## **BNSF Beneficiary Designation Form** Investment and Retirement Plan VISTA # 091565 **Account Information** Work Phone # Home Phone # Social Security # Name (Last, First, MI) **Address** City **Marital Status** Single Married Separated or Divorced **Beneficiary Information** In accordance with the conditions of the BNSF Investment and Retirement Plan, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following. **Primary Beneficiary Designation** Full Name (Last, First, Middle Initial) Social Security # Relationship Date of birth Share % Address (Street, City, State, Zip) Payment will be made in equal shares or, in the event of the death of a primary beneficiary, in equal shares to (all of) the 100% survivor(s) unless otherwise indicated. In the event said primary beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies): **Contingent Beneficiary Designation** Full Name (Last, First, Middle Initial) Social Security # Relationship Date of birth Share % Address (Street, City, State, Zip) Payment will be made in equal shares or, in the event of the death of a contingent beneficiary, in equal shares to (all of) the survivor(s) unless otherwise indicated. If no beneficiary or contingent beneficiary designated shall be living following my death, the amount payable by reason of my death shall be payable as provided in the plan/policy. Optional Elections (please check box(es) if desired) **Common Disaster -** The amount payable by reason of my death shall be paid to my primary beneficiary(ies), or contingent beneficiary(ies), as applicable, only if such beneficiary(ies) is (are) living at the expiration of 24 hours following my death. OR (NOTE: See Reverse Side for Important Information) Trust(ee) Designation (applies only if a trust has been created in an executed trust agreement) Name of Trustee(s) Zip Code and successor(s) in trust, as Trustee(s) under \_ ("Title of Agreement") \_ executed by me and said Trustee(s). Dated The plan administrator/policy insurer shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall fully discharge the liability of the plan administrator/policy insurer under the plan/policy. It is understood and agreed, however, that if the plan administrator/policy insurer receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at my death, the beneficiary shall be **My Estate**, and the payment of my legal representative based on such proof shall fully discharge liability of the plan administrator/policy insurer under the plan/policy. Trust(ee) (Under Will) Designation (applies only if a trust has been set forth in your Will) The trust(ee) under any Last Will and Testament of mine shall be admitted to probate. If for any reason whatsoever no Trust(ee) under any such Last Will and Testament shall be duly appointed, I hereby designate My Estate as beneficiary and any payment made in good faith to the legal representative of my estate shall fully discharge the plan administrator/policy insurer under the plan/policy. I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent. **Date Signed** Signature of Employee/Retiree In accordance with the Retirement Equity Act of 1984, if you are married and you elect not to have your spouse designated as sole primary beneficiary of the BNSF Investment and Retirement Plan, your spouse must sign below while witnessed by a notary public. "I am the (legal) spouse of the above BNSF employee and I fully understand that in the event of my spouse's death, I will not be eligible for the portion of the funds in my spouse's BNSF Investment and Retirement Plan account for which I am not the named sole primary beneficiary.

(12/20/2001) Form No. 2091 (Revised 12/20/2001)

Signature of Spouse \_

SUBMIT COMPLETED ORIGINAL FORM TO:

Signature of Notary

And Stamp or Seal

T18519\_12200

The Vanguard Group Attn: BNSF # 091565 PO Box 2600 Valley Forge, PA 19482-2600

**Distribution:** White - Vanguard Yellow - Employee



## **GENERAL BENEFICIARY INFORMATION**

You may find the following definitions helpful in completing your Beneficiary Designation Form.

**Primary Beneficiary:** Your primary beneficiary should be the individual(s) or organization that you wish to receive your proceeds. You may have your proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**Contingent Beneficiary:** Your contingent beneficiary should be the individual(s) or organization that you wish to receive your proceeds if all of your primary beneficiaries (see definition above) predecease you. You may have your proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**Common Disaster Clause:** In this section, you may indicate that your proceeds should be paid to your beneficiaries only if they survive you by at least 24 hours. This provision ensures that your intentions are carried out in the event you and your beneficiary are involved in a common accident.

Trust(ee) Designation: If you plan to have your proceeds distributed through a Trust, you should complete this section with the appropriate information. Your Trust(ee) will be held fully responsible for the application for and disposition of the proceeds. This section should only be used if you have a legally drawn inter vivos trust agreement or an appropriate Trust(ee) is designated under your Last Will and Testament. If you complete this section, do NOT complete the Primary or Contingent Beneficiary sections.

An inter vivos trust is a trust established during the life of the trustor (the person who creates the trust) for the benefit of the trustor or other living persons.

## INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

- 1. Fill in the Primary Beneficiaries and Contingent Beneficiaries, if any. For each Primary and Contingent Beneficiary listed, enter the relationship (when the relationship of the beneficiary is other than by blood or marriage, the relationship should be shown as "Nonrelative"), date of birth, address (permanent residence) and percentage of share (all shares must add up to 100%).
- 2. If you wish to name a Trust(ee) as beneficiary, complete one of the two Trust(ee) Designations instead of the Primary and Contingent Beneficiary sections. If the trust is an inter vivos trust, check only the first Trust(ee) Designation box, and complete the top Trust(ee) designation. You should enter (1) the name and address of the Trust(ee); (2) the Title of the Agreement; and (3) the date of its execution. NOTE: AN INTER VIVOS TRUST MUST BE A LEGALLY DRAWN AGREEMENT. If you wish to make a Trust(ee) under Will Designation, check only the second Trust(ee) Designation box. NOTE: A TRUST(EE) WILL (OR TESTAMENTARY TRUST(EE) MUST BE ESTABLISHED UNDER THE LEGALLY DRAWN LAST WILL AND TESTAMENT OF THE EMPLOYEE.
- 3. You should sign and date the form in the spaces provided at the bottom. Be sure to also print your name, Social Security Number and address at the top of the form. **FORMS NOT SIGNED AND DATED WILL BE RETURNED.**
- 4. If you are married and you elect not to have your spouse designated as the sole primary beneficiary of your BNSF Investment and Retirement Plan, your spouse must sign the form while witnessed by a notary public.
- 5. Make a copy of the form and retain it with your important papers.
- 6. Mail the original to the The Vanguard Group at the address on the bottom of the form.

It is important that you review your beneficiary designation periodically to be sure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by sending a new Beneficiary Designation Form to the The Vanguard Group.

If you wish to name more beneficiaries than this form provides for, secure an additional form(s) from The Vanguard Group. Complete your list of beneficiaries on that form. Attach the additional form(s) to the first, indicating clearly on each form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3 and 3 of 3.

## **PLEASE NOTE**

If death occurs and a minor (a person not of legal age) or the employee's estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death proceeds can be paid. This means court expenses for the beneficiary and delay in the payment of the benefits. Please take this into consideration when naming your beneficiary.