Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1942

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)
DIEBOLD NIXDORF, INCORPORATED

350 ORCHARD AVE. NE
NORTH CANTON, OH 44720

2b Employer Identification Number (EIN) 34-0183970

2c Plan Sponsor's telephone number 330-490-6817

2d Business code (see instructions) 339900

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

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

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

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

5	Total number of participants at the beginning of the plan year	**5**	2631
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	516
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	463
b	Retired or separated participants receiving benefits	**6b**	1131
c	Other retired or separated participants entitled to future benefits	**6c**	849
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2443
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	168
f	Total. Add lines **6d** and **6e**.	**6f**	2611
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3J

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN

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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	214941467
b Actuarial value	**2b**	218753753

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	1217	177154607	177154607
b For terminated vested participants	898	54171066	54171066
c For active participants	516	41533147	43094787
d Total	2631	272858820	274420460

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2590000
c Target normal cost	**6c**	2590000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/29/2026
Date

JIM TROTIER
Type or print name of actuary

26-08425
Most recent enrollment number

MERCER
Firm name

216-830-8027
Telephone number (including area code)

200 PUBLIC SQUARE, SUITE 3760
CLEVELAND, OH 44114-1172
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	23862470
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7067315
9	Amount remaining (line 7 minus line 8)	0	16795155
10	Interest on line 9 using prior year's actual return of 1.74 %	0	292236
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	17087391

Part III Funding Percentages

14	Funding target attainment percentage	14	73.48 %
15	Adjusted funding target attainment percentage	15	73.48 %
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	90.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2590000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	72754098	7116449
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**	9706449

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	9706449	9706449

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN

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)

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).. . . . . [X] 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

PORTFOLIO ADVISORS LLC
OLD KINGS HIGHWAY SOUTH
DARIEN, CT 06820

(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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	498778	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUSSELL INVESTMENT TRUST

91-1117282

(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?
25 28 50	NONE	426676	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BOBER MARKEY FEDOROVICH & CO

34-1523030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	21000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DIEBOLD NIXDORF, INCORPORATED

D Employer Identification Number (EIN)
34-0183970

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DIEBOLD INC. PENSION MASTER TRUST

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

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)
34-0183970-017	M	218811623

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN

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

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)	0	0
(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)	215286888	218811623
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	215286888	218811623
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	215286888	218811623

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		25617152
(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		25617152
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18985589	
(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)		18985589
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	37394	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21000	
(5) Investment advisory and investment management fees	2i(5)	389281	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	498778	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2160375	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3106828
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22092417
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3524735
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BOBER, MARKEY, FEDOROVICH & COMPANY **(2)** EIN: 34-1523030

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		30000000
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 [X] No

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585303.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN

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): 04-3581074

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 1

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 40.0 % Private Equity: 8.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 47.0 %
High-Yield Debt: 0.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Diebold Nixdorf, Incorporated U.S. Pension Plan
Financial Statements
December 31, 2025 and 2024

DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN
ANNUAL REPORT INDEX
December 31, 2025 and 2024

The following financial statements and other information of Diebold Nixdorf, Incorporated U.S. Pension Plan are included herewith:

- Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024;
- Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025;
- Statements of Accumulated Plan Benefits as of December 31, 2025 and 2024;
- Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2025;
- 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 NIXDORF, INCORPORATED U.S. PENSION PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Diebold Nixdorf, Incorporated U.S. Pension Plan
North Canton, Ohio

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

We have performed audits of the accompanying financial statements of Diebold Nixdorf, Incorporated U.S. Pension Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and accumulated plan benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

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

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

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

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

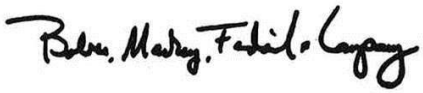
In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

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



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

October 12, 2026

DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investment, at Fair Value		
Plan interest in Diebold, Incorporated Pension Master Trust	$ 218,811,623	$ 215,286,888
Net assets available for benefits	$ 218,811,623	$ 215,286,888

See accompanying notes to financial statements.

DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN
Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2025

		2025
Additions attributable to:		
Plan interest in net investment income from:		
Diebold, Incorporated Pension Master Trust	$	25,617,152
Deductions arising from:		
Benefits and expenses		
Pension benefits paid		18,985,589
Investment management fees		2,897,147
Administrative expenses		209,681
Total Deductions		22,092,417
Net increase in net assets available for benefits		3,524,735
Net assets available for benefits		
Beginning of year		215,286,888
End of year	$	218,811,623

See accompanying notes to financial statements.

DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN
Statements of Accumulated Plan Benefits
December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	$ 160,447,278	$ 163,323,462
Other participants	77,684,131	82,979,986
	238,131,409	246,303,448
Non-vested benefits	1,292,156	1,543,898
Total actuarial present value of accumulated plan benefits	$ 239,423,565	$ 247,847,346

See accompanying notes to financial statements.

DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN
Statement of Changes in Accumulated Plan Benefits
For the year ended December 31, 2025

		2025
Actuarial present value of accumulated plan benefits at beginning of year	$	247,847,346
Increase (decrease) during the year attributable to:		
Actuarial loss		1,129,990
Increase for interest due to decrease in discount period		15,682,551
Benefits paid		(18,985,589)
Changes in actuarial assumptions		(6,250,733)
Net decrease		(8,423,781)
Actuarial present value of accumulated plan benefits at end of year	$	239,423,565

See accompanying notes to financial statements.

Note 1: Description of the Plan

The following brief description of the Diebold Nixdorf, Incorporated U.S. Pension Plan (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.

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. The plan was amended effective November 1, 2024, to offer a limited period lump sum option during 2024 to certain terminated vested and eligible active participants in the Plan. The lump sum option concluded in November 2024, and approximately $68.8M was paid from the Plan in November 2024 related to the limited period lump sum option.

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.

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.

Trust Fund Management

Under the terms of the trust agreement between Russell Investments (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, 2025 and 2024, and a portion of the investment income for the year ended December 31, 2025 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.

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.

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.

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.

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

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").

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 Diebold, Incorporated Pension Master Trust ("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.

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 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 60;
- Assumed valuation interest rates for 2025 and 2024 were 6.84 percent and 6.60 percent, respectively, compounded annually;
- Assumed turnover and disability rates based on published statistical data and tables;
- Assumed mortality rates based upon the Pri-2012 base table ("Pri-2012") with no collar adjustment, separate for employees, retirees, contingent survivors, and disabled participants, with the MP-2021 generational mortality improvement projection scale to reflect the updated assumption in 2025 and 2024.

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 actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for the employed participants and is the present value of all benefits for other participants.

Subsequent Events

The Plan has evaluated subsequent events through the date of issuance of the financial statements. There were no subsequent events which required recognition or disclosure in the financial statements.

Note 3: Funding Policy

The Company contributes such amounts as are necessary to provide sufficient assets to meet the benefits to be paid to Plan participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2025 and 2024.

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.

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 and liability modeling, setting appropriate asset allocation targets along with selecting and monitoring professional investment managers. As of December 31, 2025 and 2024, all investments of the plan were within the Master Trust.

The Company has elected the method of compliance permitted by 103(a)(3)(C) for the year ended December 31, 2025 and December 31, 2024. Accordingly, all investment information applicable to the Master Trust and at the Plan level is certified complete and accurate or derived from information certified complete and accurate by the Trustee as of December 31, 2025 and 2024 and the year ended December 31, 2025 with the exception of certain alternative investments within the Master Trust. The fair value of these investments within the Master Trust was $17,857,799 and $15,869,330 as of December 31, 2025 and 2024, respectively, with related appreciation of $3,128,443 for the year ended December 31, 2025.

Assets of the Plan are maintained 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, 2025 and 2024 and for the year ended December 31, 2025.

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

	2025	2024
Investments:		
Cash and short-term investments	$ 93,476	$ 184,544
Common and collective trusts	200,860,348	199,233,014
Alternative investments	17,857,799	15,869,330
Net Assets Available for Benefits	$ 218,811,623	$ 215,286,888

As of December 31, 2025, the net appreciation and investment income within the Master Trust consisted of invested assets of $25,617,152

Note 6: Fair Value Measurement

The fair value framework described in FASB Accounting 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.

