

|                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br>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).<br><b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |

|                                                                                            |                                                                |                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                     |                                                                |                                                                                                                                                                                                     |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 |                                                                |                                                                                                                                                                                                     |
| <b>A</b> This return/report is for:                                                        | <input checked="" type="checkbox"/> a single-employer plan     | <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |
|                                                                                            | <input type="checkbox"/> a one-participant plan                | <input type="checkbox"/> a foreign plan                                                                                                                                                             |
| <b>B</b> This return/report is                                                             | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                                    |
|                                                                                            | <input type="checkbox"/> an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                      |
|                                                                                            |                                                                |                                                                                                                                                                                                     |
| <b>C</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                                        |
|                                                                                            | <input type="checkbox"/> special extension (enter description) | <input type="checkbox"/> DFVC program                                                                                                                                                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|--|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                              |  |
| <b>1a</b> Name of plan<br>DIEBOLD, INCORPORATED RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                          | 016                                            |                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c</b> Effective date of plan                                                                                                                                                                                                                                                                                                                  | 01/01/2009                                     |                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>DIEBOLD NIXDORF, INCORPORATED<br><br>5995 MAYFAIR ROAD<br>NORTH CANTON, OH 44720 | <b>2b</b> Employer Identification Number (EIN) | 34-0183970                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>2c</b> Sponsor's telephone number                                                                                                                                                                                                                                                                                                              | 330-490-6817                                   |                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>2d</b> Business code (see instructions)                                                                                                                                                                                                                                                                                                        | 339900                                         |                                                              |  |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                     |                                                |                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                        |                                                |                                                              |  |
| <b>4</b> 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.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                     | <b>4b</b> EIN                                                                                                                                                                                                                                                                                                                                     |                                                |                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>4d</b> PN                                                                                                                                                                                                                                                                                                                                      |                                                |                                                              |  |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5a</b>                                                                                                                                                                                                                                                                                                                                         | 22                                             |                                                              |  |
| <b>b</b> Total number of participants at the end of the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>5b</b>                                                                                                                                                                                                                                                                                                                                         | 22                                             |                                                              |  |
| <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                             | <b>5c</b>                                                                                                                                                                                                                                                                                                                                         |                                                |                                                              |  |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>5d(1)</b>                                                                                                                                                                                                                                                                                                                                      | 10                                             |                                                              |  |
| <b>d(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>5d(2)</b>                                                                                                                                                                                                                                                                                                                                      | 9                                              |                                                              |  |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                                                                                                 | <b>5e</b>                                                                                                                                                                                                                                                                                                                                         | 0                                              |                                                              |  |
| <b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b><br>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. |                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                              |  |
| SIGN HERE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Filed with authorized/valid electronic signature.                                                                                                                                                                                                                                                                                                 | 10/12/2018                                     | STEPHEN WOLGAMOTT                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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 |  |

- 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
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4073339. (See instructions.)

**Part III Financial Information**

| <b>7 Plan Assets and Liabilities</b>                                                                 |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|------------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets .....                                                                     | <b>7a</b>    | 603096                       | 703362                 |
| <b>b</b> Total plan liabilities .....                                                                | <b>7b</b>    |                              |                        |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 603096                       | 703362                 |
| <b>8 Income, Expenses, and Transfers for this Plan Year</b>                                          |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                  |              |                              |                        |
| <b>(1)</b> Employers .....                                                                           | <b>8a(1)</b> | 48678                        |                        |
| <b>(2)</b> Participants .....                                                                        | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers) .....                                                        | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss) .....                                                                   | <b>8b</b>    | 103578                       |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 152256                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 21786                        |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) ....                      | <b>8e</b>    |                              |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 30204                        |                        |
| <b>g</b> Other expenses .....                                                                        | <b>8g</b>    |                              |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | <b>8h</b>    |                              | 51990                  |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | 100266                 |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                              |                        |

