



State Farm Life Insurance Company (Not licensed in MA, NY or WI)
Bloomington, IL

State Farm Life and Accident Assurance Company (Licensed in NY and WI)
Bloomington, IL

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Request Letter Variable Products

This Request Letter is a convenient way to request a change in your Variable Universal Life Policy or Variable Deferred Annuity Policy.

If, for any reason, a State Farm® agent is unavailable, you may initiate a change by completing this Request Letter in accordance with its instructions. This form is in four parts: Part (A) should be completed to withdraw values from your policy; Part (B) should be completed to make other changes with regard to your policy, such as a change of address, change of name, or change of ownership; Part (C) should be completed to request a subaccount transaction; Part (D) should be completed to request a change of beneficiary. If additional requests are needed on your policy, refer to the separate forms for Dollar Cost Averaging, Portfolio Rebalancing, Interest Advantage Program (Variable Deferred Annuities only) and/or Term Conversions and Replacements.

THESE FORMS ARE TO BE SENT TO STATE FARM ANNUITIES, VARIABLE AND COMMERCIAL GROUP LIFE OPERATIONS WITHIN THE MUTUAL FUNDS DEPARTMENT, P.O. BOX 2307, BLOOMINGTON, ILLINOIS 61702-2307 OR FAX TO 855-363-7052 (FOR POLICIES PURCHASED IN NY AND WI, FAX TO 855-618-8528). DO NOT SUBMIT YOUR POLICY UNLESS REQUESTED.

For more information about the rules and restrictions that may apply to these requests, please consult the prospectus for the policy. In connection with withdrawals and loans, designate in the "other" section on page 3 the Subaccounts and/or the Fixed Account from which the withdrawal or loan is to be deducted. If no designation is made, the deduction will be processed on a pro-rata basis.

Securities through registered representatives of State Farm VP Management Corp., One State Farm Plaza, Bloomington, Illinois, 61701-0001. State Farm VP Management Corp. is a separate entity from those State Farm entities providing insurance products. **Securities Products are not FDIC insured, are not guaranteed by State Farm Bank® and are subject to investment risk, including possible loss of principal.**

Part (A)

To: Securities Products Department

RE: Policy Number _____

Name of Insured _____

For any request checked below, the Notice of Withholding and Election section MUST also be completed.**VARIABLE UNIVERSAL LIFE AND VARIABLE DEFERRED ANNUITY (NON-TAX QUALIFIED)**

- ☐ **Cash Surrender** - Terminate my policy coverages and pay all cash surrender values to me. Please waive any requirement for surrender of the policy to the Company. I understand that a surrender charge may be assessed. I understand that my policy cannot be reinstated in the future.
- ☐ **Partial Withdrawal - Variable Universal Life and Variable Deferred Annuity - Non-Tax Qualified**
- ☐ Make a partial withdrawal of \$ _____ (minimum of \$500.00).
- ☐ **Policy Loan - Variable Universal Life only** - I assign the policy to you as security for this loan and for the interest which will accrue from the effective date of the loan.
- ☐ Make a policy loan of \$ _____ or the maximum loan value if less. (Maximum loan is 90% of Cash Value.)
- ☐ Include \$ _____ (minimum of \$15.00) in each SFPP-Recurring Monthly or premium billing to be applied as a loan repayment (optional). (Complete an authorization form and attach a voided blank check to establish a SFPP-Recurring Monthly account.
- ☐ Include \$ _____ (minimum of \$15.00) in each premium billing to be applied as a loan repayment.
- ☐ **Tax Qualified, Variable Deferred Annuity** - A premature distribution from a qualified retirement plan may be taxed as current income and may be assessed a penalty tax by the Internal Revenue Service.
- ☐ Make a partial withdrawal of \$ _____. (Minimum of \$500.00)
- ☐ Cash surrender. **(If this policy is part of a TSA, Keogh or Corporate Retirement plan, do not use this form. Contact the Securities Products Department.)** Terminate my policy coverages and pay all cash surrender values to me. Please waive any requirement for surrender of the policy to the company. I understand that a surrender charge may be assessed.

If the surrender value of this policy will be used to fund a non-State Farm retirement or non-Tax Qualified plan, you will be required to provide properly completed transfer/rollover or 1035 Exchange forms along with the name and address of the external company.

IMPORTANT NOTICE OF WITHHOLDING AND ELECTION (Substitute Form W-4P/OMB No 1545-0415)

The taxable portion of proceeds may be subject to federal and state (if applicable) income tax withholding. If we do not have your taxpayer identification number, withholding will occur. By your election, you may be responsible for payment of estimated taxes; and there may be tax penalties if your withholding and estimated payments are not sufficient.

