

 **State Farm Mutual Funds®**  
**Coverdell Education Savings Account Application**

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Please carefully read and complete all applicable sections of this *Application* prior to submission.

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

**1 ACCOUNT INFORMATION**

<b>Designated Beneficiary's Information</b> (Individual under age 18 or Special Needs Beneficiary for whom account is being established)				<b>Responsible Individual's Information</b> (Individual named by the Depositor who is authorized to act on behalf of the Designated Beneficiary; controls the account and whose address of record is the official mailing address for the account)			
FIRST NAME			MI	FIRST NAME			MI
LAST NAME				LAST NAME			
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MONTH/DAY/YEAR)		SOCIAL SECURITY NUMBER		DATE OF BIRTH (MONTH/DAY/YEAR)	
CITIZENSHIP <input type="radio"/> United States <input type="radio"/> Resident Alien		MARITAL STATUS <input type="radio"/> Single <input type="radio"/> Married		CITIZENSHIP <input type="radio"/> United States <input type="radio"/> Resident Alien			
<b>Depositor's Information</b> (if different from Responsible Individual)							
FIRST NAME			MI	LAST NAME			
MAILING ADDRESS							
CITY					STATE	ZIP CODE	
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MONTH/DAY/YEAR)		TELEPHONE NUMBER			

**2 ADDRESS**

This should be the Responsible Individual's address and will be the address of record for all mailings

MAILING ADDRESS				
CITY			STATE	ZIP CODE
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS OR MAILING ADDRESS IS A PO BOX)				
CITY			STATE	ZIP CODE
TELEPHONE (include area code)				
IS THE DESIGNATED BENEFICIARY, RESPONSIBLE INDIVIDUAL, OR DEPOSITOR AN EMPLOYEE OR ASSOCIATE OF A MEMBER FIRM OF THE FINRA? <input type="radio"/> Yes <input type="radio"/> No				
PAPER APPLICATIONS - IS THE RESPONSIBLE INDIVIDUAL A STATE FARM® CUSTOMER? <input type="radio"/> Yes <input type="radio"/> No		IF YES, NAME OF AGENT:		

Is the Designated Beneficiary, Responsible Individual, or Depositor a State Farm VP Management Corp. (SFVPMC) <b>Registered</b> State Farm Agent, Field Sales Associate (FSA), Sales Associate Manager (SAM), Sales Leader (SL), or a spouse, lineal ascendant, lineal descendant, lineal descendant's spouse, sibling or sibling's spouse of any of the foregoing?	<input type="radio"/> Yes <b>*Institutional shares apply.</b> See asterisk below and proceed to Section 3.	<input type="radio"/> No Go to next question.
Is the Designated Beneficiary, Responsible Individual, or Depositor a current <b>(non-registered)</b> or retired State Farm Agent, a current or retired employee of State Farm, a State Farm VP Management Corp. (SFVPMC) Registered Representative who works for a State Farm Agent, or spouse, lineal ascendant or lineal descendant of any of the foregoing?	<input type="radio"/> Yes <b>*Retail shares at net asset value apply.</b> See asterisk below.	<input type="radio"/> No <b>Retail shares at public offering price apply.</b>

\* If "Yes" applies to either question above you must attach an **Institutional Share Class Eligibility or Purchase at Net Asset Value form**. To acquire this form please contact a (SFVPMC) Registered State Farm Agent or call 1-800-447-4930. If Institutional Shares apply, please read the *State Farm Mutual Fund Trust Institutional Shares Prospectus*, the *Fees Applicable to Institutional Class Shares of State Farm Mutual Funds and Retirement Savings Plans* document, and the *Information on Appropriate Investments for Retirement Savings Plans* document prior to completing this application. You may obtain a copy of these materials by contacting your Registered State Farm Agent. When completing your fund selections, do not indicate a share class; you will purchase Institutional class shares simply by indicating your dollar amount contribution among the fund(s).

### 3 FUND SELECTION AND CONTRIBUTION OPTIONS

#### A. Transfers

State Farm can only accept liquidated transfer or rollover assets in the form of a check made payable to "State Farm Mutual Funds." State Farm cannot accept transfer or rollover funds in the form of stock certificates or in any other form.

