

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed 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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>																		
<div>Part I Annual Report Identification Information</div> <div>For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015</div> <div><div>A This return/report is for:</div><div><div>☒ a single-employer plan</div><div>☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)</div><div>☐ a one-participant plan</div><div>☐ a foreign plan</div></div><div><div>B This return/report is</div><div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div><div><div>C Check box if filing under:</div><div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ DFVC program</div><div>☐ special extension (enter description)</div></div></div></div></div>																				
<div>Part II Basic Plan Information—enter all requested information</div> <div><div><div>1a Name of plan</div><div>DIEBOLD, INCORPORATED RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES</div></div><div><div>1b Three-digit plan number (PN) ▶</div><div>016</div></div><div><div>1c Effective date of plan</div><div>01/01/2009</div></div></div> <div><div><div>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)</div><div>DIEBOLD, INCORPORATED</div><div>5995 MAYFAIR ROAD NORTH CANTON, OH 44720</div></div><div><div>2b Employer Identification Number (EIN)</div><div>34-0183970</div></div><div><div>2c Sponsor's telephone number</div><div>330-490-6817</div></div><div><div>2d Business code (see instructions)</div><div>339900</div></div></div> <div><div><div>3a Plan administrator's name and address</div><div>☒ Same as Plan Sponsor.</div></div><div><div>3b Administrator's EIN</div><div>3c Administrator's telephone number</div></div></div> <div><div><div>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.</div><div><div>a Sponsor's name</div><div>4b EIN</div><div>4c PN</div></div><div><div>5a Total number of participants at the beginning of the plan year</div><div>5b Total number of participants at the end of the plan year</div><div>5c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div>5d(1) Total number of active participants at the beginning of the plan year</div><div>5d(2) Total number of active participants at the end of the plan year</div><div>5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested</div></div><div><div>22</div><div>22</div><div></div><div>10</div><div>10</div><div>0</div></div></div><div><div>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</div><div>Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.</div><table><tr><td rowspan="2">SIGN HERE</td><td>Filed with authorized/valid electronic signature.</td><td>10/12/2016</td><td>DAVID KUHL</td></tr><tr><td>Signature of plan administrator</td><td>Date</td><td>Enter name of individual signing as plan administrator</td></tr><tr><td rowspan="2">SIGN HERE</td><td></td><td></td><td></td></tr><tr><td>Signature of employer/plan sponsor</td><td>Date</td><td>Enter name of individual signing as employer or plan sponsor</td></tr><tr><td colspan="3">Preparer's name (including firm name, if applicable) and address (include room or suite number) CINDY MITCHELL BOBER MARKEY FEDOROVICH 3421 RIDGEWOOD ROAD, STE 300 AKRON, OH 44333</td><td>Preparer's telephone number 330-762-9785</td></tr></table></div></div> <div><div>For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.</div><div>Form 5500-SF (2015) v. 150123</div></div>			SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	DAVID KUHL	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	Preparer's name (including firm name, if applicable) and address (include room or suite number) CINDY MITCHELL BOBER MARKEY FEDOROVICH 3421 RIDGEWOOD ROAD, STE 300 AKRON, OH 44333			Preparer's telephone number 330-762-9785
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016		DAVID KUHL																
	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																	
Preparer's name (including firm name, if applicable) and address (include room or suite number) CINDY MITCHELL BOBER MARKEY FEDOROVICH 3421 RIDGEWOOD ROAD, STE 300 AKRON, OH 44333			Preparer's telephone number 330-762-9785																	

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	579584	573153
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	579584	573153
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	37746	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	508	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		38254
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19489	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	25196	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		44685
i Net income (loss) (subtract line 8h from line 8c)	8i		-6431
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A

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

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			50000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i				
j Did the plan trust incur unrelated business taxable income?	10j				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... ☒ Yes ☐ No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☒ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? ☐ Yes ☐ No

15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ☐ Design-based safe harbor method ☐ ADP/ACP test

15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No

16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ Ratio percentage test ☐ Average benefit test

16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

17a Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A

17b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).

17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number ____.

17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.