There were no assets that fell within the Level 2 and Level 3 valuation hierarchy as of December 31, 2025 and 2024.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Total investment held by Master Trust:				
Cash and short-term investments	$ 93,476	$ —	$ —	$ 93,476
Total	$ 93,476	$ —	$ —	$ 93,476
Investments measured using net asset value ("NAV") per share as a practical expedient				218,718,147
Total Investments				$ 218,811,623

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Total investment held by Master Trust:				
Cash and short-term investments	$ 184,544	$ —	$ —	$ 184,544
Total	$ 184,544	$ —	$ —	$ 184,544
Investments measured using NAV per share as a practical expedient				215,102,344
Total Investments				$ 215,286,888

For the years ended December 31, 2025 and 2024, 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 and corporate stocks: Valued based on period end closing prices in active markets on which the individual securities are traded.

- 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 2025	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts				
Russell Invest R1000 Index Fund - I	$ 37,777,360	N/A	Daily	3 day notice
Russell Small Cap Fund	$ 6,354,420	N/A	Daily	N/A
Russell International Fund	$ 23,581,188	N/A	Daily	N/A
14-Year LDI Fixed Income Fund	$ 35,561,517	N/A	Daily	N/A
10 to 15 Year STRIPS Fixed Income Fund	$ 10,614,967	N/A	Daily	N/A
15 to 20 Year STRIPS Fixed Income Fund	$ 20,993,743	N/A	Daily	N/A
25+ Year STRIPS Fixed Income Fund	$ 20,404,325	N/A	Daily	N/A
Long Duration Fixed Income Fund	$ 16,683,536	N/A	Daily	N/A
Russell Global Real Estate Securities Fund	$ 5,217,367	N/A	Daily	N/A
Russell Global Listed Infrastructure Fund	$ 5,207,722	N/A	Daily	N/A
Russell Real Estate Equity Fund	$ 9,973,496	N/A	Quarterly	110 day notice
Russell Emerging Markets Fund	$ 8,490,707	N/A	Daily	N/A
Total common collective trusts	$ 200,860,348			
Alternative investments				
Portfolio Advisors Private Equity	$ 329,206	$ 1,614,423	Not Eligible	N/A
Private Market Fund 2021 LLC	$ 9,184,728	$ 3,811,327	Not Eligible	N/A
Private Credit Fund LLC	$ 8,343,865	$ 4,060,212	Not Eligible	N/A
Total alternative investments	$ 17,857,799	$ 9,485,962		

	Fair Value 2024	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts				
Russell Invest R1000 Index Fund - I	$ 34,629,810	N/A	Daily	3 day notice
Russell Small Cap Fund	$ 6,176,816	N/A	Daily	N/A
Russell International Fund	$ 26,844,733	N/A	Daily	N/A
14-Year LDI Fixed Income Fund	$ 34,753,109	N/A	Daily	N/A
10 to 15 Year STRIPS Fixed Income Fund	$ 10,344,306	N/A	Daily	N/A
15 to 20 Year STRIPS Fixed Income Fund	$ 20,325,075	N/A	Daily	N/A
25+ Year STRIPS Fixed Income Fund	$ 18,602,908	N/A	Daily	N/A
Long Duration Fixed Income Fund	$ 16,274,571	N/A	Daily	N/A
Russell Global Real Estate Securities Fund	$ 5,084,878	N/A	Daily	N/A
Russell Global Listed Infrastructure Fund	$ 5,155,611	N/A	Daily	N/A
Russell Real Estate Equity Fund	$ 12,819,847	N/A	Quarterly	110 day notice
Russell Emerging Markets Fund	$ 8,221,350	N/A	Daily	N/A
Total common collective trusts	$ 199,233,014			
Alternative investments				
Portfolio Advisors Private Equity	$ 814,917	$ 1,614,423	Not Eligible	N/A
Private Market Fund 2021 LLC	$ 7,335,608	$ 4,907,030	Not Eligible	N/A
Private Credit Fund LLC	$ 7,718,805	$ 3,964,226	Not Eligible	N/A
Total alternative investments	$ 15,869,330	$ 10,485,679		

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 June 29, 2017 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). As of December 31, 2025, 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.