- \*Indirect Rollover from another Coverdell Education Savings Account (ESA). Enclose check made payable to State Farm Mutual Funds.
- Transfer of assets from another Coverdell Education Savings Account (ESA). Please complete and submit the *ESA Transfer Request* form with this *Application*.

\* To determine if your rollover qualifies as a tax-free transaction, please see the *State Farm Mutual Funds Coverdell Education Savings Account Disclosure Statement* and consult your tax advisor.

#### B. Initial Investment (required)

Please complete this section to choose your fund selection for your initial investment. Minimum initial investment is **\$250.00 for each fund**. If subsequent investments will be made by Automatic Investment Plan (AIP), the initial investment by check or Electronic Funds Transfer (EFT) must be a minimum of **\$50.00 per fund**, and you must complete sections 3C and 5.

Redemptions are restricted for this purchase for a minimum of 10 calendar days beginning when the money is received by the processing center.

Please read the *Prospectus* carefully before investing.

I have enclosed a check made payable to State Farm Mutual Funds

One-time Electronic Funds Transfer (EFT)  
(attach voided check in Section 5.)

Fund Name	Class A or Class B	Current Year Dollar Amount	*Prior Year Dollar Amount	Indirect Rollover Amount	Transfer Allocation
LifePath 2050 <sup>®**</sup> Fund	<input type="radio"/> 1455	\$ _____	\$ _____	\$ _____	_____ %
LifePath 2040 <sup>®**</sup> Fund	<input type="radio"/> 1454 <input type="radio"/> 1654	\$ _____	\$ _____	\$ _____	_____ %
LifePath 2030 <sup>®**</sup> Fund	<input type="radio"/> 1453 <input type="radio"/> 1653	\$ _____	\$ _____	\$ _____	_____ %
LifePath 2020 <sup>®**</sup> Fund	<input type="radio"/> 1452 <input type="radio"/> 1652	\$ _____	\$ _____	\$ _____	_____ %
LifePath <sup>®**</sup> Retirement Fund	<input type="radio"/> 1450 <input type="radio"/> 1650	\$ _____	\$ _____	\$ _____	_____ %
Small/Mid Cap Equity Fund	<input type="radio"/> 1441 <input type="radio"/> 1641	\$ _____	\$ _____	\$ _____	_____ %
Small Cap Index Fund	<input type="radio"/> 1444 <input type="radio"/> 1644	\$ _____	\$ _____	\$ _____	_____ %
International Equity Fund	<input type="radio"/> 1442 <input type="radio"/> 1642	\$ _____	\$ _____	\$ _____	_____ %
International Index Fund	<input type="radio"/> 1445 <input type="radio"/> 1645	\$ _____	\$ _____	\$ _____	_____ %
Equity Fund	<input type="radio"/> 1440 <input type="radio"/> 1640	\$ _____	\$ _____	\$ _____	_____ %
S&P 500 <sup>®</sup> Index Fund	<input type="radio"/> 1443 <input type="radio"/> 1643	\$ _____	\$ _____	\$ _____	_____ %
Equity and Bond Fund	<input type="radio"/> 1446 <input type="radio"/> 1646	\$ _____	\$ _____	\$ _____	_____ %
Bond Fund	<input type="radio"/> 1447 <input type="radio"/> 1647	\$ _____	\$ _____	\$ _____	_____ %
Money Market Fund	<input type="radio"/> 1449	\$ _____	\$ _____	\$ _____	_____ %
<b>Total</b>		<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>_____ %</b>

S&P 500<sup>®</sup> is a trademark of the McGraw-Hill Companies, Inc. and has been licensed for use by State Farm Mutual Fund Trust. State Farm S&P 500 Index Fund (the "Fund") is not sponsored, endorsed, sold or promoted by Standard & Poor's and Standard & Poor's makes no representation regarding the advisability of investing in the Fund.

\* Must be postmarked on or before the tax filing deadline excluding extensions.

\*\* LifePath<sup>®</sup>, LifePath 2020<sup>®</sup>, LifePath 2030<sup>®</sup>, LifePath 2040<sup>®</sup>, and LifePath 2050<sup>®</sup> are all registered trademarks of BlackRock Institutional Trust Company, N.A.

