

Account Maintenance Form



Instructions

Please use this form to make any of the following changes:

- Account Owner Information
- Address Change(s)
- New Designated Beneficiary Information
- Successor Account Owner Information
- Subsequent Contributions
- Elected Investment Allocation
- Systematic Exchange
- Bank Account Information

Indicate below any changes that you wish to make on your State Farm College Savings Plan account. Complete the requirements listed under each applicable change, and fill out only those section(s) that apply. If you have questions or would like help completing this form, call a State Farm College Savings Plan Representative at **1-800-321-7520**. Information is also available online at **www.statefarm.com**.

1 | Account Owner Information

A Social Security Number is required in order for any request to be processed.

- Transfer account to new Account Owner (complete all items in Sections 1 and 9). A request for this type of change must be accompanied by a Medallion Signature Guarantee on this form (see Section 10). A completed Account Application signed by the new Account Owner must be submitted for the change to be complete.
- Account Owner Name change due to change of status (attach a copy of documentation of the qualifying event and complete Section 9).

Please enter the existing registration information below.

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security or Taxpayer ID Number
_____			_____
Street Address (no P.O. Boxes)			Account Number
_____	_____	_____	
City	State	Zip	

2 | Address Change(s)

Indicate Address Change. **Account Owner**

_____	_____	_____	() _____
New Street Address (no P.O. Boxes)			Daytime Phone Number
_____	_____	_____	() _____
City	State	Zip	Evening Phone Number

Email Address			

Designated Beneficiary (If Beneficiary address is the same as Account Owner's, write "same" below.)

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Email Address
_____			() _____
Street Address (no P.O. Boxes)			Daytime Phone Number
_____	_____	_____	() _____
City	State	Zip	Evening Phone Number

3 | New Designated Beneficiary Information

All information is required in order to process a change of Beneficiary request.

The new Designated Beneficiary must be a “member of the family” of the current Designated Beneficiary, as defined in the Enrollment Handbook. If the new Designated Beneficiary is NOT a “member of the family,” you must instead complete a State Farm College Savings Plan Withdrawal Request Form, as the transaction may be considered a nonqualified withdrawal that is subject to income tax and a 10% additional tax on earnings.

Beneficiary's First Name _____ Middle Initial _____ Last Name _____ Male Female

Street Address (no P.O. Boxes) _____ Social Security or Taxpayer ID Number _____

City _____ State _____ Zip _____

Relationship to Account Owner _____ Anticipated Year of College Enrollment _____ Date of Birth (mm/dd/yyyy) _____

U.S. Citizen/Resident alien (Nonresident aliens are not eligible to participate in the program.)

4 | Successor Account Owner Information

All information is required in order to add a Successor Account Owner.

You may name a successor Account Owner for this account. In the event of your death or disability, ownership of all assets in the account will be transferred to the Successor Account Owner. If you do not designate a Successor Account Owner, upon your death, your estate will be the Account Owner for this account. A Successor Account Owner will assume all rights with respect to the account that the previous Account Owner had. Enforceability of a Successor Account Owner designation may vary by state. Check with your estate planning attorney.

Designate a new Successor Account Owner using the information provided below. This designation overrides any previous designation(s). I certify that the Successor Account Owner is a U.S. citizen/Resident alien. (Nonresident aliens are not eligible to participate in the program.)

_____ % or Dollar Amount to Transfer

Successor Account Owner/ Entity Name _____ Middle Initial _____ Last Name _____ Male Female

Street Address (no P.O. Boxes) _____ Date of Birth (mm/dd/yyyy) _____

City _____ State _____ Zip _____ Social Security or Taxpayer ID Number _____

_____ () _____ () _____
Email Address Daytime Phone Number Evening Phone Number

Revoke the current Successor Account Owner without designating a new Successor Account Owner.

5 | Subsequent Contributions

Contributions of \$50 or more may be made through an Automatic Investment Plan.

Check: \$ _____
Make check payable to “The State Farm College Savings Plan , FBO [Name of your Designated Beneficiary].” **We will not accept third-party checks.**

Automatic Investment Plan (AIP)
Through your State Farm College Savings Plan, you can have funds transferred electronically—on a regular basis— from a bank, savings and loan or credit union account to your State Farm College Savings Plan account. Complete all the information below. You must also complete Bank Account Information in Section 8.

I would like to update my existing automatic investment plan.
 I would like to establish a new automatic investment plan.
Amount invested each period (\$50 minimum per portfolio): _____
Frequency (check one): Monthly Quarterly
Timing: Invest funds on the _____ day of the month. (If not provided, the investment will occur on the 10th of the month.)
(Your first contribution will be deposited on the first available day of the contribution cycle selected, from the date of receipt of your application.)

One-time Electronic Funds Transfer (Automated Clearing House (ACH)) Option
Electronic transfer immediately from your bank account. You must complete Bank Account Information in Section 8.

I would like to update my existing ACH option.
 I would like to establish a new ACH option.

