274,092	754,228	624,827	1,653,147

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	241,065	668,203	505,875	1,415,143
2055	209,648	587,179	404,661	1,201,488
2056	180,234	511,578	319,850	1,011,662
2057	153,139	441,736	249,883	844,758
2058	128,586	377,881	193,053	699,520
2059	106,695	320,131	147,607	574,433
2060	87,491	268,486	111,826	467,803
2061	70,912	222,832	84,080	377,824
2062	56,825	182,956	62,875	302,656
2063	45,041	148,557	46,885	240,483
2064	35,334	119,255	34,968	189,558
2065	27,453	94,616	26,168	148,237
2066	21,142	74,171	19,708	115,021
2067	16,155	57,433	14,971	88,560
2068	12,259	43,917	11,487	67,663
2069	9,249	33,153	8,901	51,303
2070	6,945	24,699	6,958	38,602
2071	5,195	18,155	5,471	28,821
2072	3,874	13,164	4,314	21,352
2073	2,881	9,412	3,399	15,692
2074	2,138	6,635	2,667	11,440

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	3,740,196	15.00000	3,740,196	348,738
Shortfall	01/01/2024	968,040	14.00000	901,895	88,073
Shortfall	01/01/2023	20,406,352	13.00000	18,183,566	1,868,828
Total				22,825,657	2,305,639

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for the 42 active AVL employees was calculated by applying the rate of retirement at each age to a cohort of participants. The weighted average age at retirement was then calculated. The calculation for this group of participants is shown below:

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.00	1,000	1.000000	0.000000	0.000000
56	0.00	1,000	1.000000	0.000000	0.000000
57	0.00	1,000	1.000000	0.000000	0.000000
58	0.00	1,000	1.000000	0.000000	0.000000
59	0.00	1,000	1.000000	0.000000	0.000000
60	0.07	1,000	1.000000	0.070000	4.200000
61	0.07	930	0.930000	0.065100	3.971100
62	0.07	865	0.864900	0.060543	3.753666
63	0.12	804	0.804357	0.096523	6.080939
64	0.20	708	0.707834	0.141567	9.060277
65	0.25	566	0.566267	0.141567	9.201844
66	0.30	425	0.424700	0.127410	8.409070
67	0.40	297	0.297290	0.118916	7.967381
68	0.40	178	0.178374	0.071350	4.851778
69	0.45	107	0.107025	0.048161	3.323112
70	1.00	59	0.058863	0.058863	4.120444

Average age at retirement 64.939612

Plan Name: SIRVA Employees Retirement Plan
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Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
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as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for the 96 active NAVL employees was calculated by applying the rate of retirement at each age to a cohort of participants. The weighted average age at retirement was then calculated. The calculation for this group of participants is shown below:

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.09	1,000	1.000000	0.090000	4.950000
56	0.02	910	0.910000	0.018200	1.019200
57	0.02	892	0.891800	0.017836	1.016652
58	0.02	874	0.873964	0.017479	1.013798
59	0.02	856	0.856485	0.017130	1.010652
60	0.07	839	0.839355	0.058755	3.525291
61	0.07	781	0.780600	0.054642	3.333163
62	0.07	726	0.725958	0.050817	3.150658
63	0.12	675	0.675141	0.081017	5.104067
64	0.20	594	0.594124	0.118825	7.604789
65	0.25	475	0.475299	0.118825	7.723614
66	0.30	356	0.356474	0.106942	7.058195
67	0.40	250	0.249532	0.099813	6.687462
68	0.40	150	0.149719	0.059888	4.072365
69	0.45	90	0.089832	0.040424	2.789270
70	1.00	49	0.049407	0.049407	3.458516
Average age at retirement					63.517692

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Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The weighted average age for the entire Plan was calculated by multiplying the proportion of AVL active employees by their weighted average age at retirement, followed by multiplying the proportion of NAVL active employees by their weighted average age at retirement, and the summing the values. The calculation is shown below:

	(1)	(2)	(3)	(4) ((2) x (3))	
	Number of active employees	Proportion of all active employees	Weighted average age at retirement	Weighted average	
AVL	42	30.43%	64.93961	19.76423	
NAVL	96	69.57%	63.51769	44.18622	
Total	138			63.95045	**= 64**

