



Account Number:

Account number input boxes

- I am a current Motorola Solutions, Inc. shareholder. Please print your account number. Do NOT complete Section 1.
I am NOT a current Motorola Solutions, Inc. shareholder. Please begin by completing Section 1 below.

1. Account Registration Complete only one section. Print clearly in CAPITAL LETTERS.

A. NAME OF ENTITY/INDIVIDUAL/SOLE PROPRIETOR OR JOINT ACCOUNT

Name input boxes

Owner's Social Security Number (used for tax reporting) Owner's Date of Birth Month Day Year

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 restricted by applicable state law or otherwise indicated.

- Joint Tenants with rights of survivorship Tenants in common Tenants by entirety Community property

Joint Owner's Name input boxes

Joint Owner's Social Security Number Joint Owner's Date of Birth Month Day Year

Joint Owner's Social Security Number and Date of Birth input boxes

FOR TRANSFER ON DEATH REGISTRATION (TOD) ONLY - Beneficiary name Beneficiary cannot be Owner or Joint Owner.

Beneficiary name input boxes

B. GIFT TRANSFER TO A MINOR

Custodian's Name

Custodian's Name input boxes

Minor's Name

Minor's Name input boxes

Minor's Social Security Number (required) Minor's Date of Birth Month Day Year Custodian/Minor State

Minor's Social Security Number and Date of Birth input boxes

C. TRUST/ESTATE - 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 Employer Identification Number Date of Trust Month Day Year Situs State

Trust Employer Identification Number and Date of Trust input boxes

FOR ORGANIZATION OR BUSINESS ENTITY SEE PAGE 2





6.

Account Authorization Signature/Form W-9 Request for Taxpayer Identification Number and Certification (required)

Certification – Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person as defined below.
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. (this does not apply to accounts located in the U.S.)

Definition of U.S. Person: For federal tax purposes, you are considered a U.S. person if you are (1) An individual who is a U.S. citizen or U.S. resident alien, (2) A partnership, corporation, company or association created or organized in the United States or under the laws of the United States, (3) an estate (other than a foreign estate), or (4) A domestic trust (as defined in regulation 301.7701-7)

Backup Withholding – The Internal Revenue Service (IRS) requires us to withhold taxes for the applicable rate of federal backup withholding for U.S. persons without a Taxpayer Identification Number (TIN) or without a “certified” number. This withholding of tax is called Backup Withholding and may be applied to disbursements for interest, dividends, broker and barter exchange transactions, royalties, etc. Supplying us with your correct TIN associated with the account on the 1st page of this form, along with the appropriate signature will generally allow you to receive your payments without being subject to backup withholding. Failure to supply your TIN, or supplying us with an incorrect TIN could result in a penalty being assessed by the IRS.

Notification of Backup Withholding – Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

This form must be signed and dated as acceptance for proper certification or it will be returned to the requestor.

NOTICE TO NON-RESIDENT ALIENS, INDIVIDUALS OR FOREIGN ENTITIES (e.g., foreign corporation, partnership or trusts): DO NOT COMPLETE THE ABOVE SUBSTITUTE FORM W-9. COMPLETE W-8 FORM OR APPLICABLE IRS W-8 FORM SERIES LOCATED AT www.irs.gov or call 1-800-704-4098 FOR A COPY OF THE W-8 FORM. COMPLETE AND RETURN THE FORM W-8, CERTIFICATION OF FOREIGN STATUS. FAILURE TO DO SO WILL SUBJECT YOU TO FEDERAL BACKUP WITHHOLDING AT THE CURRENT APPLICABLE RATE.

By completing and signing this form, I (we) certify that I (we) have received and read the Motorola Solutions, 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 Equiniti Trust Company, LLC. 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 authorize Equiniti Trust Company, LLC to apply dividends, if applicable, and any investments I (we) may make to the purchase of shares under the Plan.

MY (OUR) SIGNATURE(S) BELOW INDICATE(S) I (WE) HAVE READ THE MOTOROLA SOLUTIONS, INC. PLAN BROCHURE/ PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN. IMPORTANT: ALL JOINT OWNERS MUST SIGN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Owner

[Signature box for Owner]

Date (month, day, year)

[Date box for Owner]

T

Signature of Joint Owner (if applicable)

[Signature box for Joint Owner]

Date (month, day, year)

[Date box for Joint Owner]

Signature of Second Joint Owner (if applicable)

[Signature box for Second Joint Owner]

Date (month, day, year)

[Date box for Second Joint Owner]

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

