



Letter of Direction - Mutual Funds Customer Request

This document is to instruct State Farm Mutual Funds® to make the following change(s) to the below referenced account. Please print except where signature is required.

This change is being requested by (your name): _____

Mutual Fund Account Owner Name: _____

Account Number or Plan ID Number: _____

Full Address (as currently listed on the account): _____

City: _____ State: _____ ZIP Code: _____

Daytime Telephone number: _____

Please give detailed instructions on change(s) to be made to your account.

Signature is required

Account Owner, Responsible Individual, Trustee, Custodian, or Beneficiary Signature

Date

Signature is required

Joint Account Owner or Beneficiary Signature (if applicable)

Date

A signature guarantee is a written representation signed by an officer or authorized employee of the guarantor, showing that the signature of the shareowner is genuine. Please take this form to a bank, broker-dealer, or other authorized guarantor to have your signature guaranteed. **A notary cannot be accepted.**

Signature is required

Authorized Guarantor's Signature

Date

Please Print Authorized Guarantor's Name

**Mail completed form to: State Farm Mutual Funds
P.O. Box 219548
Kansas City, MO 64121-9548**

Guarantor's Stamp

For questions contact: (800) 447-4930