**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**

| <b>10 During the plan year:</b>                                                                                                                                                                                                           |            | <b>Yes</b>                          | <b>No</b>                           | <b>Amount</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|-------------------------------------|---------------|
| <b>a</b> 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) .....                       | <b>10a</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                      | <b>10b</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                   | <b>10c</b> | <input checked="" type="checkbox"/> |                                     | 50000000      |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                   | <b>10d</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>e</b> 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.) ..... | <b>10e</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                        | <b>10f</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....                                                                                                                                          | <b>10g</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                              | <b>10h</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>i</b> 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 .....                                                       | <b>10i</b> |                                     |                                     |               |

**Part VI Pension Funding Compliance**

|                                                                                                                |                                                                                                                                                                                                                                  |                                                                                       |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>11</b>                                                                                                      | 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) .....                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                   |
| <b>11a</b>                                                                                                     | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 .....                                                                                                                         | <b>11a</b> <span style="float: right; color: blue;">0</span>                          |
| <b>12</b>                                                                                                      | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....<br>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   |
| <b>a</b>                                                                                                       | 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 _____          |                                                                                       |
| <b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b> |                                                                                                                                                                                                                                  |                                                                                       |
| <b>b</b>                                                                                                       | Enter the minimum required contribution for this plan year .....                                                                                                                                                                 | <b>12b</b>                                                                            |
| <b>c</b>                                                                                                       | Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                | <b>12c</b>                                                                            |
| <b>d</b>                                                                                                       | 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) .....                                                                                        | <b>12d</b>                                                                            |
| <b>e</b>                                                                                                       | Will the minimum funding amount reported on line 12d be met by the funding deadline? .....                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**Part VII Plan Terminations and Transfers of Assets**

|                  |                                                                                                                                                                                                    |                                                                     |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>13a</b>       | Has a resolution to terminate the plan been adopted in any plan year? .....                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                  | If "Yes," enter the amount of any plan assets that reverted to the employer this year .....                                                                                                        | <b>13a</b>                                                          |
| <b>b</b>         | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>c</b>         | 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.) |                                                                     |
| <b>13c(1)</b>    | <b>13c(2)</b>                                                                                                                                                                                      | <b>13c(3)</b>                                                       |
| Name of plan(s): | EIN(s)                                                                                                                                                                                             | PN(s)                                                               |
|                  |                                                                                                                                                                                                    |                                                                     |

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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.

|                                                                                                                  |                                                                    |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DIEBOLD, INCORPORATED RETIREMENT PLAN FOR PUERTO RICO EMPLOYEES</u>                  | <b>B</b> Three-digit plan number (PN) ▶ <u>016</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>DIEBOLD NIXDORF, INCORPORATED</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-0183970</u> |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|               |                          |
|---------------|--------------------------|
| <b>Part I</b> | <b>Basic Information</b> |
|---------------|--------------------------|

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | <u>602844</u>             |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | <u>617083</u>             |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>4</u>                   | <u>210493</u>             | <u>210493</u>            |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>8</u>                   | <u>237898</u>             | <u>237898</u>            |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>10</u>                  | <u>229601</u>             | <u>254611</u>            |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>22</u>                  | <u>677992</u>             | <u>703002</u>            |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | <u>6.16 %</u>             |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | <u>27256</u>              |                          |

**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.

|                                                                 |                               |                                        |
|-----------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                |                               |                                        |
| <u>BLAKE A BAIETTO</u>                                          | Signature of actuary          | <u>10/04/2018</u>                      |
| <u>TOWERS WATSON DELAWARE INC.</u>                              | Type or print name of actuary | Date                                   |
| <u>1001 LAKESIDE AVENUE, SUITE 1500<br/>CLEVELAND, OH 44114</u> | Firm name                     | <u>17-06524</u>                        |
|                                                                 | Address of the firm           | Most recent enrollment number          |
|                                                                 |                               | <u>216-937-4000</u>                    |
|                                                                 |                               | Telephone number (including area code) |