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2025

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Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	118,778	1,176,677	7,166,881	8,462,336
2026	308,469	1,980,938	6,985,520	9,274,927
2027	433,929	2,235,376	6,797,485	9,466,790
2028	532,002	2,393,865	6,600,519	9,526,386
2029	608,792	2,484,293	6,395,439	9,488,524
2030	663,530	2,527,265	6,182,586	9,373,381
2031	698,700	2,544,508	5,960,947	9,204,155
2032	719,321	2,546,947	5,727,056	8,993,324
2033	729,374	2,525,940	5,484,147	8,739,461
2034	730,979	2,491,720	5,236,587	8,459,286
2035	727,367	2,443,081	4,982,620	8,153,068
2036	720,721	2,383,732	4,722,386	7,826,839
2037	710,448	2,315,412	4,455,578	7,481,438
2038	696,892	2,236,339	4,182,943	7,116,174
2039	680,972	2,150,828	3,905,492	6,737,292
2040	662,461	2,060,489	3,624,561	6,347,511
2041	641,950	1,965,673	3,341,840	5,949,463
2042	619,674	1,866,724	3,059,344	5,545,742
2043	595,152	1,764,465	2,779,359	5,138,976
2044	568,710	1,660,482	2,504,369	4,733,561
2045	540,469	1,555,504	2,236,946	4,332,919
2046	510,597	1,450,064	1,979,635	3,940,296
2047	479,212	1,344,823	1,734,862	3,558,897
2048	446,468	1,240,471	1,504,811	3,191,750
2049	412,633	1,137,681	1,291,356	2,841,670
2050	378,039	1,037,071	1,095,937	2,511,047
2051	343,089	939,232	919,510	2,201,831
2052	308,265	844,757	762,510	1,915,532
2053	274,092	754,228	624,827	1,653,147

Plan Name: SIRVA Employees Retirement Plan
EIN / PN: 52-1840893/002
Plan Sponsor: SIRVA, Inc.
Valuation Date: January 1, 2025

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	241,065	668,203	505,875	1,415,143
2055	209,648	587,179	404,661	1,201,488
2056	180,234	511,578	319,850	1,011,662
2057	153,139	441,736	249,883	844,758
2058	128,586	377,881	193,053	699,520
2059	106,695	320,131	147,607	574,433
2060	87,491	268,486	111,826	467,803
2061	70,912	222,832	84,080	377,824
2062	56,825	182,956	62,875	302,656
2063	45,041	148,557	46,885	240,483
2064	35,334	119,255	34,968	189,558
2065	27,453	94,616	26,168	148,237
2066	21,142	74,171	19,708	115,021
2067	16,155	57,433	14,971	88,560
2068	12,259	43,917	11,487	67,663
2069	9,249	33,153	8,901	51,303
2070	6,945	24,699	6,958	38,602
2071	5,195	18,155	5,471	28,821
2072	3,874	13,164	4,314	21,352
2073	2,881	9,412	3,399	15,692
2074	2,138	6,635	2,667	11,440

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Schedule SB, Part V
Summary of Plan Provisions

Plan History

The plan was originally effective June 21, 1985. The plan document was restated effective January 1, 2014.

On June 21, 1985, the Company adopted the North American Van Lines, Inc. Employees Retirement Plan (renamed the SIRVA Employee Retirement Plan referred to as the “Plan”) for the purpose of providing retirement and death benefits to its eligible employees and their designated beneficiaries.

Effective December 31, 1995, all benefits accrued under the Plan were frozen.

Effective January 1, 1996, the Plan was restated to reflect the change in the Plan’s benefit structure applicable to the pension amounts attributable to an employee’s service after December 31, 1995.

Effective April 1, 2002, the Plan was restated to freeze benefits under the formula effective prior to April 2, 2002, to adopt a new benefit formula, to make additional changes and to extend the new formula to eligible employees of Allied Van Lines, Inc.

Effective August 9, 2002, the Allied Van Lines, Inc. Retirement Plan (the “Allied Plan”) was merged into the Plan. Benefits accrued under the Allied Plan prior to April 1, 2002, are determined under the prior Allied Plan provisions.

Effective December 31, 2002, participation and all benefit accruals were frozen. However, participants still continue earning service for vesting and eligibility for early retirement purposes.

Effective October 1, 2007, early retirement reduction factors were changed for certain participants involuntarily terminating between October 1, 2007 and September 30, 2009.

Effective January 1, 2009, the plan document was restated to comply with the recent legislation.

Effective January 1, 2014, the plan document was restated to comply with recent legislation.

Effective December 8, 2022, the Plan was amended to provide for the transfer of certain assets and liabilities from the Plan to an insurer (to be selected by the Company) issuing one or more group annuity contracts.

