

Is this account for a current shareholder? YES NO

1-888-253-4522 or outside the U.S. 1-651-450-4064

If NO, please begin by completing Section 1.

You may enroll online @ www.shareowneronline.com

If YES, please do NOT complete Section 1 below. Instead complete the appropriate Section(s) and print your account number:

Account number input boxes

I. Account Registration Complete only one section. Print clearly in CAPITAL LETTERS. INDIVIDUAL OR JOINT ACCOUNT — Owner's name

Owner's name input boxes

Owner's Social Security number and date of birth input boxes

Joint Owner's name The account will be registered "Joint Tenants with Rights of Survivorship" unless you check one of the following:

Tenants in common, Tenants by entirety, Community property checkboxes

Joint Owner's name input boxes

Joint Owner's Social Security number and date of birth input boxes

FOR TRANSFER ON DEATH REGISTRATION (TOD) ONLY — Beneficiary name

Beneficiary name input boxes

GIFT TRANSFER TO A MINOR

For New Jersey residents only — please specify one:

Uniform Transfer to Minors Act (UTMA) and Uniform Gift to Minors Act (UGMA) checkboxes

Custodian's name

Custodian's name input boxes

Minor's name

Minor's name input boxes

Minor's Social Security Number, date of birth, and Custodian/Minor State input boxes

TRUST — Trustee: Individual or organization name

Trustee name input boxes

and Co-trustee's name, if applicable

Co-trustee name input boxes

Name of trust

Name of trust input boxes

For the benefit of

For the benefit of input boxes

Trust taxpayer identification number and date of trust input boxes

ORGANIZATION OR BUSINESS ENTITY Check one: Corporation Partnership

Name of entity

Name of entity input boxes

Taxpayer Identification Number input boxes

7. Automated Requests Authorization

- By checking here, I (we) hereby authorize Wells Fargo Bank, N.A. to establish automated privileges for my (our) account. **Multiple Owners:** I (We) understand that after all registered holders have signed authorizing the account for automated privileges, any registered holder may solely authorize Wells Fargo Bank, N.A. to process the transaction pursuant to the automated instructions. Please select your four-digit numeric personal identification number (PIN) by writing one number in each box provided below. Document this PIN for future automated request transactions.

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(use numeric digits 0-9 only)

It is the responsibility of the shareowner to safekeep their personal identification number, account number and other confidential account information.

8. Account Authorization Signature (required) **IMPORTANT: ALL JOINT OWNERS MUST SIGN.**

By completing and signing this form, I (we) certify that I (we) have received and read the Rockwell Collins, Inc. Plan Brochure/Prospectus and hereby request that, for new shareholders, the above account be enrolled in the Plan, or, for current shareholders, the above account be modified to reflect all the elections made above. I (We) understand that participation is subject to the terms and conditions of the Plan as set forth in the brochure/prospectus and that enrollment may be discontinued at any time by automated service or by written notice to Wells Fargo Bank, N.A. I (We) further understand that all dividends paid on the shares registered in my (our) name and held in my (our) Plan account will be reinvested or paid in cash as selected above. I (We) hereby appoint Wells Fargo Bank, N.A. as agent for applying dividends, if applicable, and any investments I (we) may make to the purchase of shares under the Plan.

For new shareholders: Under penalties of perjury, I (we) certify that: The number shown in Section 1 of this form is the correct Social Security Number or Tax ID Number and I (we) am (are) not subject to backup withholding, either because (1) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of failure to report all interest or dividends, or (2) the IRS has notified me that I (we) am (are) no longer subject to backup withholding.

- Check this box if you have been notified by the IRS that you are subject to backup withholding because of underreporting of interest or dividends on your tax returns.

MY (OUR) SIGNATURE(S) BELOW INDICATES I (WE) HAVE READ THE ROCKWELL COLLINS, INC. PLAN BROCHURE/PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN.

Signature of Owner

Date (month, day, year)

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Signature of Joint Owner

Date (month, day, year)

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Signature of Second Joint Owner

Date (month, day, year)

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Mail completed form to:
Wells Fargo Shareowner Services
P.O. Box 64856
St. Paul, MN 55164-0856

**Rockwell
Collins**