Federal Income Tax Withholding - If you have provided your taxpayer identification number, you may elect **not** to have federal withholding apply by checking the proper box below. **If the box is not checked or if we do not have your taxpayer identification number, federal tax will be withheld. Your withholding election is final and cannot be changed after the transaction is processed.**

- ☐ I do not want federal income tax withheld
- ☐ Withhold federal income tax at a rate of 10%. (not less than 10%)
- ☐ Withhold federal income tax at a rate of 10% plus an additional amount of \$ _____.

We are unable to withhold less than \$20.00.

We are unable to withhold on a qualified distribution from a Roth IRA Variable Deferred Annuity when the policyowner has reached age 59 1/2 or older and the 5 year holding period has been met.

State Income Tax Withholding - We will only withhold if you live in a state that requires us to withhold. We will withhold at least the minimum amount required by your state. If you would like us to withhold more than the minimum amount, please indicate so below. **Your withholding election is final and cannot be changed after the transaction is processed.**

- ☐ I do not want state income tax withheld. I understand this election will not apply in states that do not permit persons to elect out of withholding.
- ☐ Withhold my state's minimum requirement. If you live in a state that does not specify a percentage, we will not withhold.
- ☐ Withhold state taxes according to the following: \$ _____. I understand that I cannot request withholding in an amount less than my state's minimum amount.

We are unable to withhold on a qualified distribution from a Roth IRA Variable Deferred Annuity when the policyowner has reached age 59 1/2 or older and the 5 year holding period has been met.

Signature _____ Date _____
of Policyowner

Daytime Telephone Number (include area code) _____

Part (A)

To: Securities Products Department

RE: Policy Number _____

Name of Insured _____

SYSTEMATIC WITHDRAWAL - ANNUITY ONLY

This program is only available with the Variable Deferred Annuity. It may be in effect only if annuity payments have not started. By electing the Systematic Withdrawal Program, you instruct State Farm to automatically make payments to you from your Subaccounts and Fixed Account. Starting on the beginning date and continuing at the frequency you have chosen, the withdrawals will occur on the same day of the month as the beginning date. If that date is not a Valuation Day, the withdrawal will occur on the next Valuation Day. The amount withdrawn will reduce the number of Accumulation Units on the date withdrawn. Once elected, the program remains in effect until (1) the Policy Accumulation Value is depleted, (2) you cancel the program by sending a written request or by telephoning the Securities Products Administration Department (provided your telephone authorization is on file), (3) there is an ownership change, or (4) the ending date shown on this form, if any.

Surrender charges on any systematic withdrawal will be assessed unless the amount withdrawn does not require a charge (see your policy to determine when surrender charges apply). Systematic withdrawals may be taxable, subject to withholding, and a 10% penalty tax (if taken prior to age 59 1/2).

Systematic Withdrawals will occur on the date and frequency selected, but no sooner than the date we receive the request or the presumed end of free look period. Should the beginning date fall within the free look period, the first withdrawal will occur the next date according to your frequency.

Minimum Systematic Withdrawal: \$100**Amount Options:**Percentage of policy account value: _____% **OR** Net Dollar Amount \$ _____**Frequency:**☐ Monthly☐ Semi Annual☐ Quarterly☐ Annual**Beginning Date:** _____

(Must be the 1st - 28th ONLY of any month) (MM/DD/YYYY)

Ending Date: _____(OPTIONAL)

(MM/DD/YYYY)

Please complete the NOTICE OF WITHHOLDING AND ELECTION if you wish to elect to participate in the Systematic Withdrawal Program. Your withholding election will apply to all withdrawals under this program. You may change your withholding election for future payments by sending a written request or by telephoning the Securities Products Administration Department, (provided your telephone authorization is on file).

IMPORTANT NOTICE OF WITHHOLDING AND ELECTION (Substitute Form W-4P/OMB No 1545-0415)

The taxable portion of proceeds may be subject to federal and state (if applicable) income tax withholding. If we do not have your taxpayer identification number, withholding will occur. By your election, you may be responsible for payment of estimated taxes; and there may be tax penalties if your withholding and estimated payments are not sufficient.

Federal Income Tax Withholding - If you have provided your taxpayer identification number, you may elect **not** to have federal withholding apply by checking the proper box below. **If the box is not checked or if we do not have your taxpayer identification number, federal tax will be withheld. Your withholding election is final and cannot be changed after the transaction is processed.**

☐ I do not want federal income tax withheld☐ Withhold federal income tax at a rate of 10%. (not less than 10%)☐ Withhold federal income tax at a rate of 10% plus an additional amount of \$ _____.

We are unable to withhold less than \$20.00.

We are unable to withhold on a qualified distribution from a Roth IRA Variable Deferred Annuity when the policyowner has reached age 59 1/2 or older and the 5 year holding period has been met.

