



# International Savings Plan (ISP) Enrollment Form

**IMPORTANT NOTE:** This form should be completed and returned to Nabors Benefits Department by secure fax to 1-281-775-8450 or by email to [Benefitshelp@nabors.com](mailto:Benefitshelp@nabors.com).

## 1. Employee details

First name			
Last name			
Employee ID Number			
Address	Address line 1		
	Address line 2		
	City		
	Country		
	Postcode/Zip code		
Work email			
Personal email			
Date of birth (dd/mm/yyyy)		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Citizenship		Country of residence	
Hire Date (dd/mm/yyyy)		Current work location	
Passport number		Country of issue	

## 2. Level of contribution

I have reviewed the member information relating to the plan and I hereby make the following contribution election:

%
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Note: Elected level of employee contribution should be in whole numbers between 1% and 40%.

## 3. Investments

You now need to decide how you would like to invest the contributions that will be made. There are two choices for investments:

**A) ISP Strategy Models:** There are 5 preselected models that are risk based;

**B) Individual funds:** Select and monitor your own funds from the list of investments provided on this form. Please enter the percentage of your monies that you would like to invest into each of your chosen funds.

Please read the investment guide and complete the questionnaire in order to help you make the most appropriate decision.

If you do not select any investment option you will be put into the Conservative ISP Strategy Model as the plan default.

**OPTION A: ISP Strategy Model** (Select **ONE ONLY** based on your risk level. 100% of your contribution and company contribution will be invested in the model you select). **If you select Option A, DO NOT select OPTION B. If you select choices from both options then the choices in option A will be used as your preference.**

I elect my contributions made on my behalf be invested in a model as follows:

<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderately Aggressive	<input type="checkbox"/> Aggressive
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**OPTION B: Individual Fund Selection.** If you select Option B, DO NOT select Option A

I elect that contributions made on my behalf be invested in the individual funds as follows:

INDIVIDUAL FUNDS		
Fund name	Category	Percentage (%) Elections must be in 1% increments
Ninety One GSF US Dollar Money	USD Money Market	%
PIMCO GIS Global Bond	Fixed Income – Global Bond	%
iShares Global Government Bond Index	Fixed Income – Global Government Bond	%
PIMCO GIS StocksPlus	Equity – US Large Cap Blend	%
iShares GIF North America Equity Index	Equity – US Large Cap Blend	%
iShares GIF World Equity Index	Equity – Global Large Cap Blend	%
ACI Global Growth Equity	Equity – Global Large Cap Growth	%
Ninety One GSF Emerging Markets Equity	Equity – Emerging Market	%
iShares Emerging Markets Equity Index	Equity – Emerging Market	%
<b>TOTAL (must be 100%):</b>		<b>100%</b>

- This election authorizes the investment of my contributions made into the plan in an ISP Strategy model or various individual funds according to the above investment selections. This election shall remain in effect until I revoke it in writing, or change my contribution election percentage or investment selection in accordance with the terms of the plan.
- I understand that the plan permits me to invest contributions made into the plan on my behalf into an ISP Strategy model or various individual funds, each with a different investment strategy. I understand that my investment election is made entirely at my own risk and that my election must be made according to the terms of the plan. I am aware that no responsibility for my decision in this regard can revert to the company or to the trustees.
- I confirm that I am fully aware of the level of investment costs which the underlying investment manager(s) charge having considered either (a) the fund fact sheets which my employer provided or (b) the details available on the website.
- I am aware that membership of this plan is not open to US persons (as defined according to FATCA legislation) or residents of the island of Jersey and I can confirm that I am neither of the above and subsequently eligible for plan participation.
- I hereby request the trustees to enroll me as a member of my employer’s International Savings Plan.
- I understand that any income tax liabilities that arise from my contributing to or ultimately taking benefits from the plan will be dealt with by me on a personal basis and no liability rests with my employer or the trustees of the plan.
- I confirm that if my employer or the trustees of the plan are approached by any fiscal authority for information relating to my benefits in the plan they have my full authority to comply with such requests.
- I confirm that I fully understand the agreement that is being entered into.

Employee’s signature: \_\_\_\_\_

Employer’s signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

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 by email to [Benefitshelp@nabors.com](mailto:Benefitshelp@nabors.com) and retain a copy for your records.

# Individual Self Certification

Tax regulations require the plan to collect information about each investor’s tax residency. In certain circumstances (including if we do not receive a valid self–certification from you) we may be obliged to share information on your account with the relevant taxation body.

If you have any questions about your tax residency or question on how to complete this form, please contact your tax advisor.

Should any information provided change in the future, please ensure you advise us of the changes promptly.

## 1. Tax Residency\*

You are required to indicate all countries in which you are a resident for tax purposes and the associated Tax Reference Number in the table below. If you are a US citizen or resident, please include United States in the table along with your US Tax Identification Number.

If you are a UK, Jersey, Guernsey, Isle of Man or Gibraltar resident then please supply your National Insurance or Social Security Number as appropriate, in addition to your Tax Reference Number.

Country / Countries of Tax Residency	Tax Reference Number

If you are not a resident in any country for tax purposes, please check this box and provide in the table below details of your employment and country of location for the last 36 months. Checking the box to indicate you are not a tax resident of any country without explanation may delay the payment of your plan benefits.

Country / Countries of employment	Employer	Dates

## 2. Declaration

I declare that the information provided on this form is to the best of my knowledge and belief, accurate and complete.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

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\*As you may be aware, the US passed the Foreign Account Tax Compliance Act, (FATCA) in 2010. Beginning on July 1, 2014 foreign financial institutions (FFI) such as the Participants in the Plan are required to report information regarding accounts of relevant US persons. Additionally, certain other countries including the UK have passed similar laws where reporting is required upon payment of funds from a foreign account. Consequently all plan participants are required to provide information regarding their tax residency.