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 SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44				12							12
45–49			1	55	14						70
50–54		2	2	66	56	6					132
55–59		1	3	69	60	35	20				188
60–64		1	3	32	23	14	9	3			85
65–69			1	8	4	1	1	4	6		25
70 & up			1	2						1	4
Total		4	11	244	157	56	30	7	6	1	516

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average annual accrued frozen benefit.

Average frozen benefits are not shown for plans with fewer than 1,000 active participants.

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

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
•	**Stabilized**	**Nonstabilized**	
• First 5 years	5.07%	5.07%	
• Next 15 years	5.31%	5.33%	
• Over 20 years	5.50%	5.36%	
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2025 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulations 1.430(h)(3)-1.		
• Disabled participants	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.		
Other economic assumptions			
• Expected Investment Return	6.10% per year for 2025 5.70% per year for 2024 5.90% per year for 2023		
• Expenses	$2,590,000 of assumed expenses included for the 2025 plan year. $3,145,000 of assumed expenses included for the 2024 plan year.		
Demographic assumptions			
• Withdrawal	Participants are assumed to leave the Company at a rate of 6% for all ages.		
• Disability incidence	The rates at which participants are assumed to become disabled follow the Wyatt 1985 Disability Study Class 1 rates for males and females. See table of sample rates.		
• Retirement age	**Attained age**	**Percentage**	
	50-59	6.00%	
	60-61	8.00	
	62-64	15.00	
	65	25.00	
	66-69	30.00	
	70 and above	100.00	
• Benefit commencement age for			
— Future vested deferred	Later of age 65 (Normal Retirement Age) or 5 years of participation		
— Current vested deferred	Former Salaried participants: Later of age 63 or termination of employment Former Hourly participants: age 65, or attained age if later		

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

	Male participants	Female participants
• Spouse assumptions		
— Percentage married	85% (former Salaried participants) 80% (former Hourly participants)	50%
— Spouse age difference	3 years younger	3 years older
• Form of payment	Former Salaried participants: 50% of participants are assumed to elect a joint and survivor option and 50% of participants are assumed to elect a single life annuity. Former Hourly participants: 100% of participants are assumed to elect a single life annuity.	

Table of sample rates

Attained age	Disability incidence	
	Male	Female
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%

Rationale for significant economic assumptions

- **Discount Rate for funding** – Prescribed assumptions by the IRS.
- **Expected investment return** – The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's current asset mix, adjusted for current market conditions, and a reasonable range of simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's current asset mix. The expected return on assets assumption is net of the adjustment of expected passive expenses assumed to be paid from plan assets.
- **Expenses** – Administrative expenses are estimated by determining the actual expenses paid from the trust in the preceding year, adjusted to reflect the estimated change in the total PBGC premium and any other expected significant changes in administrative expenses.

Rationale for significant demographic assumptions

- **Mortality for funding** – Prescribed assumptions by the IRS.
- **Withdrawal** – Withdrawal 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 benefit:**
  - Preretirement death benefit – Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value.
  - Deferred vested benefit – Deferred vested former Salaried 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.

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.

- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's **valuation date** is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN

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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	214,941,467
b Actuarial value	**2b**	218,753,753

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	1,217	177,154,607	177,154,607
b For terminated vested participants	898	54,171,066	54,171,066
c For active participants	516	41,533,147	43,094,787
d Total	2,631	272,858,820	274,420,460

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,590,000
c Target normal cost	**6c**	2,590,000

Statement by Enrolled Actuary

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

SIGN HERE

JFT
Signature of actuary

9/29/2026
Date

JIM TROTIER
Type or print name of actuary

2608425
Most recent enrollment number

MERCER
Firm name

216-830-8027
Telephone number (including area code)

200 PUBLIC SQUARE, SUITE 3760

CLEVELAND OH 44114-1172
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	23,862,470
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,067,315
9	Amount remaining (line 7 minus line 8)	0	16,795,155
10	Interest on line 9 using prior year's actual return of 1.74 %	0	292,236
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	17,087,391

Part III Funding Percentages

14	Funding target attainment percentage	14	73.48 %
15	Adjusted funding target attainment percentage	15	73.48 %
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	90.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2,590,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	72,754,098	7,116,449
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**	9,706,449