State Income Tax Withholding - We will only withhold if you live in a state that requires us to withhold. We will withhold at least the minimum amount required by your state. If you would like us to withhold more than the minimum amount, please indicate so below. **Your withholding election is final and cannot be changed after the transaction is processed.**

☐ I do not want state income tax withheld. I understand this election will not apply in states that do not permit persons to elect out of withholding.☐ Withhold my state's minimum requirement. If you live in a state that does not specify a percentage, we will not withhold.☐ Withhold state taxes according to the following: \$ _____. I understand that I cannot request withholding in an amount less than my state's minimum amount.

We are unable to withhold on a qualified distribution from a Roth IRA Variable Deferred Annuity when the policyowner has reached age 59 1/2 or older and the 5 year holding period has been met.

Signature of Policyowner _____

Date _____

Daytime Telephone Number (include area code) _____

Part (B)

To: Securities Products Department

RE: Policy Number _____

Name of Insured _____

☐ **CHANGE MAIL ADDRESS TO:**

Policyowner's Telephone Number _____

Street _____

City _____

State _____

ZIP Code _____

☐ **CHANGE MODE OF PREMIUM PAYMENT TO**☐ Annual ☐ Special Monthly (Type) _____ (For additional information on Special Monthly contact your State Farm Agent)☐ **CHANGE Name of** _____

(Policy Role)

from _____

(Print Old Name)

to _____

(Print New Name)

due to ☐

(Reason for Change)

The legal name must be provided. If the name of the Policyowner is being changed, sign the new name as "Signature of Policyowner" below.

☐ **ADD SUCCESSOR OWNER/PURCHASER** _____☐ **CHANGE OWNERSHIP TO** _____

(New Person's Name)

(New Person's Signature)

(New Person's Address)

(New Person's Social Security Number)

ALL OTHER OWNERSHIP PROVISIONS AND RIGHTS WILL REMAIN THE SAME UNLESS SPECIFICALLY CHANGED. If endorsement is required by policy provision, recording by the Company and mailing to the new owner a copy of this instrument shall constitute such endorsement. A new IRS W-9 form will be required.

A transfer or assignment of ownership may result in tax consequences. You may wish to consult with your tax advisor.

NOTE: Change in ownership will revoke Telephone Authorization, Dollar Cost Averaging, Portfolio Rebalancing and Systematic Withdrawals. A change in ownership requires that Section 1 of the State Farm Securities Products Suitability Information - Supplement Application be completed and signed. Please submit the Suitability form with the ownership change request.

AGENT'S CODE STAMP

Signature of Agent as Witness (Not Required) _____

TELEPHONE AUTHORIZATION

The owner may make certain requests under the Policy by telephone if we have a written telephone authorization on file. These may include requests for transfers, withdrawals, changes in premium allocation instructions, dollar-cost averaging changes, and changes in portfolio rebalancing. Our Home Office will employ reasonable procedures to confirm that instructions communicated by telephone are genuine. Such procedures may include, among others; requiring some other form of personal identification prior to acting upon instructions received by telephone, or providing written confirmation of such transactions and/or tape recording of telephone instructions. Your request for telephone transactions authorizes us to record telephone calls. If reasonable procedures are not employed, we may be liable for any losses due to unauthorized or fraudulent instructions. If reasonable procedures are employed, we will not be liable for any losses due to unauthorized or fraudulent instructions.

This authorization will continue in force until the earlier of a) the date we receive a revocation request from the owner, b) the date we restrict or discontinue all telephone authorizations, or c) the date we receive an ownership change.

Do you elect to have telephone authorization? YES ☐ NO ☐

☐ **OTHER** _____

Signature of Policyowner _____

Date _____

Daytime Telephone Number (include area code) _____

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Part (C)

MISCELLANEOUS VARIABLE PRODUCTS OPTIONS

To: Securities Products Department

RE: Policy Number _____

Name of Insured _____

PREMIUM ALLOCATION CHANGE

A premium allocation change will ONLY affect **NEW** money paid into the policy.

Do you also want to:

☐ **TRANSFER** the funds currently in my policy to reflect these same allocation percentages. You do not need to complete the Transfer Between Subaccounts section.

☐ **CHANGE** your existing Portfolio Rebalancing, Dollar Cost Averaging or Interest Advantage program (Variable Annuities Only) percentages to match this allocation change.

Whole percentages must be used.

The sum of all allocation percentages must equal 100%.