**C. Automatic Investment Plan (AIP)**

Allows you to make regular investments in a Fund through an electronic transfer of funds from your bank/credit union account. If the starting date you indicate below is within 30 days of an initial investment by EFT, we will begin your AIP the following month. Unless specified below, investments will be made on the **5th** calendar day of the month, (**5th** and **20th** if semi-monthly). If the **5th** or **20th** (or day you select) is a holiday or weekend, investments will be made the next business day. **Contributions will be applied to current calendar year only.**

A \$50.00 minimum initial investment is required if AIP is established. Accounts will not be opened without a minimum initial investment. **Until you meet the \$250.00 initial investment minimum per fund, a \$50.00 per fund, per month investment is required. After reaching \$250.00, the minimum AIP accepted will be \$50.00 per fund, per frequency.**

Note: It is your responsibility to make sure you do not exceed the annual contribution limit as defined in the Internal Revenue Service Publication 970 and the Disclosure Statement.

Frequency\* :

- Every month or 
  January 
  February 
  March 
  April 
  May 
  June  
 July 
  August 
  September 
  October 
  November 
  December

\*If you do not select a frequency above, your AIP will default to every month.

Month to begin investment \_\_\_\_\_

Fund	Class A or B	Amount	Day(s) of the month to invest	Fund	Class A or B	Amount	Day(s) of the month to invest
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**D. Reduced Sales Charge Options**

Consult the Reduced Sales Charge Options section of the *Prospectus* for more specific information on each option.

**Note: Class A shares must be selected if Reduced Sales Charge Options apply.**

**1. Combined Purchases/Rights of Accumulation**

Multiple purchases made at the same time and existing qualified accounts for any of the Funds (excluding money market funds) may be combined for the purpose of receiving a reduced sales charge.

Provide the registration, Social Security Number or Account Number of any related accounts for you, your spouse and children under the age of 21.

Registration or Social Security Number of Qualified Accounts:

\_\_\_\_\_

\_\_\_\_\_

Account Numbers of Qualified Accounts:

ACCOUNT NUMBER	ACCOUNT NUMBER
ACCOUNT NUMBER	ACCOUNT NUMBER

## 2. Letter of Intent (LOI)

Purchases may qualify for a reduced sales charge if you intend to purchase (within 13 months) shares that, if purchased all at once, would qualify. Refer to Reduced Sales Charge Options – Letter of Intent in the *Prospectus* for details.

If there are any related accounts, provide the registration, Social Security Number or Account Number for you, your spouse and children under the age of 21 in the Combined Purchase/Rights of Accumulation section on the previous page.

- I have an existing LOI on related accounts
- I do not want an LOI
- Create new LOI - Fill in Total Intended Purchase Amount below:

### Total Intended Purchase Amount

- \$25,000 - \$49,999       \$100,000 - \$199,999       \$300,000 - \$399,999       \$500,000 or more
- \$50,000 - \$99,999       \$200,000 - \$299,999       \$400,000 - \$499,999

- Are there any purchases made in related accounts in the previous 90 days to receive the reduced sales charge?

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## 4 ACCOUNT SERVICES

Complete section A only if you **Do Not** want these services

**A. Account Privileges** - Your signature on this *Application* authorizes the establishment of these privileges unless you check the appropriate boxes below. Consult the shareholder information section of the *Prospectus* for more information regarding Telephone/Online Privileges. If you would like the Electronic Funds Transfer Purchase option, complete Section 3B and attach a voided check in Section 5.

- I do not want Telephone/Online Redemption Privileges**  
Telephone/Online Redemption allows you to redeem shares by phone or internet. A voided check must be attached in section 5 for EFT delivery method of redemption proceeds.
- I do not want Telephone/Online Exchange Privileges**  
Telephone/Online Exchange allows you to exchange shares of the same class from one Fund to another by phone or Internet.
- I do not want Combined Mailings**  
Combined mailings allow for only one copy of a fund prospectus, fund report, or proxy statement to be sent to an address shared by more than one shareowner. This practice is referred to as "householding" these materials.

