

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>DIEBOLD, INC RETIREMENT PLAN FOR SALARIED EMPLOYEES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/1942</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/31/1942</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/31/1942</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DIEBOLD NIXDORF, INCORPORATED</u> <u>5995 MAYFAIR ROAD</u> <u>NORTH CANTON, OH 44720</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0183970</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-490-6817</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0183970</u>	2c Plan Sponsor's telephone number <u>330-490-6817</u>	2d Business code (see instructions) <u>339900</u>	
2b Employer Identification Number (EIN) <u>34-0183970</u>					
2c Plan Sponsor's telephone number <u>330-490-6817</u>					
2d Business code (see instructions) <u>339900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2019	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5710
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1209 6a(2) 1111 6b 2303 6c 1792 6d 5206 6e 447 6f 5653 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 3J

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan <u>DIEBOLD, INC RETIREMENT PLAN FOR SALARIED EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DIEBOLD NIXDORF, INCORPORATED</u>	D Employer Identification Number (EIN) <u>34-0183970</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a <u>379445128</u>
b Actuarial value	2b <u>356449318</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>2722</u> (2) Vested Funding Target <u>216408083</u> (3) Total Funding Target <u>216408083</u>
b For terminated vested participants	<u>1816</u> <u>88548352</u> <u>88548352</u>
c For active participants	<u>1209</u> <u>77733278</u> <u>78965829</u>
d Total	<u>5747</u> <u>382689713</u> <u>383922264</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.71 %</u>
6 Target normal cost	6 <u>3789869</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.

SIGN HERE	
<u>BLAKE A BAIETTO</u>	<u>10/09/2019</u>
Signature of actuary	Date
<u>WILLIS TOWERS WATSON US LLC</u>	<u>17-06524</u>
Type or print name of actuary	Most recent enrollment number
<u>1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114-1172</u>	<u>216-937-4000</u>
Firm name	Telephone number (including area code)
<u></u>	
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6620365	10444732
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	6620365	7691139
9 Amount remaining (line 7 minus line 8)	0	2753593
10 Interest on line 9 using prior year's actual return of <u>15.85</u> %	0	436444
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		10022958
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.95</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1588639
c Total available at beginning of current plan year to add to prefunding balance		11611597
d Portion of (c) to be added to prefunding balance		11611597
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14801634

Part III Funding Percentages

14 Funding target attainment percentage	14	88.98%
15 Adjusted funding target attainment percentage	15	88.98%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.70%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2019	2023935	0			
Totals ▶			18(b)	2023935	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1841617

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	3789869	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	42274580		12852814
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	16642683	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	14801634	14801634
36 Additional cash requirement (line 34 minus line 35)	36	1841049	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1841617	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	568	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	568	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:		
a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009 ☐ 2010 ☐ 2011

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan DIEBOLD, INC RETIREMENT PLAN FOR SALARIED EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DIEBOLD NIXDORF, INCORPORATED	D Employer Identification Number (EIN) 34-0183970	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ARTISAN PARTNERS LP	875 E. WISCONSIN AVENUE, SUITE 800 MILWAUKEE, WI 53202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PORTFOLIO ADVISORS LLC	9 OLD KINGS HIGHWAY SOUTH DARIEN, CT 06820

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE VANGUARD GROUP	100 VANGUARD BLVD MALVERN, PA 19355

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BMIF NON-TAXABLE LP	13-3894989

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

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

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

JP MORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	473103	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	267720	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LOOMIS SAYLES & CO

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	210746	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	192684	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLS FARGO

41-0449260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	188994	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BOSTON TRUST

04-2273811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	151988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIAM M. MERCER

61-0736136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	102753	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TOWERS WATSON DELAWARE, INC.

52-2211537

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	56640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	28586	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2018 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>DIEBOLD, INC RETIREMENT PLAN FOR SALARIED EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DIEBOLD NIXDORF, INCORPORATED</u>	D Employer Identification Number (EIN) <u>34-0183970</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIEBOLD INC. PENSION MASTER TRUST

b Name of sponsor of entity listed in (a): DIEBOLD, INCORPORATED

c EIN-PN <u>34-0183970-017</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>334341289</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan DIEBOLD, INC RETIREMENT PLAN FOR SALARIED EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DIEBOLD NIXDORF, INCORPORATED	D Employer Identification Number (EIN) 34-0183970	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	14000000	2023935
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	366361005	334341289
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	380361005	336365224

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	380361005	336365224
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2023935	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2023935
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-19234105
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-17210170

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21676637	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21676637
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	249324	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	1423895	
(4) Other	2i(4)	3435755	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5108974
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26785611

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-43995781
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BOBER, MARKEY, FEDOROVICH & COMPANY