Please choose one of the following for your one-time Electronic Funds Transfer:

- Allocate my contribution as per my current Elected Investment Allocation.
- Please allocate my one-time contribution as per the percentages below:

Portfolio Option	New Allocation
Years to College Portfolio	%
Growth Portfolio	%
Moderate Growth Portfolio	%
Balanced Portfolio	%
Money Market Portfolio	%
Total	100%

6 | Elected Investment Allocation

Please indicate by percent your new investment allocation. This will replace your current allocation. Investment changes to existing assets held in your Designated Beneficiary's account are permitted once per calendar year unless there is a change to the new Designated Beneficiary.

Portfolio Option	New Allocation
Years to College Portfolio	%
Growth Portfolio	%
Moderate Growth Portfolio	%
Balanced Portfolio	%
Money Market Portfolio	%
Total	100%

7 | Systematic Exchange

(Pick Portfolio for initial contribution. Minimum of \$1,000 in originating Portfolio.)

You can automatically reallocate funds from one or more State Farm College Savings Plan investment portfolio(s) to one or more different investment portfolio(s) on a monthly, quarterly or annual basis on a date selected by you completing the section below. Altering or stopping a Systematic Exchange may trigger your once-per-calendar-year reallocation as currently allowed by tax rules. For more detailed information about this feature, please see the Enrollment Handbook.

From which investment portfolio: _____

To which investment portfolio: _____

Exchange amount (\$100 minimum): \$ _____

Exchange frequency (choose one):

Monthly, beginning (specify month and date): _____

Quarterly, to be paid in March, June, September and December (specify date): _____

Annually, on (specify month and date): _____

Start date (mm/dd/yyyy): _____

When would you like to stop making exchanges?

Do not stop Stop date (mm/dd/yyyy): ____ / ____ / ____

If no stop date is chosen, the default is to continue exchanges until the originating Portfolio balance falls below the amount of the exchange.

The Systematic Exchange Plan will begin immediately upon receipt of this application in proper form. Unless specified above, exchanges will be made on the 10th day of the month or the 10th day of the first month of the quarter. If the exchange date is a weekend or holiday, the exchange will occur on the preceding business day. If no amount is indicated, the exchange will be done for \$100 on the date you have chosen. If an exchange frequency of annually is selected and no month is listed, the exchange will be made in December.

8 | Bank Account Information

Bank account information is required to establish an automatic investment plan or a transfer from your bank account.

Your bank account will be debited on the date selected or the next business day following the weekend or holiday. Please allow 10 days to process debits from your account.

Checking Savings

If I change banks, I agree to notify The State Farm College Savings Plan in writing. I agree to provide adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because of insufficient funds or share balance or because either account has been closed, this service will be canceled by The State Farm College Savings Plan and I agree to return promptly any amount overpaid to me from a redemption of shares purchased with that payment. I understand that any of the features and privileges described herein may be modified, suspended or canceled by The State Farm College Savings Plan or the applicable fund at any time without notice and that all services described herein are subject to the terms of the applicable Enrollment Handbook, which I acknowledge I have received and read.



X _____ X _____
Signature(s) of Bank Account Owner(s)

YOU MUST ENCLOSE A VOIDED CHECK OR A PREPRINTED SAVINGS SLIP FOR A SAVINGS ACCOUNT.

9 | Account Agreement and Signature

I certify that the information I have provided, and all future information I will provide with respect to my State Farm® College Savings Plan account, is true, complete, and correct. I have received, read, and agree to the terms set forth in the Enrollment Handbook.

I understand that if I am changing the Successor Account Owner in Section 4, I certify that it is my intent to revoke the Successor Account Owner and name a new Successor Account Owner, or designate a Successor Account Owner for the first time. I have read the Enrollment Handbook and understand that instructions provided on this form override any Successor Account Owner instructions included in a will or codicil. I agree to notify my Successor Account Owner of his/her status, and I will indicate that a certified copy of a death certificate or other legally acceptable proof of death identifying the Account Owner by name will be presented to OFI Private Investments Inc.

Signature of Account Owner

Date

Before you mail, have you: Entered all required information in Section 1?

Signed this form in Section 8 if setting up an automatic investment plan?

Included a voided preprinted check or savings account deposit slip if applicable?

Signed this form in Section 9?

10 | Medallion Signature Guarantee (required if transferring account to new account owner)

The signature of the person executing this power must be guaranteed by an Eligible Guarantor Institution such as a Commercial Bank, Trust Company, Securities Broker-Dealer, Credit Union, or a Savings Association participating in a Medallion program approved by The Securities Transfer Association, Inc. Unfortunately, no other form of signature verification can be accepted.

Medallion Guarantee Imprint

Date (mm/dd/yyyy)

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Mail completed form to the following address:

Mailing Address:

The State Farm College Savings Plan
PO Box 173865
Denver, CO 80217-3865

Overnight Mailing Address:

The State Farm College Savings Plan
12100 East Iliff Avenue, Suite 300
Aurora, CO 80014



State Farm VP Management Corp. is a separate entity from those State Farm entities which provide banking products and insurance products. Accounts in the plan are not guaranteed or insured by State Farm, OFI Private Investments Inc., the State of Nebraska, First National Bank of Omaha, any of their respective affiliates, directors, officers, or agents, or any other entity. Investments in the plan may lose value.



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Program Trustee