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	9,706,449	9,706,449

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 60.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
50	6.00%	10,000	600.00	30,000
51	6.00%	9,400	564.00	28,764
52	6.00%	8,836	530.16	27,568
53	6.00%	8,306	498.35	26,413
54	6.00%	7,807	468.45	25,296
55	6.00%	7,339	440.34	24,219
56	6.00%	6,899	413.92	23,180
57	6.00%	6,485	389.09	22,178
58	6.00%	6,096	365.74	21,213
59	6.00%	5,730	343.80	20,284
60	8.00%	5,386	430.89	25,854
61	8.00%	4,955	396.42	24,182
62	15.00%	4,559	683.83	42,397
63	15.00%	3,875	581.25	36,619
64	15.00%	3,294	494.06	31,620
65	25.00%	2,800	699.92	45,495
66	30.00%	2,100	629.93	41,575
67	30.00%	1,470	440.95	29,544
68	30.00%	1,029	308.67	20,989
69	30.00%	720	216.07	14,909
70	100.00%	504	504.16	35,291
Total			10,000.00	597,589
Average				60

Schedule SB, line 8 — Explanation of Discrepancy in Prior Year Credit Balance Election

The balance used to offset funding requirement reported on line 35 of the 2024 Schedule SB was $6,293,363 of prefunding balance. The portion used to offset prior year's funding requirement reported on line 8b of the 2025 Schedule SB is $7,067,315. The discrepancy is a result of the sponsor not revoking or modifying a standing election to apply prefunding balance to quarterly installments and as a result prefunding balance in excess of the 2024 minimum required contribution was applied.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	516,554	1,627,124	17,943,565	20,087,243
2026	876,836	1,970,357	17,514,659	20,361,851
2027	1,241,052	2,382,328	17,051,241	20,674,620
2028	1,574,637	2,691,830	16,553,603	20,820,070
2029	1,887,879	2,895,385	16,022,256	20,805,520
2030	2,168,942	3,241,990	15,457,977	20,868,908
2031	2,460,857	3,460,366	14,861,902	20,783,126
2032	2,733,310	3,677,365	14,235,651	20,646,326
2033	2,972,523	3,863,581	13,581,482	20,417,586
2034	3,191,242	3,973,493	12,902,496	20,067,230
2035	3,370,162	4,112,200	12,202,671	19,685,034
2036	3,543,183	4,188,501	11,486,783	19,218,467
2037	3,661,011	4,244,465	10,760,264	18,665,740
2038	3,753,525	4,326,377	10,028,956	18,108,858
2039	3,808,708	4,373,374	9,298,898	17,480,980
2040	3,844,130	4,365,103	8,576,043	16,785,276
2041	3,855,760	4,319,801	7,865,971	16,041,531
2042	3,841,888	4,276,957	7,173,720	15,292,565
2043	3,798,576	4,189,133	6,503,646	14,491,355
2044	3,740,928	4,084,261	5,859,477	13,684,665
2045	3,660,204	3,977,587	5,244,350	12,882,141
2046	3,569,433	3,848,359	4,660,894	12,078,687
2047	3,461,583	3,705,834	4,111,338	11,278,755
2048	3,343,391	3,555,393	3,597,544	10,496,329
2049	3,214,388	3,397,351	3,121,111	9,732,850
2050	3,077,091	3,232,199	2,683,317	8,992,607
2051	2,932,905	3,060,621	2,285,026	8,278,552
2052	2,782,107	2,883,542	1,926,597	7,592,246
2053	2,626,635	2,702,146	1,607,803	6,936,584
2054	2,466,621	2,517,857	1,327,763	6,312,241
2055	2,303,520	2,332,270	1,084,937	5,720,727
2056	2,138,398	2,147,103	877,174	5,162,674
2057	1,972,469	1,964,102	701,799	4,638,370
2058	1,807,089	1,784,997	555,762	4,147,848
2059	1,643,693	1,611,415	435,791	3,690,899
2060	1,483,780	1,444,796	338,538	3,267,113
2061	1,328,843	1,286,390	260,720	2,875,953
2062	1,180,306	1,137,199	199,228	2,516,733
2063	1,039,464	997,978	151,205	2,188,648