(2) EIN: 34-1523030

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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 4154789. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan DIEBOLD, INC RETIREMENT PLAN FOR SALARIED EMPLOYEES		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DIEBOLD NIXDORF, INCORPORATED		D Employer Identification Number (EIN) 34-0183970
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5130382		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 44 % Investment-Grade Debt: 41 % High-Yield Debt: 0 % Real Estate: 6 % Other: 9 %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Diebold, Incorporated Pension Plan for Salaried Employees
North Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Diebold, Incorporated Pension Plan for Salaried Employees (the "Plan"), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year then ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

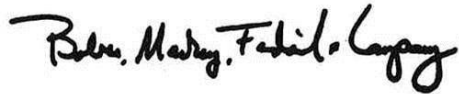
As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Bank of New York Mellon, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

October 11, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Diebold Nixdorf, Incorporated
EIN/PN	34-0183970/001
Plan Name	Diebold, Incorporated Retirement Plan for Salaried Employees
Valuation Date	January 1, 2018
Enrolled Actuary	Blake A. Baietto
Enrollment Number	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.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2018

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	0.060	1,000,000	1.000000	0.060000	3.000000
51	0.060	940,000	0.940000	0.056400	2.876400
52	0.060	883,600	0.883600	0.053016	2.756832
53	0.060	830,584	0.830584	0.049835	2.641257
54	0.060	780,749	0.780749	0.046845	2.529627
55	0.060	733,904	0.733904	0.044034	2.421883
56	0.060	689,870	0.689870	0.041392	2.317962
57	0.060	648,478	0.648478	0.038909	2.217793
58	0.060	609,569	0.609569	0.036574	2.121300
59	0.060	572,995	0.572995	0.034380	2.028402
60	0.080	538,615	0.538615	0.043089	2.585353
61	0.080	495,526	0.495526	0.039642	2.418166
62	0.150	455,884	0.455884	0.068383	4.239720
63	0.150	387,501	0.387501	0.058125	3.661887
64	0.150	329,376	0.329376	0.049406	3.162010
65	0.250	279,970	0.279970	0.069992	4.549507
66	0.300	209,977	0.209977	0.062993	4.157549
67	0.300	146,984	0.146984	0.044095	2.954380
68	0.300	102,889	0.102889	0.030867	2.098933
69	0.300	72,022	0.072022	0.021607	1.490859
70	1.000	50,416	0.050416	0.050416	3.529088
Average age at retirement					59.758908
Rounded for Schedule SB item 22					60

Plan Name: Diebold, Incorporated Retirement Plan for Salaried Employees
 EIN / PN: 34-0183970/001
 Plan Sponsor: Diebold Nixdorf, Incorporated
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The following changes in assumptions were made since prior valuation:

- Retirement rates increased at ages other than 65.
- Termination rates were updated to 6% at all ages.
- The commencement age for terminated vested participants was updated from age 65 to age 63.
- The form of payment assumption was updated from a 100% election for a single life annuity to a 50% election of joint and survivor option and a 50% election for a single life annuity.

Plan Name:	Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN:	34-0183970/001
Plan Sponsor:	Diebold Nixdorf, Incorporated
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The decrement timing used in the valuation was changed from alternative middle of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. Under alternative middle of year decrement timing, all decrements, and commencement of immediate benefits for actives, are assumed to occur at the middle of the year, and all other events are assumed to occur on valuation date anniversaries. The change in funding method meets the parameters for automatic approval of software changes under IRS Rev. Proc. 2017-56.

Plan Name:	Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN:	34-0183970/001
Plan Sponsor:	Diebold Nixdorf, Incorporated
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2018¹

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	1	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	40	3	0	0	0	0	0	43
	-	-	-	5,785	-	-	-	-	-	-	5,976
40-44	0	0	0	94	42	0	0	0	0	0	136
	-	-	-	7,102	11,989	-	-	-	-	-	8,611
45-49	0	0	0	115	85	35	5	0	0	0	240
	-	-	-	7,518	12,207	14,753	-	-	-	-	10,397
50-54	0	0	0	103	86	41	53	1	0	0	284
	-	-	-	7,446	11,138	17,218	19,017	-	-	-	12,208
55-59	0	0	0	95	74	33	46	43	8	0	299
	-	-	-	7,235	11,530	15,057	18,539	20,749	-	-	13,106
60-64	0	0	0	55	26	10	23	37	17	3	171
	-	-	-	6,929	10,444	-	15,955	20,155	-	-	13,442
65-69	0	0	0	10	4	1	1	2	5	5	28
	-	-	-	-	-	-	-	-	-	-	13,288
70 & over	0	0	0	6	1	0	0	0	0	0	7
	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	0	519	321	120	128	83	30	8	1,209
	-	-	-	7,145	11,521	15,523	18,135	20,557	19,816	-	11,609

¹ The plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Diebold, Incorporated Retirement Plan for Salaried Employees
 EIN / PN: 34-0183970/001
 Plan Sponsor: Diebold Nixdorf, Incorporated
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2018

