

International Savings Plan (ISP) Beneficiary Designation Form

IMPORTANT NOTES: This form is to be used to designate the person(s) to receive, in the event of your death, any capital sum payable under the plan. It may also be used to change any designate. Please note that the payment of benefits may result in an income tax liability for the beneficiary in their country of residence.

wish to designate	e the following person(s) to r	eceive any capital sun	n payable under the	plan:	
eneficiary(ies) ca	our primary beneficiary(ies) to not receive the benefits the		•		
Primary Benefic	ciary 🔛	Last name			
riist iiaille	Address line 1	Last Hallie			
Address	Address line 1				
	City				
	Postcode/Zip code				
 Email	Postcode/Zip code				
dentification		Date	e of birth		
number		0.0.	(dd/mm/yyyy)		
Relationship		-	Percentage of benefit		
rimary Benefi	ciary or Conting	ent Beneficiary			
First name		Last name			
Address	Address line 1				
	Address line 2				
	City				
	Country				
	Postcode/Zip code				
mail					
dentification			Date of birth (dd/mm/yyyy)		
number		(uu/	, , , , , , ,		

Identification Date of birth (dd/mm/yyyy)	First name		Last na	me		
Address City Country Postcode/Zip code Email Identification number Relationship Percentage of benefit First name Address line 1 Address line 2 City Country Postcode/Zip code Email Identification number Relationship Date of birth (dd/mm/yyyy) Postcode/Zip code Email Identification number Relationship Percentage of benefit Date of birth (dd/mm/yyyy) Postcode/Zip code Email Identification number Relationship Percentage of benefit Description Percentage of benefit Description Percentage of benefit		Address line 1				
Country Postcode/Zip code Email dentification number Relationship or Contingent Beneficiary First name Address line 1 Address line 2 City Country Postcode/Zip code Email dentification number Relationship Date of birth (dd/mm/yyyy) Postcode/Zip code Email dentification number Relationship Date of birth (dd/mm/yyyy) Percentage of benefit Date of birth (dd/mm/yyyy) Relationship Percentage of benefit Description of the plan.		Address line 2				
Postcode/Zip code Email dentification number Relationship Percentage of benefit rimary Beneficiary or Contingent Beneficiary First name Address line 1 Address line 2 City Country Postcode/Zip code Email dentification number Relationship Date of birth (dd/mm/yyyy) Relationship Percentage of benefit Date of birth (dd/mm/yyyy) Relationship Percentage of benefit Percentage of benefit	Address	City				
Postcode/Zip code Email Identification number		Country				
Email Identification number Relationship Relationship rimary Beneficiary or Contingent Beneficiary First name Address line 1 Address line 2 City Country Postcode/Zip code Email Identification number Relationship Date of birth (dd/mm/yyyy) Relationship Percentage of benefit Date of birth (dd/mm/yyyy) Relationship Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.						
Relationship Relationship Or Contingent Beneficiary First name Address line 1 Address line 2 City Country Postcode/Zip code Email Identification number Relationship Relationship Date of birth (dd/mm/yyyy) Relationship Percentage of benefit Percentage of benefit Percentage of benefit	Email					
Relationship Percentage of benefit rimary Beneficiary or Contingent Beneficiary First name Address line 1 Address line 2 City Country Postcode/Zip code Email Identification number Relationship Percentage of benefit Date of birth (dd/mm/yyyy) Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.	Identification			Date of birth		
rimary Beneficiary or Contingent Beneficiary First name Address line 1 Address line 2 City Country Postcode/Zip code Email Identification number Relationship Date of birth (dd/mm/yyyy) Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.	number			(dd/mm/yyyy)		
Address line 1 Address line 2 City Country Postcode/Zip code Email Identification number Relationship Date of birth (dd/mm/yyyy) Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.	Relationship		Percentage of benefit			
Address line 1 Address line 2 City Country Postcode/Zip code Email dentification number Relationship Date of birth (dd/mm/yyyy) Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.		ciary or Continger				
Address line 2 City Country Postcode/Zip code Email Identification number Relationship Date of birth (dd/mm/yyyy) Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.	First name		Last na	me		
City Country Postcode/Zip code Email Identification number Relationship Date of birth (dd/mm/yyyy) Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.						
Country Postcode/Zip code Email Identification number Relationship Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.						
Postcode/Zip code Email dentification number Relationship Percentage of benefit Date of birth (dd/mm/yyyy) Percentage of benefit Dereby agree that no liability for this will rest with my employer or the trustees of the plan.	Address					
dentification Date of birth (dd/mm/yyyy) Relationship Percentage of benefit mereby agree that no liability for this will rest with my employer or the trustees of the plan.						
Identification number Relationship Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.		Postcode/Zip code				
Relationship (dd/mm/yyyy) Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.					I	
Relationship Percentage of benefit hereby agree that no liability for this will rest with my employer or the trustees of the plan.						
nereby agree that no liability for this will rest with my employer or the trustees of the plan.						
	mployee's name:		Employ	ee's signature:		
Date (dd/mm/yyyy):			Date (d	d/mm/yyyy):		
ease submit the original form, duly completed and signed to Nabors Benefits Department by secure fax to 1-281-775-8450 or email nefitshelp@nabors.com_and please keep a copy for your records.				epartment by secure fax to 1-7	281-775-8450 or email t	