## B. Electronic Delivery Consent

Accept the terms of the Electronic Delivery Consent Agreement below:

1. This consent applies to all current and future shareholder and fund information including, but not limited to statements, confirmations, tax forms, funds semi-annual and annual reports, prospectuses, fund proxy statements and newsletters via electronic delivery. A message will be sent to your Email address with instructions on how to access your documents.
2. You can withdraw your consent to receiving documents electronically at any time by calling or writing State Farm Mutual Funds.
3. You can obtain paper copies of electronic documents free of charge at any time by calling or writing State Farm Mutual Funds.
4. You may incur additional costs (for example, printing) and possible risks (for example, system outages) associated with electronic delivery.

E-mail Address: \_\_\_\_\_

- I consent to receive all shareholder and fund information via Email to my Email address.

**5 BANK INFORMATION**

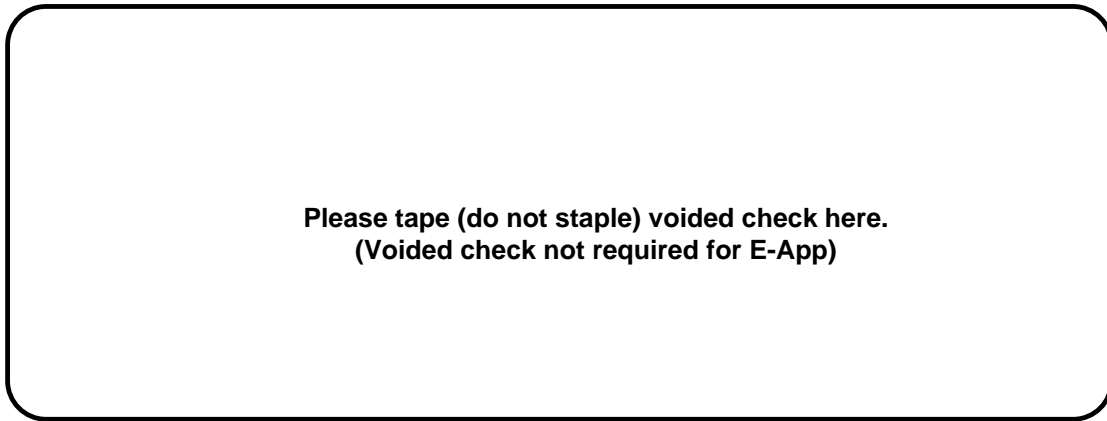
If you have selected Electronic Funds Transfer (EFT) in Section 3B, Automatic Investment Plan (AIP) in Section 3C, or if you would like EFT as a redemption delivery option, please attach a voided check from your bank/credit union account which you authorize funds to be transferred to and from.

By signing this *Application*, I authorize State Farm Investment Management Corp. ("SFIMC"), on behalf of State Farm Bank® to initiate transfers and authorize my Bank/Credit Union (hereafter "Depository") to accept debit entries to my Depository account. SFIMC is authorized to make follow-up attempts in retrieving debit entries that are denied due to insufficient funds and may correct any transaction error with a debit or credit to my Depository account and/or the related mutual fund account. This authorization shall remain in effect until either a Depository account owner or the Responsible Individual provides SFIMC written notification of its revocation at a time that affords SFIMC a reasonable opportunity to implement the request, or until cancelled by SFIMC or Depository.

**Important:** For checking accounts, a voided check is required. For savings accounts, a deposit slip with information necessary to complete electronic funds transfers including: routing number, account number and account registration is required or documentation with complete information on your bank's letterhead.

**Note:** If the Mutual Fund Account owner(s) and the Depository account owner(s) are different, please have each Mutual Fund account owner and at least one Depository account owner sign below and have all signatures notarized; otherwise, the Applicant's/Mutual fund account owner's signature at the end of the application authorizes the EFT.