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2018	(3,925,207)	7	(3,925,207)	(640,789)
2	Shortfall	01/01/2017	12,514,895	6	11,099,902	2,055,096
3	Shortfall	01/01/2016	7,987,887	5	6,119,518	1,319,786
4	Shortfall	01/01/2015	(1,654,221)	4	(1,039,696)	(275,102)
5	Shortfall	01/01/2014	62,104,963	3	30,020,063	10,393,823
Total					42,274,580	12,852,814

Plan Name: Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN: 34-0183970/001
Plan Sponsor: Diebold Nixdorf, Incorporated
Valuation Date: January 1, 2018

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 Stabilization	Not Reflecting Stabilization
■ First segment rate	3.92%	1.75%
■ Second segment rate	5.52%	3.76%
■ Third segment rate	6.29%	4.66%
■ Effective interest rate	5.71%	4.06%

Annual rates of increase:

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

Plan-related expenses

Administrative expenses of \$3,789,869 are included in the Target Normal Cost. This is equal to the actual administrative expenses paid in the prior year totaling \$3,753,084 with an adjustment for the change in the expected 2018 PBGC premium to be paid of \$36,785.

Demographic Assumptions

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

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

Plan Name: Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN: 34-0183970/001
Plan Sponsor: Diebold Nixdorf, Incorporated
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Mortality:

- Healthy Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2025 using Scale AA).
- Disabled Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination

Participants are assumed to leave the Company at a rate of 6% for all ages.

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 by age and gender 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 Salaried Employees
EIN / PN:	34-0183970/001
Plan Sponsor:	Diebold Nixdorf, Incorporated
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Retirement

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

Percentage retiring during the year	
Age	Annual Rate of Retirement
50 – 59	6.0%
60 – 61	8.0%
62 – 64	15.0%
65	25.0%
66 – 69	30.0%
70 and over	100.0%

Form of payment

50% of participants are assumed to elect a joint and survivor option and 50% of participants are assumed to elect a single life annuity.

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 63 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 benefits, 85% of male participants are assumed to be married and 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.

Methods

Valuation date

First day of plan year

Plan Name: Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN: 34-0183970/001
Plan Sponsor: Diebold Nixdorf, Incorporated
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets	<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>
Benefits not valued	None

Sources of Data and Other Information

Diebold Nixdorf furnished participant data as of January 1, 2018. 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.

Assumptions Rationale - Significant Economic Assumptions

Plan Name:	Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN:	34-0183970/001
Plan Sponsor:	Diebold Nixdorf, Incorporated
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Discount rate The basis chosen was selected by the Plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Administrative expenses Administrative expenses are estimated as the actual expenses paid from the trust in the preceding year, adjusted by the change in the estimated PBGC premiums.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality Assumptions used for funding purposes are as prescribed by IRC 430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.

Disabled mortality Assumptions used for funding purposes are as prescribed by IRC 430(h).

Termination Termination rates were based on the experience study conducted in 2017, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Retirement Retirement rates were based on the experience study conducted in 2017, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

**Benefit commencement
date for deferred benefits:**

- Preretirement death benefit Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value.

Plan Name: Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN: 34-0183970/001
Plan Sponsor: Diebold Nixdorf, Incorporated
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

- **Deferred vested benefit**

Deferred vested participants are assumed to begin benefits at age 63 (or current age if later). Based on a 2017 experience study actual commencement ages have shown a trend to commence on average slightly prior to age 65. Note that deferred vested early commencement factors are not subsidized so the difference between this approach and using assumed commencement rates at other ages is not expected to be significant.

Form of payment

Based on a 2017 experience study approximately half of retirees choose a joint and survivor option. The form of payment assumption assumes 50% elect a single life annuity and 50% elect a 50% joint and survivor benefit.

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 in Appendix A, 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.

Plan Name: Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN: 34-0183970/001
Plan Sponsor: Diebold Nixdorf, Incorporated
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date, as required by IRC §430.

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, as required by IRC §430.

The assumed plan-related administrative expenses added to the target normal cost were changed from \$3,840,093 for 2017 to \$3,789,689 for 2018.

Retirement rates increased at ages other than 65.

Termination rates were updated to 6% at all ages.

The commencement age for terminated vested participants was updated from age 65 to age 63.

The form of payment assumption was updated from a 100% election for a single life annuity to a 50% election of joint and survivor option and a 50% election for a single life annuity.

The decrement timing assumption was changed from middle of the year decrements to the rounded middle of year decrement timing model.

Plan Name:	Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN:	34-0183970/001
Plan Sponsor:	Diebold Nixdorf, Incorporated
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective December 31, 1942. The plan was amended to freeze plan accruals effective December 31, 2013 and to provide for a Voluntary Early Retirement Program (VERP) effective September 1, 2013. The plan was most recently amended and restated January 1, 2016.

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

Vesting 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.

