Designation or Change of Beneficiary Request

State Farm Mutual Funds® Individual Retirement Accounts, Tax Sheltered Accounts (TSA) under 403(b)(7), or Archer Medical Savings Accounts (MSA).

This form is used to designate or change the Beneficiary(ies) of your **Traditional IRA, Roth IRA, SEP IRA, SIMPLE IRA, TSA, or MSA**. If you wish to establish a transfer on death beneficiary on your non-tax qualified State Farm Mutual Fund account, please call and request a Designation or Change of Transfer on Death (TOD) Beneficiary Form.

By completing this form you revoke any prior death beneficiary designation and name the following as the beneficiary(ies) of this account, subject to your right to change this designation as provided in the applicable Custodial Account Agreement.

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

1 Instructions

1. This form is deemed valid by the Custodian if the following requirements have been met:
   a) The beneficiary information is complete.
   b) It is signed and dated by the Participant.
   c) Your spouse/partner has signed the form - if required.
   d) It is filed with the Custodian prior to your death.
2. To name more than four primary or secondary beneficiaries:
   a) Attach a separate page and include, for each beneficiary, all of the information requested on this form. Have your spouse/partner sign the page, if required.
   b) Sign and date the additional page.
   c) Have your spouse/partner sign the page, if required.
3. See the applicable *State Farm Mutual Funds Custodial Account Agreements* for additional provisions.

2 Participant Information

First Name	MI	Last Name	
Address			Social Security Number
City	State	ZIP Code	
Account Number	Telephone Number	Marital Status ◯ Single ◯ Married	

3 Designation of Beneficiary

(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	
Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
Street	City	State	ZIP Code	

Total = 100%

(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	
Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
Street	City	State	ZIP Code	

Total = 100%

4 Signature(s)

Participant's Signature

Date

Signature of Spouse/Partner (if required*)

*Note: Spouse or partner's signature is required if the spouse/partner is not the sole primary beneficiary for this account and the spouse/partner and/or Participant resides in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin. By signing, the spouse/partner voluntarily and irrevocably consents to the beneficiary designation set forth above and waives all rights he/she may have with respect to the account, except for any rights provided under the applicable Custodial Account Agreement.

Please fax or mail all signed completed forms to: State Farm Mutual Funds
P.O. Box 219548
Kansas City, Missouri 64121-9548

FAX: 1-816-471-4832