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	907,398	869,249	114,099	1,890,746
2065	784,954	751,280	85,698	1,621,932
2066	672,726	644,155	64,129	1,381,011
2067	571,039	547,777	47,854	1,166,671
2068	479,973	461,875	35,628	977,477
2069	399,371	386,060	26,469	811,900
2070	328,867	319,823	19,615	668,306
2071	267,930	262,560	14,489	544,979
2072	215,897	213,601	10,655	440,153
2073	172,013	172,226	7,792	352,031
2074	135,464	137,676	5,656	278,796

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

For Former Salaried Participants

Effective date and plan year	Original plan: December 31, 1942 Restated plan: January 1, 2016 Plan year: January 1 through December 31
Status of the plan	The plan was closed to new entrants and rehires as of July 1, 2003. Benefit accruals were frozen as of December 31, 2013. The plan was amended to provide for a Voluntary Early Retirement Program (VERP) effective September 1, 2013.
Significant events that occurred during the year	Plan was amended in 2024 for a one-time lump sum offer for certain active and terminated vested participants.
Definitions	
• Covered employees 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.
• Employee Contributions	None
• 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.
• Covered Compensation	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.
Normal retirement	
• Eligibility	Age 65 or 5 years of participation, whichever is later.
• Benefit	The monthly normal retirement benefit payable on a single life basis is equal to the greater of (a) or (b) plus (c) below: a. A benefit calculated as 1/12 of the following: i. 0.8% of Final Average Compensation up to Covered Compensation, plus ii. 1.25% of Final Average Compensation in excess of Covered Compensation, times iii. Credited Service (maximum 30 years).

Schedule SB, Part V — Summary of Plan Provisions

b. $16.00 per month per year of Credited Service (maximum 30 years), plus 1/12 of 20% of the portion of Final Average Compensation which exceeds $14,400 (reduced proportionately for Credited Service less than 30 years).
c. For a participant terminating after January 1, 1992, an amount equal to $4.20 times Credited Service (maximum 30 years).

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

i. the Participant's monthly Accrued Benefit as of December 31, 1993, frozen in accordance with regulations Section 1.401(a)(4)-13, and
ii. the Participant's monthly Accrued Benefit determined under (a) through (c) above using the Participant's Credited Service accruing after January 1, 1994, but not in excess of 30 years when combined with the Credited Service for all years.

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

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	
• Eligibility	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.
• Benefit	The accrued normal retirement pension as computed above based on Credited Service and Final Average Compensation prior to retirement. The benefit is actuarially reduced for commencement prior to age 65. If the Participant has 30 or more years of 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	
• Eligibility	Retirement under the early or disability retirement provisions of the Plan on or after January 1, 1992 and before January 1, 1997.
• Benefit	The monthly benefit payable from the date of retirement to age 65 determined as a result of taking (a) minus (b) below. a. $9.20 times Credited Service (to a maximum of 30 years). b. The monthly annuity equivalent of the participant's retiree-medical account balance in the Diebold, Nixdorf 401(k) Savings Plan. This benefit will be actuarially reduced for commencement prior to age 63.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Eligibility	Any age and 5 years of Vesting Service.
• Benefit	The accrued normal retirement pension payable at age 65 or, alternatively, an actuarially reduced pension payable early if the employee has a combined age and years of Vesting Service of at least 70.
Disability	
• Eligibility	Incapacity by total and permanent disability after completing 15 or more years of Vesting Service.
• Benefit	The accrued normal retirement benefit as computed above is payable until Normal Retirement at which time the Normal Retirement benefit is payable.
Pre-retirement death	
• Eligibility	Death after 5 years of Vesting Service.
• Benefit	The surviving spouse will receive the benefit she would have received if the Participant had retired on the first day of the month of his death or earliest retirement date, if later, and had elected a 50% Joint and Survivor Option and then died.
Unpredictable contingent event benefits	Not applicable
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.
• 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. 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

Schedule SB, Part V — Summary of Plan Provisions

	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 their benefit calculated assuming an additional two years of age and service (up to a maximum of 32 years of Credited service). Those electing the lump sum received the greater of the present value of the enhanced benefit payable immediately and the unenhanced benefit payable at the normal retirement age. For purposes of the VERP, the lump sum present value is determined using 417(e) assumptions including a quarterly stability period and a four-month lookback.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	50% Joint & Survivor actuarial equivalent option.
• Optional forms	Joint & Survivor Annuity (75% and 100%; percentage to be specified by Member)
• Optional form conversion factors	Actuarial equivalence is based on the UP-1984 mortality table with a 3-year setback for beneficiaries and 6.5% interest.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

