

ConocoPhillips Pension Plan (the "Plan") Nomination of Beneficiaries

Surname:..... Forenames:.....
(Block Capitals)

Employee number:..... National Insurance No.:.....

Nomination of Beneficiaries (Continue on separate sheet if required)			
Full Name	Address	Relationship to Member	Proportion of benefit (%)
Total Benefit:			100%

If the First Nomination above is no longer valid, I would like the following Alternative Beneficiaries to be considered:

Nomination of Alternative Beneficiaries (Continue on separate sheet if required)			
Full Name	Address	Relationship to Member	Proportion of benefit (%)
Total Benefit:			100%

Declaration

I nominate the person(s) named above to receive the lump sum benefits under the Rules of the Plan in the event of my death. I understand that the Trustee has complete discretion over the distribution of the lump sum benefit and although the Trustee is prepared to consider my wishes, my nomination is not binding on the Trustee. This nomination cancels any previous nominations signed by me and I reserve the right to revise this nomination at any time.

Signed:..... Date:.....

To the Trustee of the ConocoPhillips Pension Plan

Please note that I would like the following person to be considered for a dependant's pension in the event of my death:

Full Name of dependant:.....

Relationship to Member:.....

Members Signature: Date:.....

Please retain a copy of this form and return the signed original, via mail or email to:

ConocoPhillips Pension Plan, Capita, PO Box 555, Stead House, Darlington, DL1 9YT. Email: conocophillipsensions@capita.co.uk