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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>6.33</u> % .....                                                                                 | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 2                      |
| <b>b(1)</b> 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>6.35</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 2                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 87.77% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 87.77% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 91.17% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %      |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/13/2017               | 9271                              | 0                               |                          |                                   |                                 |
| 07/14/2017               | 9271                              | 0                               |                          |                                   |                                 |
| 10/13/2017               | 9271                              | 0                               |                          |                                   |                                 |
| 01/12/2018               | 9271                              | 0                               |                          |                                   |                                 |
| 09/14/2018               | 11594                             | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 48678                             | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |       |
|-------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0     |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0     |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 46130 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 27256              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 85919               |                    | 18860         |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 46116              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 46116              |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 46130              |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 14                 |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

► **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.

|                                                                                                                                                         |                                                                                                                                                                                                                  |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>Diebold, Incorporated Retirement Plan for Puerto Rico Employees                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">016</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ►                         | 016 |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                 | 016                                                                                                                                                                                                              |                                                                 |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Diebold Nixdorf, Incorporated                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)<br/><br/>34-0183970</td> </tr> </table>                                                | <b>D</b> Employer Identification Number (EIN)<br><br>34-0183970 |     |
| <b>D</b> Employer Identification Number (EIN)<br><br>34-0183970                                                                                         |                                                                                                                                                                                                                  |                                                                 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                                                                                                                                                                  |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                                                                                                                                                                  |                                                                 |     |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>                                                                                                                               |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                                |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 602,844                   |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 617,083                   |                          |
| 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 .....                                                                                                                                     | 4                          | 210,493                   | 210,493                  |
| b For terminated vested participants .....                                                                                                                                                               | 8                          | 237,898                   | 237,898                  |
| c For active participants .....                                                                                                                                                                          | 10                         | 229,601                   | 254,611                  |
| d Total .....                                                                                                                                                                                            | 22                         | 677,992                   | 703,002                  |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| 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 ..... | <b>4b</b>                  |                           |                          |
| 5 Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.16%                     |                          |
| 6 Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 27,256                    |                          |

**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.

|                  |                                                                                                                                                                                                                                                                   |                                                                                                                                                           |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | Blake A Baietto <i>MB</i><br><br>Signature of actuary<br><br>Blake A Baietto<br><br>Type or print name of actuary<br><br>Towers Watson Delaware Inc.<br><br>Firm name<br><br>1001 Lakeside Avenue<br>Suite 1500<br>Cleveland OH 44114-1172<br>Address of the firm | <div style="text-align: right;">10/09/18</div> Date<br>1706524<br>Most recent enrollment number<br>216-937-4000<br>Telephone number (including area code) |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

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, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2017**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>6.33%</u> .....                                                                                 | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 2                      |
| <b>b(1)</b> 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>6.35%</u> ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 2                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 87.77% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 87.77% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 91.17% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                         | <b>17</b> | %      |

**Part IV Contributions and Liquidity Shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/13/2017                                                                               | 9,271                             | 0                               |                          |                                   |                                 |
| 07/14/2017                                                                               | 9,271                             | 0                               |                          |                                   |                                 |
| 10/13/2017                                                                               | 9,271                             | 0                               |                          |                                   |                                 |
| 01/12/2018                                                                               | 9,271                             | 0                               |                          |                                   |                                 |
| 09/14/2018                                                                               | 11,594                            | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 48,678                            | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |        |
|------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 46,130 |

**20** Quarterly contributions and liquidity shortfalls:

|                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>a</b> Did the plan have a "funding shortfall" for the prior year?.....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> 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**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.16 %                                                                                                                       | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 27,256             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 85,919              | 18,860             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 46,116             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 46,116             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 46,130             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 14                 |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

# 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      | 4.16%                | 1.52%                    |
| ■ Second segment rate     | 5.72%                | 3.80%                    |
| ■ Third segment rate      | 6.48%                | 4.79%                    |
| ■ Effective interest rate | 6.16%                | 4.43%                    |

