

## Certification of a Special Needs Designated Beneficiary

## State Farm Mutual Funds® Coverdell Education Savings Account

This form is used to certify the Designated Beneficiary on a Coverdell Education Savings Account (ESA) as a Special Needs Designated Beneficiary.

If you have any questions or need additional information before completing this form, please call 1 800 447 4930.

## 1 DEFINITION OF A SPECIAL NEEDS DESIGNATED BENEFICIARY

A Special Needs Designated Beneficiary is an individual who regardless of age requires additional time to complete his or her education due to physical, mental, or emotional condition, including a learning disability.

Consult a competent tax advisor to determine if the Designated Beneficiary qualifies as a Special Needs Designated Beneficiary.

2 DESIGNATED BENEFICIARY INFORMATION				Minor or Special Needs Beneficiary	
FIRST NAME	М	l	LAST NAME	for whom the account is established	
SOCIAL SECURITY NUMBER		AC	COUNT NUMBER		
3 RESPONSIBLE INDIVIDUAL INFORMATION				named by the Depositor who is authorized act on behalf of the Designated Beneficiary	
FIRST NAME	М	I	LAST NAME		
MAILING ADDRESS			<u> </u>		
CITY	\$		ATE	ZIP CODE	
TELEPHONE (include area code)		SOCIAL SECURITY NUMBER			
4 SIGNATURE OF THE RESPONSIBLE INDIVIDUAL hereby certify that the Designated Beneficiary Designated Beneficiary as defined in the regular responsibility for any consequences arising from responsible.	on this ations iss	suec	d by the Department of	of Treasury. I expressly assume	
Responsible Individual's Signature				Date	
Please mail all signed completed forms to:	State Farm Mutual Funds P.O. Box 219548 Kansas City, Missouri 64121-9548				

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