Benefit service A Participant shall receive Service for the period of time between his Date of Hire and Date of Severance or December 31, 2013, if earlier. Service earned after December 31, 2013 will not be reflected in determining benefit amounts.

Final average compensation/salary Plan compensation is defined as 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 under Section 401(a)(17) of the Internal Revenue Code.

Final Average Compensation is defined as the five highest consecutive calendar years of Annual Compensation divided by 60 out of the 10 calendar years of employment that are immediately prior to retirement or termination of employment.

Compensation earned after 2013 is not reflected.

Plan Name: Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN: 34-0183970/001
Plan Sponsor: Diebold Nixdorf, Incorporated
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

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 Vesting Service equal or exceeding a total of 70, or any age with 30 years of Vesting Service.
Pre-65 Retiree Medical Supplement	Retirement under the early or disability retirement provisions of the Plan on or after January 1, 1992 and before January 1, 1997.
Deferred vested termination	Any age and 5 years of Vesting Service.
Disability	Incapacity by total and permanent disability after completing 15 or more years of Credited Service.
Preretirement death benefit	Death after 5 years of Vesting Service.

Benefits Paid Upon the Following Events

Normal retirement	<p>Benefit: The monthly normal retirement benefit payable on a single life basis is equal to the greater of (a) or (b) plus (c) below:</p> <ul style="list-style-type: none">(a) A benefit calculated as 1/12 of the following:<ul style="list-style-type: none">(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). <p>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):</p>
--------------------------	---

Plan Name:	Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN:	34-0183970/001
Plan Sponsor:	Diebold Nixdorf, Incorporated
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

- (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 as of January 1, 2005, who were not highly compensation employees for the 2005 Plan Year, the minimum annual benefit is \$1,800.

For certain officers, the normal retirement benefit is equal to the amount in Exhibit C of Amendment #3 of the Plan and will be paid based on the timing, manner and form of payment noted under **Additional Benefits** in the succeeding pages.

Early retirement

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 Vesting Service at retirement, there is no actuarial reduction for that portion of his monthly benefit which is comprised of \$16.00 per year of Vesting Service.

Pre-65 Retiree Medical Supplement

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

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

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

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

Deferred vested termination

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 Vesting Service of at least 70.

Plan Name:	Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN:	34-0183970/001
Plan Sponsor:	Diebold Nixdorf, Incorporated
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

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

Preretirement death 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.

Other Plan Provisions

Additional benefits For certain officers an additional benefit is payable at age 62 (or as early as age 60 on a reduced basis). If married, the benefit is payable on an unreduced 100% Joint and Survivor basis with five years of payments guaranteed.

Participants hired between October 1, 2002 and December 31, 2002 receive their December 31, 2004, accrued benefit at age 62 with no reduction (or actuarially reduced from age 62 for commencement before age 62). If married, the benefit is payable on a fully subsidized 100% Joint and Survivor basis with five years of payments guaranteed.

Pension Increases None

Plan participants' contributions None

Special Termination Benefits *2001 VERP:*
All participants who were on Diebold's active payroll as of February 7, 2001, had attained age 55 and whose age plus service total at least 65 as of June 30, 2001, were eligible for the VERP.

2005 VERP:
All participants who were on Diebold's active payroll as of October 6, 2005, had attained age 55 and whose age plus service total at least 65 as of December 31, 2005, were eligible for the VERP. Participants in certain job classifications were excluded from the VERP.

Under the VERP, participants were eligible for special termination benefits. These special termination benefits provided an additional three years of service (subject to a 30-year cap and three years of age for benefit calculation purposes).

Plan Name: Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN: 34-0183970/001
Plan Sponsor: Diebold Nixdorf, Incorporated
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

2013 VERP:

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

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

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

Forms of payment

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.

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 Commitment

None.

Plan Name:	Diebold, Incorporated Retirement Plan for Salaried Employees
EIN / PN:	34-0183970/001
Plan Sponsor:	Diebold Nixdorf, Incorporated
Valuation Date	January 1, 2018

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2018**This Form is Open to Public
Inspection**For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Diebold, Incorporated Retirement Plan for Salaried Employees	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Diebold Nixdorf, Incorporated	D Employer Identification Number (EIN) 34-0183970
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	379,445,128	
b Actuarial value.....	2b	356,449,318	
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.....	2,722	216,408,083	216,408,083
b For terminated vested participants.....	1,816	88,548,352	88,548,352
c For active participants.....	1,209	77,733,278	78,965,829
d Total.....	5,747	382,689,713	383,922,264
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.71%	
6 Target normal cost.....	6	3,789,869	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Blake A Baietto