For Former Hourly Employees

Effective date and plan year	Original plan: December 1, 1959 Restated plan: December 31, 2021 Plan year: January 1 – December 31
Status of the plan	This Hourly subgroup of the plan is only inactive participants and no active employees are eligible to participate in the Hourly subgroup of the Plan
Significant events that occurred during the year	Plan was amended in 2024 for a one-time lump sum offer for certain active and terminated vested participants.
Definitions	
• Coverage and participation	Full-time employees in bargaining unit represented by the Lodge 1191 of the International Brotherhood of

Schedule SB, Part V — Summary of Plan Provisions

	Boilermakers, Iron Shipbuilders, Bladesmiths, Forgers and Helpers are eligible for immediate participation. Effective July 1, 2000, participants covered under the Diebold, Incorporated, Hamilton, Ohio Pension Plan for Employees Represented by Local No. 43 Metal Polishers, Buffers, Platers and Helpers International Union, and the Pension Plan for Employees Represented by Safeworkers' Organization Chapter No. 1 were merged into this plan. All such participants are either currently in receipt of benefits, or are terminated participants entitled to future benefits.
• Vesting service	Years and months of service as a covered employee.
• Benefit service	Years and months of service as a covered employee.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement

- Eligibility: Age 65 with 5 years of service.
- Benefit: The benefit payable upon reaching Normal Retirement is the product of the applicable benefit rate, as shown below, multiplied by years of Benefit Service (to a maximum of 30 years):

Retirement Date	Benefit Rate
Prior to 5/1/1996	$20.00
5/1/1996 – 4/30/1997	$21.00
5/1/1997 – 4/30/1999	$22.00
5/1/1999 – 4/30/2000	$23.00
5/1/2000 – 4/30/2002	$24.00
5/1/2002 & thereafter	$25.00

Early retirement

- Eligibility: **With 30 years of Service ("30 and Out"):** An employee retiring with at least 30 years of Benefit Service
  With Less than 30 years of Benefit Service: An employee retiring between ages 60 and 65 with at least 10 years of Benefit Service.
- Benefit: **With 30 years of Service ("30 and Out"):** An unreduced benefit as determined under the normal retirement benefit above. (A monthly supplement is payable to age 62, but directly from Company funds.)
  With Less than 30 years of Benefit Service: An early retirement benefit based on the formula in the normal retirement benefit section above, actuarially reduced for commencement prior to age 62.

Deferred vested

- Eligibility: An employee terminating service with 5 or more years of Vesting Service is eligible for a deferred vested benefit commencing at age 65.
- Benefit: A deferred vested benefit commencing at age 65 equal to the accrued normal retirement benefit. The employee may elect his benefit to commence as early as age 60 in accordance with the early retirement reductions above if the individual had 10 years of Benefit Service.

Disability

- Eligibility: An employee with at least 15 years of Benefit Service who becomes disabled under the terms of the Plan.
- Benefit: A benefit based on the formula in the normal retirement benefit without any adjustments for early commencement.

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	An eligible spouse of a vested participant that dies prior to commencement.
• Benefit prior to early retirement	A spouse benefit equal to the amount of a 50% Joint & Survivor Annuity payable at the earliest of age 60 or death.

Schedule SB, Part V — Summary of Plan Provisions

Retiree medical supplemental benefits	
• Eligibility	A participant who was not on the active payroll on May 1, 1992, and retired after May 1, 1995, on or after age 65.
• Benefit	A monthly supplemental benefit equal to $4.20 times his years of Benefit Service (maximum 30 years).
Form of benefits	
• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	Joint & 50% Survivor Annuity
• Optional forms	Joint & 75% Survivor Annuity Joint & 100% Survivor Annuity
• Optional form conversion factors	For alternate annuity options Mortality: UP84, with 4-year age setback for beneficiaries and 1-year age set forward for participants Interest: 4.5% per annum
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Former Diebold, Incorporated Pension Plan for Employees of Safeworkers' Organization Chapter No. 1