Checking       Savings



**STARTER AND COUNTER CHECKS WILL BE REJECTED**

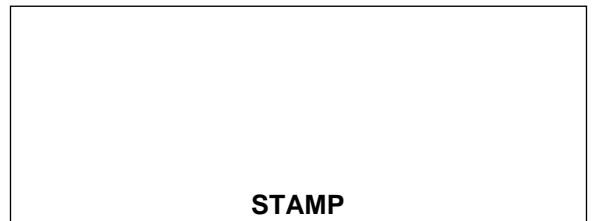
\_\_\_\_\_  
Mutual Fund Account Owner's Signature

\_\_\_\_\_  
Depository Account Owner's Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year



\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_, \_\_\_\_\_  
Month Day Year

## 6 DESIGNATION OF DEATH BENEFICIARY

See Designation of Death Beneficiary Instructions below

PRIMARY BENEFICIARY(IES)	NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
	STREET		CITY		STATE ZIP CODE
	NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
	STREET		CITY		STATE ZIP CODE
	NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
	STREET		CITY		STATE ZIP CODE
SECONDARY BENEFICIARY(IES)	NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
	STREET		CITY		STATE ZIP CODE
	NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
	STREET		CITY		STATE ZIP CODE
	NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
	STREET		CITY		STATE ZIP CODE

### Designation of Beneficiary Instructions

1. The Designation of Beneficiary is deemed valid by the Custodian if the following requirements have been met:
  - a) The death beneficiary information is complete.
  - b) *Application* is signed and dated by the Depositor. Responsible Individual has the right to change future designations.
  - c) *Application* is filed with the Custodian prior to Designated Beneficiary's death.
  
2. To name more than four primary or secondary beneficiaries:
  - a) Attach a separate page and include, for each Death Beneficiary, all of the information required on the form.
  - b) Depositor must sign and date the additional page.
  
3. See the *State Farm Mutual Funds Coverdell Education Savings Account Custodial Account Agreement* for additional provisions.

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**7 SIGNATURE OF THE RESPONSIBLE INDIVIDUAL**

Note: Signatures are required in both Sections 7 and 8 even if the Responsible Individual and the Depositor are the same person

By processing the *Application* and opening the account, State Farm Bank accepts appointment as custodian for this account and agrees to serve in accordance with the provisions of the applicable *State Farm Mutual Funds Coverdell Education Savings Account Custodial Account Agreement* ("*Custodial Account Agreement*"). I certify that I have the power and the authority to select the services requested on the account. I received the *Custodial Account Agreement and its related Disclosure Statement*. I agree to be bound by the terms of the *Custodial Account Agreement* of which this *Application* is a part.

If the Designated Beneficiary is a minor under the laws of the Designated Beneficiary's state of residence, acceptance by the Custodian of the contribution to the Account is expressly conditioned upon the Responsible Individual's acceptance of the rights and responsibilities accorded herein (including those contained in the *Custodial Account Agreement*, of which this *Application* is a part), and the Responsible Individual's agreement to exercise the powers and duties of the Designated Beneficiary, with respect to the Account. Unless the Control Option is selected, upon reaching the age of majority in the state in which the Designated Beneficiary resides, the Responsible Individual is responsible for notifying the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) when the Designated Beneficiary attains the age of majority. Absent such written notice by the Responsible Individual, the Custodian shall have no responsibility to acknowledge the Designated Beneficiary's exercise of such powers and duties of administration.

**I acknowledge that this *Application* contains a pre-dispute arbitration agreement located on page 8 and I agree to its terms.**

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**Responsible Individual's Signature**

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**Date**

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**8 SIGNATURE OF THE DEPOSITOR**

Note: Signatures are required in both Sections 7 and 8 even if the Responsible Individual and the Depositor are the same person

**A. Mutual Funds Disclosure Acknowledgment - (Signature Required)**

By signing, I understand that the State Farm Mutual Fund shares I am purchasing:

ARE NOT INSURED BY THE FDIC; ARE NOT A DEPOSIT OR OTHER OBLIGATION OF ANY BANK AND ARE NOT GUARANTEED BY THE FEDERAL GOVERNMENT; INVOLVE INVESTMENT RISKS, INCLUDING THE POSSIBLE LOSS OF PRINCIPAL INVESTED.

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Depositor's Signature**B. Signature**

I hereby establish a Custodial Account in accordance with all the terms of the *Custodial Account Agreement* and appoint State Farm Bank as custodian in accordance with the provisions of the *Custodial Account Agreement*. By processing the *Application* and opening the account, State Farm Bank accepts appointment as Custodian of this account and agrees to serve in accordance with the provisions of the applicable *Custodial Account Agreement*.