BA

Signature of actuary

Blake A Baietto

Type or print name of actuary

Willis Towers Watson US LLC

Firm name

1001 Lakeside Avenue

Suite 1500

Cleveland

OH

44114-1172

Address of the firm

10/09/19

Date

1706524

Most recent enrollment number

216-937-4000

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) 2018
v. 171027**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	6,620,365	10,444,732
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	6,620,365	7,691,139
9 Amount remaining (line 7 minus line 8).....	0	2,753,593
10 Interest on line 9 using prior year's actual return of <u>15.85%</u>	0	436,444
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		10,022,958
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.95%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		1,588,639
c Total available at beginning of current plan year to add to prefunding balance.....		11,611,597
d Portion of (c) to be added to prefunding balance.....		11,611,597
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	14,801,634

Part III Funding Percentages

14 Funding target attainment percentage.....	14	88.98%
15 Adjusted funding target attainment percentage.....	15	88.98%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	86.70%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2019	2,023,935	0			
Totals ▶			18(b)	2,023,935	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,841,617

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	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	3,789,869	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
	42,274,580	12,852,814	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	16,642,683	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	14,801,634	14,801,634
36 Additional cash requirement (line 34 minus line 35).....	36	1,841,049	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,841,617	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	568	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	568	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	☐ 2 plus 7 years	☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010	☐ 2011

Diebold, Incorporated Retirement Plan for Salaried Employees
Financial Statements
December 31, 2018 and 2017

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES
ANNUAL REPORT INDEX
December 31, 2018 and 2017

The following financial statements and other information of Diebold, Incorporated Retirement Plan for Salaried Employees are included herewith:

- Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017;
- Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2018;
- Statements of Accumulated Plan Benefits as of December 31, 2018 and 2017;
- Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2018;
- Notes to Financial Statements

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable and, therefore, have been omitted.

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES

Table of Contents

<u>Independent Auditors' Report</u>	<u>1</u>
<u>Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017</u>	<u>3</u>
<u>Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2018</u>	<u>4</u>
<u>Statements of Accumulated Plan Benefits as of December 31, 2018 and 2017</u>	<u>5</u>
<u>Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2018</u>	<u>6</u>
<u>Notes to Financial Statements</u>	<u>7</u>

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES

Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets		
Investment, at fair value		
Plan interest in Diebold, Incorporated Pension Master Trust	\$ 334,341,289	\$ 366,361,005
Contribution receivable	2,023,935	14,000,000
Net assets available for benefits	<u>\$ 336,365,224</u>	<u>\$ 380,361,005</u>

See accompanying notes to financial statements.

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2018

Addition attributable to employer contribution	\$ 2,023,935
Deductions arising from:	
Plan interest in net investment loss from	
Diebold, Incorporated Pension Master Trust	19,234,105
Benefits and expenses	
Pension benefits paid	21,676,637
Investment management fees	1,423,895
Administrative expenses	3,685,079
Total deductions	<u>46,019,716</u>
Net decrease in net assets available for benefits	(43,995,781)
Net assets available for benefits	
Beginning of period	380,361,005
End of period	<u><u>\$ 336,365,224</u></u>

See accompanying notes to financial statements.

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES
Statements of Accumulated Plan Benefits
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 201,911,867	\$ 202,839,742
Other participants	<u>151,875,422</u>	<u>149,659,045</u>
	353,787,289	352,498,787
Non-vested benefits	<u>969,692</u>	<u>1,046,783</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 354,756,981</u>	<u>\$ 353,545,570</u>

See accompanying notes to financial statements.

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES

Statement of Changes in Accumulated Plan Benefits

For the year ended December 31, 2018

Actuarial present value of accumulated plan benefits at beginning of period	\$ 353,545,570
Increase (decrease) during the year attributable to:	
Increase in interest due to decrease in discount period	23,304,093
Benefits paid	(21,676,637)
Change of actuarial assumptions	(924,644)
Actuarial losses	508,599
Net increase	<u>1,211,411</u>
Actuarial present value of accumulated plan benefits at end of period	<u><u>\$ 354,756,981</u></u>

See accompanying notes to financial statements.

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES

Notes to Financial Statements

December 31, 2018 and 2017

Note 1: Description of the Plan

The following brief description of the Diebold, Incorporated Retirement Plan for Salaried Employees (the “Plan”) is provided for general information purposes only. Participants and users of the financial statements should refer to the Plan document for more complete information.

(a) General

The Plan is a defined benefit pension plan sponsored by Diebold Nixdorf, Incorporated (the “Company”) that covers substantially all salaried employees hired prior to July 1, 2003. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan has been amended and restated to either provide additional benefits or options, or to comply with changes in the law. The Plan was closed to new hires effective July 1, 2003. In July 2013, the Company's board of directors approved freezing the Plan benefits effective as of December 31, 2013 for U.S.-based employees who joined the Company prior to July 1, 2003.