#### Annual rates of increase:

- |                                        |     |
|----------------------------------------|-----|
| ■ Compensation                         | N/A |
| ■ Statutory Social Security wage bases | N/A |
| ■ Future Social Security wage bases    | N/A |

|                              |                                                                                                                                                                                                                                                   |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan-related expenses</b> | Administrative expenses of \$27,256 are included in the Target Normal Cost. This is equal to the actual administrative expenses paid in the prior year \$24,860, adjusted by the increase in the estimated 2017 PBGC premium to be paid, \$2,396. |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Demographic Assumptions

|                       |                                                                                                            |
|-----------------------|------------------------------------------------------------------------------------------------------------|
| <b>Inclusion date</b> | The valuation date coincident with or next following the date on which the employee becomes a participant. |
|-----------------------|------------------------------------------------------------------------------------------------------------|

|                                 |                                                           |
|---------------------------------|-----------------------------------------------------------|
| <b>New or rehired employees</b> | It was assumed there will be no new or rehired employees. |
|---------------------------------|-----------------------------------------------------------|

|                |                                                                 |
|----------------|-----------------------------------------------------------------|
| Plan Name:     | Diebold, Incorporated Retirement Plan for Puerto Rico Employees |
| EIN / PN:      | 34-0183970/016                                                  |
| Plan Sponsor:  | Diebold Nixdorf                                                 |
| Valuation Date | January 1, 2017                                                 |

## SCHEDULE SB ATTACHMENTS

### Mortality:

- **Healthy** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2032 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2024 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:

| Percentage terminating 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   |

### 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  |

Plan Name: Diebold, Incorporated Retirement Plan for Puerto Rico Employees  
EIN / PN: 34-0183970/016  
Plan Sponsor: Diebold Nixdorf  
Valuation Date: January 1, 2017

## SCHEDULE SB ATTACHMENTS

### 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.

### Benefit commencement dates:

- Preretirement death benefit  
The later of the death of the active participant or the date the participant would have attained retirement eligibility.
- Deferred vested benefit  
The later of age 65 or termination of employment.
- Disability benefit  
Upon disablement.
- Retirement benefit  
Upon termination of employment.

### 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.

### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

Plan Name: Diebold, Incorporated Retirement Plan for Puerto Rico Employees  
EIN / PN: 34-0183970/016  
Plan Sponsor: Diebold Nixdorf  
Valuation Date: January 1, 2017

# SCHEDULE SB ATTACHMENTS

## Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Funding target</b>            | Present value of accrued benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC 430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Actuarial value of assets</b> | <p>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 prior plan year).</p> <p>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.</p> |
| <b>Benefits not valued</b>       | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

## Sources of Data and Other Information

Diebold Nixdorf furnished participant data as of January 1, 2017. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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:     | Diebold, Incorporated Retirement Plan for Puerto Rico Employees |
| EIN / PN:      | 34-0183970/016                                                  |
| Plan Sponsor:  | Diebold Nixdorf                                                 |
| Valuation Date | January 1, 2017                                                 |

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Economic Assumptions

|                                |                                                                                                                                                                                         |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>           | 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.                    |
| <b>Administrative expenses</b> | Administrative expenses are estimated by determining the actual expenses paid from the trust in the preceding year, adjusted to reflect the estimated change in the total PBGC premium. |

## Assumptions Rationale - Significant Demographic Assumptions

|                                                         |                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy mortality</b>                                | Assumptions used for funding purposes are as prescribed by IRC 430(h).                                                                                                                                                                                                                                                                                                |
| <b>Disabled mortality</b>                               | Assumptions used for funding purposes are as prescribed by IRC 430(h).                                                                                                                                                                                                                                                                                                |
| <b>Retirement</b>                                       | Retirement rates are based on plan sponsor expectations and represent a best estimate of future experience.                                                                                                                                                                                                                                                           |
| <b>Benefit commencement date for deferred benefits:</b> |                                                                                                                                                                                                                                                                                                                                                                       |
| ■ 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. |
| <b>Form of payment</b>                                  | The form of payment is based on the normal form of the plan. Other forms are considered to be actuarially equivalent.                                                                                                                                                                                                                                                 |

|                |                                                                 |
|----------------|-----------------------------------------------------------------|
| Plan Name:     | Diebold, Incorporated Retirement Plan for Puerto Rico Employees |
| EIN / PN:      | 34-0183970/016                                                  |
| Plan Sponsor:  | Diebold Nixdorf                                                 |
| Valuation Date | January 1, 2017                                                 |

# SCHEDULE SB ATTACHMENTS

---

## Marital assumptions:

- 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.

