



CISCO SYSTEMS INDIA PVT. LTD.
MEMBER BENEFICIARY FORM
Cisco Employee Stock Option Plan / Purchase Plan

Name of the Member (in full) _____ Employee Id _____

Date of Birth : _____ (DD/MM/YYYY) Start Date with Cisco : _____ (DD/MM/YYYY)

Gender: _____ Marital Status : _____

I hereby nominate the person(s) mentioned below to receive all the amounts payable under the Cisco Employee Stock Option and Stock Purchase plans in the event of my death.

Name	Address	Relationship	Age of Nominee	% Share	If Nominee is a minor name and address of guardian

Terms:

1. This beneficiary form will supersede any will, codicil, agreement or other testamentary or other disposition of the benefits of the applicable Plans/Schemes by Member.
2. Member will be responsible for updating this beneficiary form, if he/she intends any change of the beneficiaries of the applicable Plans/Schemes.
3. Cisco shall be entitled to require issue of an indemnity from the beneficiaries prior to transfer of the benefits of the applicable Plans/Schemes.
4. Cisco's sole responsibility will be to transfer the benefits of the applicable Plans/Schemes in accordance with this beneficiary form, and will be discharged from any further/other liability or responsibility in case of the death of Member.

Signature of Member

Date