Effective November 1, 2023, the Plan was amended to offer a one-time lump sum in December 2023 to certain deferred vested participants in the plan. Also effective November 1, 2023, the applicable interest rate to convert annuities to lump sum amounts was changed from the November immediately preceding the plan year to the October immediately preceding the plan year.

Definitions

Plan year	The twelve month period ending December 31.
Vesting service	Service from date of hire.

Plan Name:	SIRVA Employees Retirement Plan
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Plan Sponsor:	SIRVA, Inc.
Valuation Date:	January 1, 2025

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Credited service	Benefit accruals were frozen as of December 31, 2002.
Normal retirement date (NRD)	First of the month immediately following the participant's 65th birthday.
Accrued benefit	Former NAVL Participants: i. The benefit earned at December 31, 1995 less the benefit earned as of June 12, 1985 under PepsiCo Retirement Plan ("Frozen" benefit), plus ii. The benefit earned between January 1, 1996 and March 31, 2002 ("Transition" benefit), plus iii. The benefit earned between April 1, 2002 and December 31, 2002 ("SIRVA" benefit); but not less than iv. The formula in (iii.) applied to all service reduced by PepsiCo benefit. Former AVL participants: i. AVL benefit at March 31, 2002, plus ii. SIRVA benefit. Other participants: SIRVA benefit calculated and provided by the administrator. Accrued benefits were calculated and provided by the plan administrator.

Eligibility for Benefits

Normal retirement	Frozen benefit – age 65 and fifth anniversary of participation or 5 years of vesting service. Transition benefit – age 65 and fifth anniversary of participation or 5 years of vesting service. AVL benefit – age 65. SIRVA benefit – age 65 and fifth anniversary of participation or 5 years of vesting service.

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Early retirement	Frozen benefit – age 55 and 10 years of service. Transition benefit – age 55 and 15 years of service or age 60 and 5 years of service or age 62. AVL benefit – age 55 and 5 years of service. SIRVA benefit – age 55 and 10 years of service.
Vested termination	5 years of service or attainment of normal retirement age.
Preretirement death benefit	5 years of vesting service and married for at least one year before death.

Benefits Paid Upon the Following Events

Normal retirement

Accrued benefit payable at the normal retirement date.

Early retirement

Frozen benefit – Accrued benefit reduced 3%/year from NRA.

Transition benefit –

a. Benefit between ages 55 and 60 is the minimum of:
   i. $500, or
   ii. Age 62 Social Security amount, or
   iii. Accrued Benefit
b. Benefit at 60 and 61:
   i. If ≥ 20 years of service – no reduction
   ii. Otherwise reduction is 6 ⅔%/year from 62
c. Benefit at 62:
   i. Benefit in b.) is further reduced by 66 ⅔% of age 62 Social Security benefit, or
   ii. If benefit in b.) not taken, the Accrued Benefit is reduced only by 66 ⅔% of Social Security benefit.

SIRVA benefit – Accrued Benefit reduced 4%/year from 62.

Vested termination

Accrued Benefit payable at Normal Retirement. Reduced benefits are available at an earlier age.

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Preretirement death	Generally, the benefit is Qualified Pre-retirement Survivor Annuity. However, the time of benefit commencement and reduction for early retirement depends on benefit part, age at death and service.

Other Plan Provisions

Forms of payment	Normal Form of Benefit: Single – life only annuity; Married – actuarially equivalent 50% joint and survivor annuity Optional – life annuity, 10-year certain and life annuity and other joint-and-survivor options. In addition, the Frozen benefit may be paid as a lump sum.
Actuarial Equivalence	In determining optional forms of payment, other than a lump sum payment, actuarial equivalence is based on the 1983 Group Annuity Mortality Table, 50% male/50% female rates and an interest rate of 8%. Actuarial equivalence for determining a lump sum value, is based on 417(e) applicable mortality table and applicable interest rate for the month of October preceding the plan year of determination.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.
Benefits not valued	All benefits described in this section were valued. WTW has reviewed the plan provisions with SIRVA, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions since the prior valuation.

Plan Name	**SIRVA EMPLOYEES RETIREMENT PLAN**
Plan Sponsor EIN	**52-1840893**
ERISA Plan #	**002**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	3,740,196	15.00000	3,740,196	348,738
Shortfall	01/01/2024	968,040	14.00000	901,895	88,073
Shortfall	01/01/2023	20,406,352	13.00000	18,183,566	1,868,828
Total				22,825,657	2,305,639

Plan Name: SIRVA Employees Retirement Plan
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