## Prescribed Methods

- Funding methods** The methods used for funding purposes as described, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

- Change in assumptions since prior valuation** The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2015 to September 2016.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- Change in methods since prior valuation** None.

Plan Name: Diebold, Incorporated Retirement Plan for Puerto Rico Employees  
EIN / PN: 34-0183970/016  
Plan Sponsor: Diebold Nixdorf  
Valuation Date: January 1, 2017

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2017

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| $x$ | $q_x^r$ | $l_x$     | ${}_{x-50}p_{50} = l_x / l_{50}$ | $q_x^r * l_x / l_{50}$ | $x * q_x^r * l_x / l_{50}$ |
|-----|---------|-----------|----------------------------------|------------------------|----------------------------|
| 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

Plan Name: Diebold, Incorporated Retirement Plan for Puerto Rico Employees  
 EIN / PN: 34-0183970/016  
 Plan Sponsor: Diebold Nixdorf  
 Valuation Date: January 1, 2017

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data for Frozen Plans as of January 1, 2017

| Attained Age | Years of Credited Service |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
|--------------|---------------------------|-----------|--------|-----------|--------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|-----------|-----------|
|              | Under 1                   |           | 1 to 4 |           | 5 to 9 |           | 10 to 14 |           | 15 to 19 |           | 20 to 24 |           | 25 to 29 |           | 30 to 34 |           | 35 to 39 |           | 40 & Over |           |
|              | No.                       | Avg. Ben. | No.    | Avg. Ben. | No.    | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.       | Avg. Ben. |
| Under 25     | 0                         |           | 0      |           | 0      |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 25 - 29      | 0                         |           | 0      |           | 0      |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 30 - 34      | 0                         |           | 0      |           | 0      |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 35 - 39      | 0                         |           | 0      |           | 0      |           | 0        |           | 1        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 40 - 44      | 0                         |           | 0      |           | 0      |           | 1        |           | 2        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 45 - 49      | 0                         |           | 0      |           | 0      |           | 1        |           | 1        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 50 - 54      | 0                         |           | 0      |           | 0      |           | 1        |           | 3        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 55 - 59      | 0                         |           | 0      |           | 0      |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 60 - 64      | 0                         |           | 0      |           | 0      |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 65 - 69      | 0                         |           | 0      |           | 0      |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 70 & Over    | 0                         |           | 0      |           | 0      |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |

Plan Name: Diebold, Incorporated Retirement Plan for Puerto Rico Employees  
 EIN / PN: 34-0183970/016  
 Plan Sponsor: Diebold Nixdorf  
 Valuation Date: January 1, 2017

## SCHEDULE SB ATTACHMENTS

---

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2017**

| Type of Base |           | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|-----------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1            | Shortfall | 01/01/2017       | 38,283         | 7                                     | 38,283              | 6,287                |
| 2            | Shortfall | 01/01/2016       | 5,449          | 6                                     | 4,836               | 900                  |
| 3            | Shortfall | 01/01/2015       | (8,276)        | 5                                     | (6,352)             | (1,376)              |
| 4            | Shortfall | 01/01/2014       | 77,971         | 4                                     | 49,152              | 13,049               |
| Total        |           |                  |                |                                       | 85,919              | 18,860               |

Plan Name: Diebold, Incorporated Retirement Plan for Puerto Rico Employees  
EIN / PN: 34-0183970/016  
Plan Sponsor: Diebold Nixdorf  
Valuation Date: January 1, 2017

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

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.