(b) Retirement Dates

The normal retirement date of a participant is the later of the 65th anniversary of his or her date of birth or the 5th anniversary of the date the associate commenced participation in the Plan. A participant who has attained age 50 and whose combined age and years of credited service equals or exceeds a total of 70, or a participant who has completed 30 or more years of benefit service regardless of attained age, may retire at any time thereafter under early retirement. A participant who has completed 15 or more years of credited service and becomes incapacitated by total and permanent disability may retire and receive a disability retirement benefit. If, for any reason other than death, the services of a participant are terminated after completion of at least five years of vesting service with the Company but prior to normal or early retirement, such participant shall have a deferred vested benefit to commence distribution at the normal retirement date.

(c) Credited Service

Credited service is the total number of years of service accumulated by a participant prior to his or her retirement. A participant accumulates credited service based upon the total period of continuous service covered under the Plan. For each full year of continuous service, a participant receives credit for one year of credited service. The maximum number of years of credited service cannot exceed 30 years. No additional credited service accrues after December 31, 2013.

(d) Trust Fund Management

Under the terms of the trust agreement between The Bank of New York Mellon (the “Trustee”) and the Plan, the Trustee manages the trust funds and executes transactions on behalf of the Plan. All investments, as of December 31, 2018 and 2017, and a portion of the investment income for the year ended December 31, 2018, are included in the financial statements have been reported to the Plan by the Trustee as having been determined through the use of fair values of all assets of the trust fund.

(e) Vested Benefit

Vested benefit is the retirement benefit to which a participant, whose service terminated after his or her vesting date, is entitled. After five years of vesting service, such vested benefit is 100 percent of the participant's accrued benefit derived from the Company contributions. A participant earns vesting service based upon the total period of service covered under the Plan including service after the Plan freeze date of December 31, 2013.

(f) Normal Retirement Benefit

The normal monthly retirement benefit is equal to the greater of:

- Benefit calculated as 0.8 percent of final average monthly compensation, as defined, up to covered compensation, as defined, plus 1.25 percent of final average monthly compensation in excess of covered compensation, multiplied by credited service (maximum of 30 years);
- Sixteen dollars per month per year of credited service, plus 20 percent of the portion of final average monthly compensation which exceeds \$1,200 (reduced proportionately for credited service under 30 years); or
- Accrued benefit as of July 31, 1991 under the Plan prior to the Plan amendment, which became effective January 1, 1992.

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES

Notes to Financial Statements

December 31, 2018 and 2017

In addition, all participants retiring after January 1, 1992, receive a monthly retiree medical supplement equal to \$4.20 times years of credited service up to a maximum of 30 years.

(g) Death Benefit

A surviving spouse of a vested participant who dies prior to retirement is entitled to a spouse's benefit. The spouse's benefit is a pension payable for the life of the spouse equal to the amount that would have been payable to the surviving spouse had the participant retired immediately preceding his or her death and elected a 50 percent joint and survivor option.

Note 2: Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting and are in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The Company has evaluated subsequent events through the date the Plan financial statements were available to be issued, October 11, 2019. There were no significant subsequent events that have occurred which would require adjustments to or disclosure in the Plan financial statements.

(b) Recently Issued Accounting Guidance

In February 2017, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2017-06, *Plan Accounting: Defined Benefit Plan (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting* ("ASU 2017-06") with the objective to clarify the presentation requirements for interests in master trusts and add requirements to make information presented more useful to the reader. The amendments in this update require that interests in master trusts and any change in interest to be presented as separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits, respectively. The amendment supplements the existing requirement to disclose the master trust's balances in each general type of investments by requiring the disclosure of the amount of interest in each of the general types of investments. The amendments also requires the disclosure of the master trust's other asset and liability balances, and the plan's interest in those balances. This guidance is effective for fiscal years beginning after December 15, 2018; retrospective application is required and early adoption is permitted. The standard becomes effective for the Plan on January 1, 2019. The future adoption of 2017-06 will not impact the Plan's Net Assets Available for Benefits but will modify certain disclosures relating to the Plan's interest in the Diebold, Incorporated Pension Master Trust ("Master Trust").

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*, which is part of the FASB disclosure framework project to improve the effectiveness of disclosures in the notes to the financial statements. The amendments in the new guidance remove, modify and add certain disclosure requirements related to fair value measurements covered in Topic 820, *Fair Value Measurement*. The new standard is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. Early adoption is permitted for either the entire standard or only the requirements that modify or eliminate the disclosure requirements, with certain requirements applied prospectively, and all other requirements applied retrospectively to all periods presented. The Company is currently evaluating the impact of adopting this guidance.

(c) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Due to investments in partnerships within the Master Trust not being traded on an active market, the values as of any particular date are not necessarily indicative of amounts that may ultimately be realized as a result of future sales or other dispositions of investments held. The estimated values may differ significantly from the values that would have been used had an active market for the securities existed. Actual results could differ from those estimates.

