

<div>BNSF</div> <div>Non-Salaried Employees 401(k) Retirement Plan</div>		<div>Beneficiary Designation and PIN Authorization</div> <div>VISTA # 092106 Form 2061</div>	
Account Information			
Social Security #		Work Phone #	
		Home Phone #	
Name			
(Last, First, MI)			
Address			
City		State	Zip
Marital Status			
<div><input type="checkbox"/> Single</div> <div><input type="checkbox"/> Married</div> <div><input type="checkbox"/> Separated or Divorced</div> <div><input type="checkbox"/></div>			
Beneficiary Information			
This beneficiary designation can be revoked or amended only by completion of a new Beneficiary Designation Form.			
Primary Beneficiary Information			
I name the following person(s) or institution(s) to receive any benefits that may become payable upon my death.			
Beneficiary Name		Social Security Number	
(Last, First, MI)			
Street		Percentage of Benefit	
		%	
City		Relationship	
Beneficiary Name		Social Security Number	
(Last, First, MI)			
Street		Percentage of Benefit	
		%	
City		Relationship	
Contingent Beneficiary Information			
Payment will be made to your contingent beneficiary(ies) only if your primary beneficiary predeceases you.			
Beneficiary Name		Social Security Number	
(Last, First, MI)			
Street		Percentage of Benefit	
		%	
City		Relationship	
Beneficiary Name		Social Security Number	
(Last, First, MI)			
Street		Percentage of Benefit	
		%	
City		Relationship	
In accordance with the Retirement Equity Act of 1984, if you are married and have named someone other than your spouse as primary beneficiary, your spouse must consent by signing this form and the signature must be 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 that portion of the funds in my spouse's BNSF Non-Salaried Employees 401(k) Retirement Plan account for which I am not the named beneficiary."			
Signature of Spouse:		Date:	
Signature of Notary:		Date:	
Notary Stamp or Seal:			
PIN and Payroll Deduction Authorization			
I understand that, as part of the administrative procedures of the BNSF Non-Salaried Employees 401(k) Retirement Plan, certain inquiries and transactions (including, but not limited to, enrollments, deduction percentage changes, investment elections, interfund exchanges, loan and withdrawal requests and account balance information) can be made through a telephone call and/or an automated voice response system. A Personal Identification Number (PIN) will be issued to me for transaction and inquiry purposes, and I certify that my use of this PIN is to be considered an "electronic signature" that authorizes the Trustee to execute any transactions performed as a result of the PIN usage. This will also authorize the execution of any payroll deduction requests for contributions to the Plan I may make or have made previously through a telephone call, automated voice response or otherwise.			
Return this form to:			
The Vanguard Group			
Attn: BNSF # 092106			
PO Box 2600			
Valley Forge, PA 19482-2600			
Signature of Employee		Date	