StateFarm®

rm° Authorized Agreement for Direct Deposit for Employee Retirement Plan, Deferred Compensation, Non Qualified Retirement Plan(s), and/or Miscellaneous Payments

RETIREMENT FORM #4

Please provide the following information:				
Name		Social Security or	TIN:	
Street Address		-		
City			State	ZIP Code:
Contact Phone Number				I
I hereby authorize State Farm Mutual Automobile Insura initiate credit entries and to initiate, if necessary, adjustr Employee Retirement Plan, Deferred Compensation, So Select One:	ments for any credi	t entries made in	error to my	
\bigcirc THIS AUTHORIZATION APPLIES TO ALL APPLICA	ABLE PAYMENTS	MENTIONED AB	OVE	
\bigcirc THIS AUTHORIZATION APPLIES TO THE FOLLOW	WING APPLICABL	E PAYMENTS:		
☐ Employee Retirement Plan ☐ Deferi	red Compensation			
☐ Non Qualified Retirement Plan(s) ☐ Misce	llaneous Payments	3		
This authority is to remain in effect until State Farm has and in such manner as to afford State Farm and the fina received written notification of the cancellation of direct Please provide the following information:	ancial institution a r	easonable opport	unity to act	on it or until I have
Financial Institution Name		Phone Number		
City			State	ZIP Code:
Select One:	rings Account			
Routing Number (1st 9 positions on bottom of check)	Account Number	er		
* For deposit to a checking account, please submit a voided or	photocopied check with	n this authorization. A	deposit slip is	NOT acceptable.
Select One: First Time Direct Deposit or	○ Change of Final	ncial Institution or	Account N	umber
Participant's Signature		D	ated	
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FOR OFFICE USE ONLY		01 02	2	07
Date Keyed	Initials	<u> </u>		,
Date Audited	Initials			

Direct Deposit Information

- This Direct Deposit Authorization applies to all payments from the following plans unless otherwise specified:
 - State Farm Insurance Companies Retirement Plan for United States Employees
 - 2. Deferred Compensation
 - 3. Non Qualified Retirement Plan(s)
 - 4. Miscellaneous Payments
- Direct Deposit at State Farm is accomplished through a national network of banking institutions known as the National Automated Clearing House Association (NACHA). The Association is made up of Member Banks, Savings and Loan Associations, Credit Unions, etc.
- The financial institution (including any State Farm Credit Union) to which you deposit must be a member of the Federal Reserve or have some means of receiving Direct Deposit from the Federal Reserve. Ask your financial institution if they can receive Direct Deposit entries from the Federal Reserve System.
- You should receive credit to your bank account on the payment date.
 On rare occasions, it may be necessary to issue your payment by check.
 If this should occur, you will be notified.
- You will receive a Recap of Payment. This Recap will indicate the payment was deposited to your bank account, the net payment, and any taxes withheld.
- If you change bank accounts, please notify Accounting Benefits or the Human Resources Services Center, immediately.

Human Resources Services Center

Retirement Plan State Farm 2309 E. Oakland Ave. Bloomington, Illinois 61701-5833

Phone: 877-272-1999 Fax: 309-735-3493

Accounting Benefits

State Farm Plaza South Bloomington, Illinois 61710-0002

Phone: 877-825-1122 Fax: 309-766-1897