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.

I wish to designate the following person(s) to receive any capital sum payable under the plan:

You must name your primary beneficiary(ies) to whom the benefits would first be paid. In the event that your primary beneficiary(ies) can not receive the benefits the payment would then go to your contingent beneficiary(ies).

Primary Beneficiary ☐

First name		**Last name**	
Address	Address line 1		
	Address line 2		
	City		
	Country		
	Postcode/Zip code		
Email			
Identification number		**Date of birth** (dd/mm/yyyy)	
Relationship		**Percentage of benefit**	

Primary Beneficiary ☐ or Contingent Beneficiary ☐

First name		**Last name**	
Address	Address line 1		
	Address line 2		
	City		
	Country		
	Postcode/Zip code		
Email			
Identification number		**Date of birth** (dd/mm/yyyy)	
Relationship		**Percentage of benefit**	

Primary Beneficiary ☐ or Contingent Beneficiary ☐

First name		**Last name**	
Address	Address line 1		
	Address line 2		
	City		
	Country		
	Postcode/Zip code		
Email			
Identification number		**Date of birth** (dd/mm/yyyy)	
Relationship		**Percentage of benefit**	

Primary Beneficiary ☐ or Contingent Beneficiary ☐

First name		**Last name**	
Address	Address line 1		
	Address line 2		
	City		
	Country		
	Postcode/Zip code		
Email			
Identification number		**Date of birth** (dd/mm/yyyy)	
Relationship		**Percentage of benefit**	

I hereby agree that no liability for this will rest with my employer or the trustees of the plan.

Employee's name: _____ Employee's signature: _____

Date (dd/mm/yyyy): _____

Please submit the original form, duly completed and signed to Nabors Benefits Department by secure fax to 1-281-775-8450 or email to Benefitshelp@nabors.com and please keep a copy for your records.