☐ Small/Mid Cap Equity Subaccount _____ %
☐ Small Cap Equity Index Subaccount _____ %
☐ International Equity Subaccount _____ %
☐ International Equity Index Subaccount _____ %
☐ Large Cap Equity Subaccount _____ %
☐ Large Cap Equity Index Subaccount _____ %
☐ Stock and Bond Balanced Subaccount _____ %
☐ Bond Subaccount _____ %
☐ Money Market Subaccount _____ %
☐ Fixed Account _____ %

TOTAL =

0

%

TRANSFER BETWEEN SUBACCOUNTS

Transfers will be made on the Valuation Day we receive this request in the Securities Products Department.

You may transfer \$250 per subaccount, or, if less, the entire Policy Accumulation Value held in that Subaccount.

Transfers may include moving all or part of the current value of your Subaccount to one or more other Subaccounts or to the Fixed Account.

A transfer fee of \$25 may be assessed for the thirteenth and each subsequent transfer in a policy year.

Only one transfer from the Fixed Account to one or more Subaccounts per year within 30 days after the policy anniversary may be made. The maximum amount you may transfer is the greater of 25% of the value in the Fixed Account on the date of the transfer or \$1,000.00.

Subaccounts	Specific Dollar Amount		-OR-	Specific Percentage Amount	
	FROM	TO		FROM	TO
Small/Mid Cap Equity Subaccount	\$ _____	\$ _____		_____%	_____%
Small Cap Equity Index Subaccount	\$ _____	\$ _____		_____%	_____%
International Equity Subaccount	\$ _____	\$ _____		_____%	_____%
International Equity Index Subaccount	\$ _____	\$ _____		_____%	_____%
Large Cap Equity Subaccount	\$ _____	\$ _____		_____%	_____%
Large Cap Equity Index Subaccount	\$ _____	\$ _____		_____%	_____%
Stock and Bond Balanced	\$ _____	\$ _____		_____%	_____%
Bond Subaccount	\$ _____	\$ _____		_____%	_____%
Money Market Subaccount	\$ _____	\$ _____		_____%	_____%
Fixed Account	\$ _____	\$ _____		_____%	_____%
TOTAL	\$ 0.00	= \$ 0.00			0 %

Signature of Policyowner _____

Daytime Telephone Number (include area code) _____

Date _____

AGENT'S CODE STAMP

Part (D) **CHANGE OF BENEFICIARY**
A SEPARATE FORM IS REQUIRED FOR EACH INSURED PERSON WHOSE BENEFICIARY IS TO BE CHANGED.

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To: Securities Products Department

RE: Policy Number _____ Name of Insured _____

This change applies to:

☐ Principal Insured ☐ Additional Insured Name of Additional Insured _____

I request payment of any sum payable on the insured person's death be made as shown below. Payment will be subject to any assignment. Any prior provisions for payment upon the insured person's death are revoked, when this request is recorded. For Additional Insured's or Children's rider, the rider's beneficiary provisions are revoked, and the policy's beneficiary provisions will control. "Additional Insured", "Insured Child", or "Annuitant" will be used in place of "Insured."

COMPLETE SECTIONS FOR ALL BENEFICIARIES, EVEN IF UNCHANGED, GIVING THE FULL NAME, DATE OF BIRTH, ADDRESS (if different from the Insured's) AND RELATIONSHIP TO THE INSURED PERSON FOR EACH. NEW YORK ONLY: ALSO PROVIDE THE PREFERRED TELEPHONE NUMBER AND TAXPAYER IDENTIFICATION NUMBER (SSN/ITIN/TIN) FOR EACH BENEFICIARY. Please type or print in ink and initial any cross-outs.

BENEFICIARIES

PRIMARY - Name, Date of Birth, Relationship, Address

SUCCESSOR - Name, Date of Birth, Relationship, Address

Unless changed by this request:

Two or more surviving beneficiaries of a class will share equally.
If children of a person are named as a class, only children born to or legally adopted by that person will be included as beneficiaries.
Any beneficiary to whom a "time clause" applies will be deemed not to have survived the insured person if that beneficiary is not living on the 30th day after insured person's death.

Special Provisions: The Company will not be responsible for use of any sum payable by a trustee or authorized representative of a beneficiary. Payment to a trustee or authorized representative of a beneficiary will fully discharge all liability of the Company to the extent of such payment.

If a trust is not in force, or if qualifying conditions for trust under will are not met, payment will be made to the succeeding beneficiary, if any. Qualifying Conditions for Trust under Will. The Will must be admitted to Probate within 180 days after insured person's death, and trustee must qualify within 1 year after insured person's death.

The change will take effect in accordance with policy provisions, but the change will not affect any action we may have taken before we receive the request. If the policy requires endorsement, mailing an acknowledgment of the beneficiary change to me will serve as the endorsement.

Dated on _____ at _____
Date City & State ZIP Code

Signature of
Agent as Witness (Not Required) _____ Policyowner _____
Signature Signature

Daytime Telephone Number (include area code) _____

AGENT'S CODE STAMP