If this is an Indirect Rollover of an ESA, I certify that any assets transferred in kind are the same assets received in the distribution being rolled over; that no rollover into an ESA has been made within the one-year period immediately preceding this rollover; that such distribution was generally received within 60 days of making the rollover to the Account; and that the Designated Beneficiary identified in item 1 is either the person for whose benefit the prior ESA was maintained or a member of such person's family (within the meaning of Internal Revenue Code Section 529 (e)(2)).

If this is an Annual Contribution ESA, I certify that the Designated Beneficiary is less than 18 years old or a Special Needs Beneficiary as outlined in the Internal Revenue Code Section 530, and that all contributions made on the Designated Beneficiary's behalf to this or any other ESA do not exceed the maximum allowed in a single tax year. If this is a Transfer or Rollover of an existing ESA, I certify that the Designated Beneficiary is less than 30 years old or is a Special Needs Beneficiary.

Unless otherwise directed by checking the control option below, at the time the Designated Beneficiary attains the age of majority under state law, in the state in which the Designated Beneficiary resides the Designated Beneficiary becomes the Responsible Individual. The Responsible Individual is responsible for notifying the Custodian when the Designated Beneficiary attains the age of majority. Absent such written notice by Responsible Individual, the Custodian shall have no responsibility to acknowledge the Designated Beneficiary's exercise of such powers and duties of administration.

**Control Option** (This provision is effective only if checked): The Responsible Individual continues to serve as the Responsible Individual for the Custodial Account after the Designated Beneficiary attains the age of majority under state law in the state in which the Designated Beneficiary resides and until such time as all assets have been distributed from the Custodial Account and the Custodial Account terminates. If the Responsible Individual becomes incapacitated, dies, or resigns after the Designated Beneficiary reaches the age of majority under state law in the state in which the Designated Beneficiary resides, the successor Responsible Individual shall be the person named to succeed in that capacity by the preceding Responsible Individual in a witnessed writing or, if no successor is so named, the successor Responsible Individual shall be the Designated Beneficiary's other parent or guardian. In the event the Responsible Individual was not the parent or guardian of the Designated Beneficiary, the successor Responsible Individual shall be a parent or guardian of the Designated Beneficiary.

I certify that I have the power and authority to establish this Account and select the options requested. I received the *Custodial Account Agreement* and its related *Disclosure Statement*.

**I acknowledge that this *Application* contains a pre-dispute arbitration agreement located on page 9 and I agree to its terms.**

\_\_\_\_\_  
Depositor's Signature (Required)

\_\_\_\_\_  
Date

Please mail all signed and completed forms to:

**State Farm Mutual Funds  
P.O. Box 219548  
Kansas City, Missouri 64121-9548**

Thank you for your investment.

You will receive a confirmation statement in the mail.

If you do not have a registered State Farm Agent, one will be assigned to you.

Securities Issued by State Farm VP Management Corp.  
For more information, call 1-800-447-4930.

Neither State Farm nor its agents provide investment, tax, or legal advice.

**Securities products are not FDIC insured, are not bank guaranteed and are subject to investment risk, including possible loss of principal.**

**Registered Representative Use Only**

State/Agent Code: \_\_\_\_\_ Region Code: \_\_\_\_\_

Territory: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Registered Rep. (Agent/Staff) Signature



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## 9 ARBITRATION AGREEMENT

**Required Arbitration Disclosures:** This agreement contains a pre-dispute arbitration clause. By signing an arbitration agreement the parties agree as follows:

1. All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
2. Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
3. The ability of the parties to obtain documents, witness statements, and other discovery is generally more limited in arbitration than in court proceedings.
4. The arbitrators do not have to explain the reason(s) for their award.
5. The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
6. The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
7. The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated in this agreement.

**Arbitration Agreement:** I agree to arbitrate any dispute, claim or controversy that may arise between me and State Farm VP Management Corp., its parents and affiliates, and their officers, directors, employees, agents, independent contractor agents and independent contractor agents' employees relating to this account or in any way arising from my relationship with State Farm VP Management Corp. Such arbitration will be conducted before and according to the arbitration rules of the Financial Industry Regulatory Authority (FINRA) or its successor. Any arbitration award shall be final and binding and judgment on it may be entered in any court having jurisdiction.

No person shall bring a putative or certified class action arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until (i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under the agreement except to the extent stated herein.