Effective date and plan year	Original plan: July 1, 1966 Restated plan: January 1, 2016 Plan year: January 1 – December 31
Status of the plan	The plan is frozen for new entrants and benefit accruals.
Significant events that occurred during the year	Plan was amended in 2024 for a one-time lump sum offer for certain active and terminated vested participants.
Definitions	
• Coverage and Participation	Members of Safeworkers' Organization Chapter No. 1.
• Vesting service	Years and months of service as a covered employee.
• Benefit service	Years and months of service as a covered employee.
Normal retirement	
• Eligibility	Age 65 and 5 years of Benefit Service, or any age and 30 years of Benefit Service.
• Benefit	$19.00 per month per year of Benefit Service, to a maximum of 30 years, for participants retiring on or after October 1, 1988 and prior to October 1, 1991.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	Age 62, or any age and 25 years of Benefit Service, or age 40 and 10 years of Benefit Service.
• Benefit	The amount of the benefit is determined as in the Normal Retirement benefit above except that the amount is actuarially reduced from age 62 for early commencement. As a minimum benefit, persons age 62 or over and persons with 25 or more years of Benefit Service receive at least $7.15 times years of Benefit Service (maximum of 35 years).
Deferred vested	
• Eligibility	Any age and 5 years of Vesting Service.
• Benefit	The accrued benefit deferred to age 62, or payable when he meets early retirement requirements, on an actuarially reduced basis.
Disability	
• Eligibility	Totally and permanently disabled after 10 years or more of Benefit Service.
• Benefit	The accrued normal retirement benefit payable immediately.
Pre-retirement death	
• Eligibility	Eligible upon death of a married participant after completion of 5 years of Vesting Service
• Benefit prior to early retirement	If death occurs prior to age 55, the surviving spouse will receive a benefit commencing at the date the participant would have attained age 55 as if the participant had terminated employment on the date of his death, survived to age 55 and retired with benefits based on the qualified joint and survivor annuity. If death occurs on or after age 55, the surviving spouse will receive the benefit as if the participant had retired the day before death and elected the qualified joint and survivor annuity. Any benefit the employee or his surviving spouse may ultimately receive is reduced to pay for this coverage as follows: Any benefit the employee or his surviving spouse may ultimately receive is reduced to pay for this coverage as follows:
Form of benefits	
• Automatic form for unmarried participants	Single life annuity

Attained Age	Reduction Factor
Under 55	0.12%
55 – 65	0.60%

Schedule SB, Part V — Summary of Plan Provisions

• Automatic form for married participants	Joint & 50% Survivor Annuity
• Optional forms	Joint & 75% Survivor Annuity Joint & 100% Survivor Annuity
• Optional form conversion factors	For alternate annuity options Mortality: UP84 Interest: 4.5% per annum
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
  - *Former Hourly Active participants:* Not applicable for the valuation as there are no active participants remaining in the plan.
  - *Former Salaried Active participants*: The plan does not provide benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases apply to participants who defer retirement beyond age 65.
  - *Former Hourly Deferred vested participants:* Not applicable for the valuation as the plan requires deferred vested participants to commence benefits upon reaching age 65.
  - *Former Salaried Deferred vested participants*: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Attachment to 2025 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Name: Diebold Nixdord, Incorporated U.S. Pension Plan
EIN: 34-0183970
Plan Sponsor Name: Diebold Nixdorf, Incorporated
Plan #001

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) cost	(e) current value
	Diebold Master Trust	Master Trust	218,811,623	218,811,623
		Total	218,811,623	218,811,623

Schedule SB, line 32 – Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		**Outstanding balance**	**Years remaining**		**2025 installment**
2023		38,959,398	13		4,004,082
2024	$	(8,762,819)	14	$	(855,719)
2025		42,557,519	15		3,968,086
Total	$	72,754,098		$	7,116,449

Schedule SB, line 24 – Change in Nonprescribed Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expected investment return assumption was updated from 5.70% for 2024 to 6.10% for 2025.
- The expense component of normal cost decreased from $3,145,000 to $2,590,000 to reflect expectations for the current plan year.