



# Withdrawal Request Form

Please complete this form to request a withdrawal from your State Farm® College Savings Plan account. A separate form must be completed for each Account from which you would like to make a withdrawal.

If you have questions or would like help completing this form, call a State Farm College Savings Plan Representative at **1-800-321-7520**. Return this form and any required documents to:

The State Farm College Savings Plan  
P.O. Box 173865  
Denver, CO 80217-3865

## 1 | Account Information

The following information is needed for any type of withdrawal being requested.

Account Owner's or Custodian's or Entity's First Name	Middle Initial	Last Name	
Account Number	Social Security/Taxpayer ID Number		
If Trust, Trustee Name	Middle Initial	Last Name	Date of Trust (mm/dd/yyyy) (   )
Street or P.O. Box Number	Daytime Phone Number (   )		
City	State	Zip	Evening Phone Number
Designated Beneficiary's Name	Middle Initial	Last Name	Social Security/Taxpayer ID Number
Street or P.O. Box Number			
City	State	Zip	

## 2 | Withdrawal Information

Please complete this section if you are requesting a withdrawal from your State Farm® College Savings Plan.

**Type of Withdrawal**

☐ **Qualified Withdrawal**

The withdrawal is for a Qualified Higher Educational Expense of the Beneficiary for attendance or enrollment at an eligible educational institution.

The earnings portion of the withdrawal is exempt from federal income taxes and may also be exempt from state income tax.

An *eligible educational institution* is eligible to participate in the Department of Education student aid programs under the Higher Education Act (as in effect on August 5, 1997, as amended).

A Qualified Higher Education Expense includes:

- Tuition and fees
- Room and Board (if the Beneficiary is attending on at least a half-time basis). The withdrawal cannot exceed the greater of (a) The room and board allowance posted by the institution, or, (b) if living in housing owned or operated by the eligible educational institution, the actual invoice amount charged for room and board.
- Books, supplies and equipment required for the Beneficiary's enrollment or attendance.

☐ **Non-Qualified Withdrawal**

A withdrawal that will not be used for Qualified Higher Education Expenses. The earnings portion of the withdrawal is subject to federal income taxes and any applicable state income tax as well as an additional 10% federal income tax.



**Amount of Withdrawal**

- ☐ Full Withdrawal—This distribution will liquidate all shares of all portfolio(s) in my account
- ☐ Partial Withdrawal—\$ \_\_\_\_\_. This distribution amount will be liquidated proportionately from among my current Elected Investment Allocation (EIA)
- ☐ Partial Withdrawal—As listed below:

Name of Portfolio Option	Dollar Amount	or	Total Balance (check if applicable)
_____	\$ _____		<input type="checkbox"/>
_____	\$ _____		<input type="checkbox"/>
_____	\$ _____		<input type="checkbox"/>
_____	\$ _____		<input type="checkbox"/>
_____	\$ _____		<input type="checkbox"/>
_____	\$ _____		<input type="checkbox"/>
_____	\$ _____		<input type="checkbox"/>

**3 | Payment Instructions**

Indicate payment type requested. (Choose only one.)

- ☐ **Account Owner on Record**  
Check will be made payable to the Account Owner and sent to the address on record.
- ☐ **Designated Beneficiary on Record**  
Check will be made payable to the Designated Beneficiary and sent to the address on record.
- ☐ **Direct Payment to an Institution**

_____	_____
Name of Eligible Post-Secondary Institution	For Account of: Name of Designated Beneficiary
_____	_____
Social Security/Taxpayer ID Number	Student ID Number (If Available)
_____	_____
Mailing Address	City State Zip

- ☐ **Direct Payment to Your Bank** (please include a voided check)  
Your bank account will be credited within three to five business days from the date selected on this form.

If I change banks, I agree to notify The State Farm College Savings Plan promptly in writing. I agree to give adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because the 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. 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 portfolio at any time without notice and that all services described herein are subject to the terms of the Enrollment Handbook, as amended from time to time, which I acknowledge I have received and read. I further agree that The State Farm College Savings Plan will not be liable for any loss, liability, cost or expenses for acting upon my written instructions, except to the extent permitted by applicable law.



Attach preprinted voided check here. Please do not staple.

We cannot establish options to transfer money electronically between your bank and fund accounts without pertinent bank information.



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

☐ **Systematic Withdrawal Option**—To make automatic withdrawals from your account.

Amount withdrawn each period: \$\_\_\_\_\_

Please check frequency: ☐ Monthly ☐ Quarterly ☐ Annually

On the \_\_\_\_\_ day of the month. (If not provided, the default will be the 10th of the month.)

Account Owner must have at least \$1,000 invested in the portfolio from which a systematic withdrawal is to be made at the time of the withdrawal.

#### 4 | Signature Authorization

I certify that the information I have provided with respect to my State Farm College Savings Plan account is true, complete and correct. I authorize OFI Private Investments Inc. to process the disbursement from The State Farm College Savings Plan account indicated in this instruction. I agree that the applicable portfolio, OFI Private Investments Inc. and any of their affiliates, and any officers, directors, employees, or agents of these entities (collectively OFI Private Investments Inc.), will not be liable for any loss, cost, or expense for acting upon my instructions, if it follows reasonable procedures designed to prevent unauthorized transactions.

I understand that OFI Private Investments Inc. and The State Farm College Savings Plan do not determine whether a withdrawal is qualified or not. Receipts and other forms of substantiation do not need to be submitted to the program. I acknowledge that I am responsible for reporting this distribution in accordance with the current IRS rules, including applicable penalties, and further acknowledge that, even though this withdrawal was processed, it may not be considered qualified by the IRS.

You must sign and date below to complete this request.

\_\_\_\_\_  
Signature of Account Owner, Custodian or Trustee

\_\_\_\_\_  
Date



## 5 | Signature Guarantee

A Signature Guarantee is a warranty by a participant in a Securities Transfer Association Signature Guarantee Program that the signature is genuine and that the person signing is competent and authorized to sign. Many domestic banks or trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies or savings associations participate in such programs.

**A Signature Guarantee is required if you:**

- Withdraw more than \$100,000
- Are requesting a withdrawal and your address of record has changed within 30 days of the date of withdrawal
- Are requesting a withdrawal with payment to a bank whose information is not currently established on this account

Your signature(s) must correspond in every particular, without alteration, with your name(s) as printed on the current account registration.

**Acknowledgment of signature by a notary public is NOT acceptable. Please affix Signature Guarantee ink stamp below with appropriate signature, title of officer and date.**

Affix medallion stamp here.

X

Signature Guarantee (if required)

**Before you mail, have you:**

- ☐ Entered all Account Owner and Designated Beneficiary information in Section 1?
- ☐ Included a voided preprinted check or savings account deposit slip (if applicable)?
- ☐ Signed your Withdrawal Request?
- ☐ Obtained a Signature Guarantee (if applicable)?

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