(d) Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES
Notes to Financial Statements
December 31, 2018 and 2017

probability of payment between the valuation date and the expected date of payment. Significant assumptions underlying the actuarial computations include:

- Assumed retirement based on a table of retirement rates beginning at age 50 through age 70 which result in an average retirement age of 62;
- Assumed valuation interest rates for both 2018 and 2017 of 6.80 percent compounded annually;
- Assumed turnover and disability rates based on published statistical data and tables;
- Assumed mortality rates based upon the RP-2014 Combined Health Mortality Table (“RP-2014”) with separate male and female rates modified to remove the post-2006 projections using the MP-2014 mortality improvements scale with the MP-2018 generational projection scale, projected to the valuation date (January 1, 2019) for December 31, 2018 results.
- Assumed mortality rates based upon the RP-2014 with separate male and female rates modified to remove the post-2006 projections using the MP-2014 mortality improvements scale with the MP-2017 generational projection scale, projected to the valuation date (January 1, 2018) for December 31, 2017 results.

The actuarial cost method used by the actuary is the unit credit cost method. This is a method under which an accrued benefit is calculated as of the beginning of the year and as of the end of the year for each benefit that may be payable in the future. The accrued benefit is based on the Plan’s accrual formula and upon service as of the beginning or end of the year. For benefits where the Plan’s accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service.

The December 31, 2018 calculation of the actuarial present value of accumulated benefits contains a \$(924,644) change in actuarial assumption in the mortality generational projection scale from MP-2017 projected to the valuation date (January 1, 2018) to MP-2018 projected to the valuation date (January 1, 2019).

Note 3: Funding Policy

In April 2019, the Company contributed \$2,023,935 to the Plan for the year ended December 31, 2018. In March 2018, the Company contributed \$14,000,000 to the Plan for the year ended December 31, 2017. The Company met the minimum funding requirements of ERISA for 2018 and 2017.

Note 4: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event of permanent termination of the Plan, the assets then remaining in the trust fund, subject to provision for expenses incident to such termination, are allocated in the following priority: first, to retirees who began receiving benefits at least three years before termination, including benefits to individuals who would have received benefits for at least three years had they retired that long ago; second, to all other individuals guaranteed under the termination insurance provisions of ERISA; third, among all other non-forfeitable benefits; and fourth, among all other benefits under the Plan. In the event the Plan assets are not sufficient to accomplish the above method of termination, the assets are distributed pro rata to participants based on the present value at termination date of their individual benefits, with all accrued funded rights non-forfeitable in any case.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling on the amount of an individual’s monthly benefit that the PBGC guarantees.

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES
Notes to Financial Statements
December 31, 2018 and 2017

Note 5: Investments

The Company has adopted a pension investment policy designed to achieve an adequate funding status based on expected benefit payouts and to establish an asset allocation that will meet or exceed the return assumption while maintaining a prudent level of risk. The Company utilizes the services of an outside consultant in performing asset / liability modeling, setting appropriate asset allocation targets along with selecting and monitoring professional investment managers.

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information is certified complete and accurate or derived from information certified complete and accurate by the Trustee as of December 31, 2018 and 2017, and the year ended December 31, 2018 with the exception of certain partnership/joint venture interests within the Master Trust. The fair value of these investments within the Master Trust was \$7,359,204 and \$9,889,044 as of December 31, 2018 and 2017, respectively, with related depreciation of \$223,402 for the year ended December 31, 2018.

Assets of the Plan are maintained on a commingled basis with assets of one other pension plan of the Company in a Master Trust for investment purposes, with the allocation of assets, earnings, and expenses among the funds maintained by the Trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018. The Plan's equitable share of the Master Trust's assets was approximately 96.9 percent and 96.7 percent for December 31, 2018 and 2017, respectively.

The assets of the Master Trust as reported by the Trustee at December 31 were:

	2018	2017
Investments:		
Cash and short-term investments	\$ 2,891,789	\$ 3,947,610
Mutual funds	26,720,506	31,895,120
Corporate stocks, common and preferred	51,057,922	57,571,338
Fixed income securities	52,456,959	57,261,636
Emerging markets	17,688,434	19,477,064
Common and collective trusts and other	145,481,715	159,760,318
Alternative investments	26,671,913	28,739,214
Real estate	20,875,066	19,215,860
Total investments held by Master Trust	343,844,304	377,868,160
Net sales (purchases) pending	(17,010)	13,704
Accrued interest and dividends	1,078,828	920,380
Total assets held by Master Trust	<u>\$ 344,906,122</u>	<u>\$ 378,802,244</u>
Master Trust assets attributable to the Plan	\$ 334,341,289	\$ 366,361,005

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES
Notes to Financial Statements
December 31, 2018 and 2017

During the year ended December 31, 2018, loss from the Master Trust consisted of:

Net appreciation (depreciation) of invested assets	
Mutual funds	\$ (5,067,872)
Corporate stocks, common and preferred	(8,821,294)
Fixed income securities	(6,517,974)
Emerging markets	(2,788,629)
Common and collective trusts and other	(5,960,037)
Alternative investments	239,135
Real estate	1,659,210
Total net depreciation of invested assets	<u>(27,257,461)</u>
Interest	2,612,553
Dividends	4,731,350
Other income	69,782
Total Master Trust loss	<u><u>\$ (19,843,776)</u></u>
Master Trust loss attributable to the Plan	\$ (19,234,105)

Note 6: Fair Value Measurements

The fair value framework described in FASB Auditing Standards Codification (“ASC”) 820, *Fair Value Measurements*, requires the categorization of assets and liabilities into three levels based upon the assumptions (inputs) used to value the assets or liabilities. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant management judgment.