18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No

19 Were in-service distributions made during the plan year? ☐ Yes ☐ No

If "Yes," enter amount **19**

20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 DIEBOLD, INCORPORATED RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES	B Three-digit plan number (PN) 016
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DIEBOLD, INCORPORATED	D Employer Identification Number (EIN) 34-0183970

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	576927	
b Actuarial value	2b	552132	
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	3	183926	183926
b For terminated vested participants	9	222148	222148
c For active participants	10	185193	207105
d Total	22	591267	613179
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	6.54%	
6 Target normal cost	6	24273	

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	10/12/2016	Date
BLAKE A BAIETTO	14-06524	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	216-937-4000	Telephone number (including area code)
1001 LAKESIDE AVENUE, SUITE 1900 CLEVELAND, OH 44114		
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 <u>6.60</u> %	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)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.74</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	90.04 %
15 Adjusted funding target attainment percentage	15	90.04 %
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	86.03 %
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
04/15/2015	13214	0			
07/10/2015	2962	0			
10/15/2015	8088	0			
01/15/2016	8088	0			
09/15/2016	5394	0			
			Totals ►	18(b)	37746
				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	35948
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th	0	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
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 Is the plan required to provide a Schedule of Active Participants? 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 6)	31a	24273	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	61047	11673	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	35946	
	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	35946	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	35948	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2	
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2015**This Form is Open to Public
Inspection**For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015▶ **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 Diebold, Incorporated Retirement Plan for Puerto Rico Employees		B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Diebold, Incorporated		D Employer Identification Number (EIN) 34-0183970
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value.....		2a	576,927
b Actuarial value.....		2b	552,132
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.....	3	183,926	183,926
b For terminated vested participants.....	9	222,148	222,148
c For active participants.....	10	185,193	207,105
d Total.....	22	591,267	613,179
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	6.54%	
6 Target normal cost.....	6	24,273	

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	Blake A Baietto <i>BA</i>	<u>10/12/16</u>
	Signature of actuary	Date
Blake A Baietto		1406524
Type or print name of actuary		Most recent enrollment number
Towers Watson Delaware Inc.		216-937-4000
Firm name		Telephone number (including area code)
Suite 1500 1001 Lakeside Avenue Cleveland, OH 44114		
Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015
v. 150123

Liquidity shortfall as of end of quarter of this plan year

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
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 Is the plan required to provide a Schedule of Active Participants? 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 6)		31a	24,273
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		61,047	11,673
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	35,946
	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	35,946
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	35,948
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Diebold, Incorporated
EIN/PN	34-0183970/016
Plan Name	Diebold, Incorporated Retirement Plan for Puerto Rico Employees
Valuation Date	January 1, 2015
Enrolled Actuary	Blake Baietto
Enrollment Number	14-06524

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name	Diebold, Incorporated Retirement Plan for Puerto Rico Employees
EIN/PN	34-0183970 / 016
Plan Sponsor	Diebold, Incorporated
Valuation Date	January 1, 2015

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
■ MAP-21/HATFA applied for funding	Yes
■ MATP-21/HATFA applied for benefit service	Yes

Interest rates	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.72%	1.15%
■ Second segment rate	6.11%	4.06%
■ Third segment rate	6.81%	5.15%
■ Effective interest rate	6.54%	4.79%

Annual rates of increase

■ Compensation:	N/A
■ Future Social Security wage bases	N/A
■ Statutory limits on compensation	N/A

Plan Name	Diebold, Incorporated Retirement Plan for Puerto Rico Employees
EIN/PN	34-0183970 / 016
Plan Sponsor	Diebold, Incorporated
Valuation Date	January 1, 2015

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

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

Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2029 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2021 using Scale AA).
- **Disabled** Alternative disabled life mortality tables associated as defined under Revenue Ruling 96-7.

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

Representative Termination Rates

Percentage leaving during the year	
Age	Rate
25	11.10%
30	8.70
35	6.90
40	5.90
45	4.90
50	3.90
55	0.00
60	0.00

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Disability

The rates at which participants are assumed to become disabled follow the Wyatt 1985 Disability Study Class 1 rates for males and females. Representative rates are shown below:

Number (per 1,000) becoming disabled during the year		
Age	Males	Females
25	0.380	0.470
30	0.480	0.800
35	0.690	1.360
40	1.170	2.110
45	2.020	3.230
50	3.580	5.330
55	7.220	9.520
60	12.560	11.590

Retirement

The following rates have been utilized as the assumed incidence of retirement:

Percentage retiring during the year	
Attained Age	Annual Rate of Retirement
50 - 60	3.0%
61	8.5%
62 – 64	12.5%
65	30.0%
66 – 69	20.0%
70 and over	100.0%

Form of payment

For valuation purposes, participants are assumed to elect the single life form.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of male participants are assumed to be married; 50% of female participants are assumed to be married.

Spouse age

Wife three years younger than husband.

Covered pay

Not applicable due to plan freeze.