#### 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.

### Definitions

#### 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.

#### 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 2010 is \$245,000. Compensation earned after 2013 will not be reflected.

### Eligibility for Benefits

#### Normal retirement

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

#### Early retirement

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.

#### Disability

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

#### Vested benefits upon termination of service

Any age and 5 years of Credited Service.

Plan Name: Diebold, Incorporated Retirement Plan for Puerto Rico Employees  
EIN / PN: 34-0183970/016  
Plan Sponsor: Diebold Nixdorf  
Valuation Date: January 1, 2017

# SCHEDULE SB ATTACHMENTS

## Pre-retirement spouse's benefit

Death after 5 years of Credited Service.

## Pre-65 retiree medical supplemental

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

## Benefits Paid Upon the Following Events

### Normal retirement

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

(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.

Plan Name:  
EIN / PN:  
Plan Sponsor:  
Valuation Date

Diebold, Incorporated Retirement Plan for Puerto Rico Employees  
34-0183970/016  
Diebold Nixdorf  
January 1, 2017

## SCHEDULE SB ATTACHMENTS

---

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement</b>                            | 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.              |
| <b>Disablement</b>                                 | The accrued normal retirement benefit as computed above is payable until Normal Retirement at which time the Normal Retirement benefit is payable.                                                                                                                                                                                                                                                                                     |
| <b>Vested benefits upon termination of service</b> | 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.                                                                                                                                                                                                                               |
| <b>Pre-retirement spouse's benefit</b>             | 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.                                                                                                                                                                                  |
| <b>Pre-65 retiree medical supplemental</b>         | <p>The monthly benefit payable from the date of retirement to age 65 determined as a result of taking (a) minus (b) below.</p> <p>(a) \$9.20 times Credited Service (to a maximum of 30 years).</p> <p>(b) The monthly annuity equivalent of the participant's retiree-medical account balance in the Diebold, Incorporated 401(k) Savings Plan.</p> <p>This benefit will be actuarially reduced for commencement prior to age 63.</p> |

### Other Plan Provisions

|                                         |                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pension Increases</b>                | None                                                                                                                                                                                                                                                                                                                                          |
| <b>Plan participants' contributions</b> | None                                                                                                                                                                                                                                                                                                                                          |
| <b>Forms of payment</b>                 | The benefit is normally payable on a single life basis if not married, otherwise the benefit is payable on an actuarially reduced 50% Joint Survivor basis. An actuarially reduced 75% Joint Survivor and 100% Joint Survivor are also available if married. Actuarial equivalence is based on the UP-1984 mortality table and 6.5% interest. |

|                |                                                                 |
|----------------|-----------------------------------------------------------------|
| Plan Name:     | Diebold, Incorporated Retirement Plan for Puerto Rico Employees |
| EIN / PN:      | 34-0183970/016                                                  |
| Plan Sponsor:  | Diebold Nixdorf                                                 |
| Valuation Date | January 1, 2017                                                 |

## SCHEDULE SB ATTACHMENTS

---

### Future Plan Changes

No future plan changes were recognized in determining funding requirements.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

### Substantive Commitments

None.

|                |                                                                 |
|----------------|-----------------------------------------------------------------|
| Plan Name:     | Diebold, Incorporated Retirement Plan for Puerto Rico Employees |
| EIN / PN:      | 34-0183970/016                                                  |
| Plan Sponsor:  | Diebold Nixdorf                                                 |
| Valuation Date | January 1, 2017                                                 |

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

|                          |                                                                 |
|--------------------------|-----------------------------------------------------------------|
| <b>Plan Sponsor</b>      | Diebold Nixdorf, Incorporated                                   |
| <b>EIN/PN</b>            | 34-0183970/016                                                  |
| <b>Plan Name</b>         | Diebold, Incorporated Retirement Plan for Puerto Rico Employees |
| <b>Valuation Date</b>    | January 1, 2017                                                 |
| <b>Enrolled Actuary</b>  | Blake A. Baietto                                                |
| <b>Enrollment Number</b> | 17-06524                                                        |

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.