The three levels are defined as follows:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: Unadjusted quoted prices in active markets for similar assets or liabilities, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active or inputs, other than quoted prices in active markets that are observable either directly or indirectly.

Level 3: Unobservable inputs for which there is little or no market data.

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES
Notes to Financial Statements
December 31, 2018 and 2017

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2018:

	<u>Level 1</u>	<u>Level 2</u>	<u>Fair Value</u>
Total investments held by Master Trust:			
Cash and short-term investments	\$ 2,891,789	\$ —	\$ 2,891,789
Mutual funds	26,720,506	—	26,720,506
Corporate stocks, common and preferred	51,057,922	—	51,057,922
Emerging markets	—	17,688,434	17,688,434
Fixed income securities	—	52,456,959	52,456,959
Total	<u>\$ 80,670,217</u>	<u>\$ 70,145,393</u>	150,815,610
Investments measured using net asset value ("NAV") per share as a practical expedient			<u>193,028,694</u>
Total investments			<u>\$ 343,844,304</u>

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2017:

	<u>Level 1</u>	<u>Level 2</u>	<u>Fair Value</u>
Total investments held by Master Trust:			
Cash and short-term investments	\$ 3,947,610	\$ —	\$ 3,947,610
Mutual funds	31,895,120	—	31,895,120
Corporate stocks, common and preferred	57,571,338	—	57,571,338
Emerging markets	—	19,477,064	19,477,064
Fixed income securities	—	57,261,636	57,261,636
Total	<u>\$ 93,414,068</u>	<u>\$ 76,738,700</u>	170,152,768
Investments measured using NAV per share as a practical expedient			<u>207,715,392</u>
Total investments			<u>\$ 377,868,160</u>

For the years ended December 31, 2018 and 2017, there were no transfers between levels.

The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. Investments that were measured at NAV per share are not classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the Plan's total investments at fair value. Valuation methodologies used for assets measured at fair value are as follows:

- Cash, short-term investments, mutual funds, and corporate stocks: Valued based on period end closing prices in active markets on which the individual securities are traded.
- Emerging markets: Valued by fund managers using the latest reported information for comparable securities and financial analysis. If the manager believes the fund is not capable of immediately realizing the fair value otherwise determined, the manager has the discretion to determine an appropriate value.
- Fixed income securities: Valued on the latest available ask price or latest price if listed.

DIEBOLD, INCORPORATED RETIREMENT PLAN FOR SALARIED EMPLOYEES

Notes to Financial Statements

December 31, 2018 and 2017

- Common collective trusts and alternative investments using NAV per share practical expedient: Valued at the Plan's interest in private equity, hedge and property funds. The value is determined based on the NAV as reported by the underlying investment managers.

	Fair Value		Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
	2018	2017			
Common collective trusts					
Northern Trust Large Cap Index	\$ 56,781,843	\$ 65,824,896	N/A	Daily	1 day notice
JP Morgan Long Duration	\$ 88,699,872	\$ 93,935,422	N/A	Daily	1 day notice
Alternative investments					
Blackstone Hedge	\$ 19,312,707	\$ 18,850,170	N/A	Semi-annually	95 day notice
Portfolio Advisors Private Equity	\$ 7,359,206	\$ 9,889,044	\$ 5,529,423	Not eligible	N/A
JP Morgan Core Real Estate	\$ 20,875,066	\$ 19,215,860	N/A	Quarterly	30 day notice

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

Note 7: Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated July 6, 2017 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). As of December 31, 2018, the Company believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. The Plan has been amended and restated since receiving the determination letter. However, the Company and Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for the income taxes has been included in the Plan's financial statements. The Plan's audit by the Department of Labor concluded on January 3, 2018.

Note 8: Party-In-Interest

Certain Plan investments are managed by the Trustee and, therefore, these transactions are party-in-interest transactions. Fees are paid by the Master Trust for asset custody and management to parties-in-interest. These fees are pursuant to arrangements exempted from the prohibited transaction rules.

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning		and ending	
A Name of plan		B Three-digit plan number (PN) ►	
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	

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

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

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f		

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a			
4b			

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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 _____. (See instructions.)

[illegible]