Plan Name	Diebold, Incorporated Retirement Plan for Puerto Rico Employees
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Administrative expenses

Administrative expenses of \$24,273 are included in the Target Normal Cost. This is equal to the actual administrative expenses paid in the prior year (\$27,433), with an adjustment for the decrease in the estimated 2015 PBGC variable rate premium to be paid (\$3,160).

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 plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Actuarial value of assets

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 (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 2014 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

None.

Plan Name

Diebold, Incorporated Retirement Plan for Puerto Rico Employees

EIN/PN

34-0183970 / 016

Plan Sponsor

Diebold, Incorporated

Valuation Date

January 1, 2015

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Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative expenses	Administrative expenses are estimated by determining the actual expenses paid from the trust the preceding year and reflecting estimated increases or decreases in PBGC variable rate premiums.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	<p>Termination rates were selected by the plan sponsor and represent a best estimate of future experience.</p> <p>Assumed termination rates differ by age because of expected differences in termination rates.</p>
Disability	Disability rates were selected by the plan sponsor and represent a best estimate of future experience.
Retirement	Retirement rates were selected by the plan sponsor and represent a best estimate of future experience.

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Benefit commencement date for deferred benefits:

- Preretirement death benefit
Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value.
- Deferred vested benefit
Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.

Form of payment

The form of payment is based on the normal form of the plan. Other forms are considered to be actuarially equivalent.

Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

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Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2015

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x^r * l_x / l_{50}$
50	0.030	1,000,000	1.000000	0.030000	1.500000
51	0.030	970,000	0.970000	0.029100	1.484100
52	0.030	940,900	0.940900	0.028227	1.467804
53	0.030	912,673	0.912673	0.027380	1.451140
54	0.030	885,293	0.885293	0.026559	1.434186
55	0.030	858,734	0.858734	0.025762	1.416910
56	0.030	832,972	0.832972	0.024989	1.399384
57	0.030	807,983	0.807983	0.024239	1.381623
58	0.030	783,744	0.783744	0.023512	1.363696
59	0.030	760,232	0.760232	0.022807	1.345613
60	0.030	737,425	0.737425	0.022123	1.327380
61	0.085	715,302	0.715302	0.060801	3.708861
62	0.125	654,501	0.654501	0.081813	5.072406
63	0.125	572,688	0.572688	0.071586	4.509918
64	0.125	501,102	0.501102	0.062638	4.008832
65	0.300	438,464	0.438464	0.131539	8.550035
66	0.200	306,925	0.306925	0.061385	4.051410
67	0.200	245,540	0.245540	0.049108	3.290236
68	0.200	196,432	0.196432	0.039286	2.671448
69	0.200	157,146	0.157146	0.031429	2.168601
70	1.000	125,717	0.125717	0.125717	8.800190

Average age at retirement 62.403773

Rounded for Schedule SB item 22 62

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 EIN / PN: 34-0183970 / 016
 Plan Sponsor: Diebold, Incorporated
 Valuation Date: January 1, 2015

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2015

Number and Average Annual Accrued Benefit Distributed by Attained Age and Attained Years of Credited Service

[illegible]

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2015

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2015	(8,276)	7	(8,276)	(1,376)
2	Shortfall	01/01/2014	77,971	6	69,323	13,049
Total					61,047	11,673

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Diebold, Incorporated

Plan

Diebold, Incorporated Retirement Plan for Puerto Rico Employees

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 2009. The plan was most recently amended to freeze plan accruals effective December 31, 2013, and to provide for a Voluntary Early Retirement Program (VERP) effective September 1, 2013.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

An employee shall become a Participant on the 1st of the month following his completion of a Year of Participation Service; however, no one hired or rehired on or after July 1, 2003 shall be eligible to participate in the Plan.

Accrual Freeze

Effective December 31, 2013, accruals under the Plan were frozen.

Credited Service

A Participant shall receive Service for the period of time between his Date of Hire and Date of Severance in determining eligibility for both benefits and vesting. Service earned after December 31, 2013 will not be reflected in determining benefit amounts.

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Annual Compensation

An employee's W-2 compensation, excluding any amount included therein as imputed income for the value of non-cash compensation and any type of expense reimbursement and related tax allowance from an Employer, plus deferrals under the Diebold, Incorporated 401(k) Savings Plan. Annual compensation is limited to \$200,000 for the period beginning January 1, 2002 (recognized retroactively) and will be indexed in the future. The compensation limit for 2013 is \$255,000.

Compensation earned after 2013 will not be reflected.

