



EMPLOYEE ASSISTANCE FUND PAYROLL CONTRIBUTION FORM

The Dril-Quip Employee Assistance Fund was established to provide need-based financial relief for employees of Dril-Quip, Inc. or any of its subsidiaries following a natural disaster or other crisis event. The fund is comprised of contributions from both Dril-Quip and our employees.

Any contributions made by a person or entity in the United States will be tax deductible.

By Check: You may write a check directly to the fund. All checks should be made payable to "Dril-Quip Employee Assistance Fund" and sent to the Dril-Quip Finance Department in Houston.

Payroll Deduction: You may choose to make a one-time contribution or contribute a defined amount each pay period for a time period of your choice. Payroll deduction options should be sent to the Dril-Quip Payroll Department in Houston.

I agree to contribute to the Dril-Quip Employee Assistance Fund by check or through a payroll deduction in order to provide aid to any Dril-Quip employee affected by a disaster as defined by the Fund.

Employee Name: _____

Employee ID: _____

Signature _____

Date _____

SELECT ONE OF THE OPTIONS OFFERED BELOW:

Contribution by Check:

Please accept the enclosed check as a contribution to the Dril-Quip Employee Assistance Fund.

Contribution (Amount on Check): \$ _____

One-Time Contribution:

Please deduct the amount stated below from my paycheck ONE TIME only. I understand this will be effective the next pay period following the date of my signature above.

Contribution (One Time Deduction): \$ _____

Set Timeframe Contribution:

Please deduct the amount stated below from each paycheck for the number of pay periods stated. I understand this will be effective the next pay period following the date of my signature above.

Contribution (Per Pay Period Deduction): \$ _____ # of Pay Periods: _____

Ongoing Contribution:

Please deduct the amount stated below from each paycheck on an ongoing basis until notified by me to STOP the deduction. I understand this will be effective the next pay period following the date of my signature above.

Contribution (Ongoing Per Pay Period Deduction): \$ _____