Final Average Compensation/Salary

The five highest consecutive calendar years of Annual Compensation divided by 5 out of the 10 calendar years of employment that are immediately prior to retirement or termination of employment.

Normal Retirement Benefit

Eligibility: Age 65 or 5 years of participation, whichever is later.

Benefit: The monthly normal retirement benefit payable on a single life basis is equal to the greater of (a) or (b) plus (c) below:

- (a) A benefit calculated as 1/12 of the following:
 - (i) 0.8% of Final Average Compensation up to Covered Compensation, plus
 - (ii) 1.25% of Final Average Compensation in excess of Covered Compensation, times
 - (iii) Credited Service (maximum 30 years).
- (b) \$16.00 per month per year of Credited Service (maximum 30 years), plus 1/12 of 20% of the portion of Final Average Compensation which exceeds \$14,400 (reduced proportionately for Credited Service less than 30 years).
- (c) For a participant terminating after January 1, 1992, an amount equal to \$4.20 times Credited Service (maximum 30 years).

For a Participant whose Accrued Benefit as of January 1, 1994, is based on Annual Compensation which exceeds Code Section 401(a)(17) limitations, the amount above may be increased, if larger, to the following sum of (i) and (ii):

- (i) the Participant's monthly Accrued Benefit as of December 31, 1993, frozen in accordance with regulations Section 1.401(a)(4)-13, and

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- (ii) the Participant's monthly Accrued Benefit determined under (a) through (c) above using the Participant's Credited Service accruing after January 1, 1994, but not in excess of 30 years when combined with the Credited Service for all years.

For those active participants (in the Salaried Plan) as of January 1, 2005, who were not highly compensated employees for the 2005 Plan Year, the minimum annual benefit is \$1,800.

Early Retirement

Eligibility: At least age 50 with combined age and years of Credited Service equal or exceeding a total of 70, or any age with 30 years of Credited Service.

Benefit: The accrued normal retirement pension as computed above based on Credited Service and Final Average Compensation prior to retirement. The benefit is actuarially reduced for commencement prior to age 65. If the Participant has 30 or more years of Credited Service at retirement, there is no actuarial reduction for that portion of his monthly benefit which is comprised of \$16.00 per year of Credited Service.

Disability Benefit

Eligibility: Incapacity by total and permanent disability after completing 15 or more years of Credited Service.

Benefit: The accrued normal retirement benefit as computed above is payable until Normal Retirement at which time the Normal Retirement benefit is payable.

Vested Benefits upon Termination of Service

Eligibility: Any age and 5 years of Credited Service.

Benefit: The accrued normal retirement pension payable at age 65 or, alternatively, an actuarially reduced pension payable early if the employee has a combined age and years of Credited Service of at least 70.

Pre-Retirement Spouse's Benefit

Eligibility: Death after 5 years of Credited Service.

Benefit: The surviving spouse will receive the benefit she would have received if the Participant had retired on the first day of the month of his death or earliest retirement date, if later, and had elected a 50% Joint and Survivor Option and then died.

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Pre-65 Retiree-Medical Supplemental

Eligibility: Retirement under the early or disability retirement provisions of the Plan on or after January 1, 1992 and before January 1, 1997.

Benefit: The monthly benefit payable from the date of retirement to age 65 determined as a result of taking (a) minus (b) below:

(a) \$9.20 times Credited Service (to a maximum of 30 years).

(b) The monthly annuity equivalent of the participant's retiree-medical account balance in the Diebold, Incorporated 401(k) Savings Plan.

This benefit will be actuarially reduced for commencement prior to age 63.

Optional Forms of Benefit

A participant may elect one of the following forms of payment of equivalent value:

- Life only benefit
- 50% Joint and Survivor Benefit
- 75% Joint and Survivor Benefit
- 100% Joint and Survivor Benefit

Voluntary Early Retirement Program (VERP)

All active participants in the Plan as of June 30, 2013 with attained age plus vesting service greater than or equal to 70 were eligible for the VERP. Electing participants were required to retire December 1, 2013, or later with prior approval.

Participants electing the VERP received enhanced benefits and the opportunity to receive the pension as a lump sum. Those electing the VERP had benefits calculated assuming an additional two years of age and service (up to a maximum of 32 years of credited service).

Those electing the lump sum received the greater of the present value of the enhanced benefit payable immediately and the unenhanced benefit payable at the normal retirement age. For purposes of the VERP, the lump sum present value is determined using 417(e) assumptions including a quarterly stability period and a four month lookback.

Changes in Plan Provisions since Last Actuarial Valuation

None.

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