



STATE FARM FUNDS INVESTOR ACCOUNT SERVICES

This form is used to establish or change account services for your State Farm Funds account. Please complete **Section 1** and the appropriate lettered section(s) that corresponds with the service you are requesting for your account. If you would like to add services to more than one account, complete a separate Investor Account Services form for each account.

All pages must be submitted, even if some are left blank, to prevent processing delays. If you have any questions or need additional information before completing this form, please call **800-447-0740**.

Please print all information.

1 ACCOUNT REGISTRATION

ACCOUNT NUMBER

OWNER'S FIRST NAME

MIDDLE INITIAL

LAST NAME

SOCIAL SECURITY NUMBER

JOINT OWNER'S FIRST NAME

MIDDLE INITIAL

LAST NAME

SOCIAL SECURITY NUMBER

☐ Check here if this is a new address or telephone number

STREET ADDRESS

CITY/STATE/ZIP

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

2 ACCOUNT SERVICES

A. COMPENSATION DEDUCTION

All deduction authorizations remain in effect until State Farm Funds is notified in writing or by phone to the contrary. This service is not available if you are participating in systematic withdrawal.

It is your responsibility to make sure you do not exceed your annual contribution limit as defined in the Internal Revenue Services Publication 590 and the Disclosure Statement.

Minimum compensation deduction is \$50.00 per fund per frequency.

As of 2/25/2022 shareholders will no longer be permitted to add payroll deduction elections. Modifications can be made to existing elections through 7/29/2022. Existing payroll deduction elections will cease after 8/31/2022.

Fund	1st Check	2nd Check	Start date
	\$	\$	
	\$	\$	
	\$	\$	

NOTE: State Farm® agents should use the **Agent Retirement Plan Payroll Deduction Form** for SEP and SIMPLE deductions.

Please indicate your payroll classification: Employee Agent

SIGNATURE OF AGENT/EMPLOYEE AUTHORIZING COMPENSATION DEDUCTION

SOCIAL SECURITY NUMBER OF CONTRIBUTOR

B. DISTRIBUTION OPTIONS FOR DIVIDENDS AND CAPITAL GAINS (This option is **not** applicable for Tax Qualified accounts)

	Send check to address of record	Electronic transfer to my bank account*	Reinvest in additional shares
Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Complete Section 3 with your bank information.

C. COST BASIS ELECTION

This election applies to covered shares (generally those purchased on or after January 1, 2012). If an exchange or redemption of covered shares has occurred and you are changing your cost basis method from Average Cost, the new cost basis method will be effective only for shares purchased after the date the change is received. For more information, visit www.statefarm.com or consult a tax advisor.

- ☐ **Average Cost** - Values the cost of shares in an account by averaging purchases made into the account.
- ☐ **First-In First-Out (FIFO)** - Shares acquired first in the account are the first shares redeemed.
- ☐ **Last-In First-Out (LIFO)** - Shares acquired last in the account are the first shares redeemed.
- ☐ **High Cost** - Shares acquired with the highest cost per share are the first shares redeemed.
- ☐ **Low Cost** - Shares acquired with the lowest cost per share are the first shares redeemed.
- ☐ **Specific Lot** - Shareowner selects which shares to deplete at time of redemption. **Note:** You must also select a secondary method below.
The secondary method will be used if specific lot information is not available.

☐ First-In First-Out (FIFO)

☐ Last-In First-Out (LIFO)

☐ High Cost

☐ Low Cost

D. AUTOMATIC INVESTMENT PLAN (AIP)

After the fund minimum of \$250 has been met, an automatic investment plan can be established for as little as \$50 each month from your bank account on file. In order to establish an automatic investment plan, please complete this section and provide your bank information and preprinted voided check in section 3.

- ☐ Add new AIP
- ☐ Change existing AIP

FUND/ACCOUNT NUMBER	AMOUNT	FREQUENCY	START DATE
		select one: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually	(mm/dd/yyyy) (Please choose a start date no later than the 28th; if no date is selected, the 1st will be used.)

E. TELEPHONE/ONLINE PRIVILEGES

Telephone/Online Redemption - allows you to redeem shares by phone or internet. Funds will be mailed to the address of record, or sent electronically to your bank account if bank information is included in **Section 3**.

☐ I do want Telephone/Online Redemption privileges. Complete Section 3 for EFT and attach a voided check.

F. ELECTRONIC DELIVERY CONSENT

Accept the terms of the Electronic Delivery Consent Agreement below:

- (1) I agree to receive the following documents through electronic delivery rather than in paper format: all current and future shareholder and fund information including, but not limited to, statements, confirmations, tax forms, the funds' semi-annual and annual reports, prospectuses, proxy statements and newsletters. When the document(s) are available, State Farm® will send a message to your Email address instructing how you may access your document(s).
- (2) This consent to receive documents electronically is effective until you withdraw it.
- (3) You can withdraw your consent to receive documents electronically at any time by calling or writing State Farm Funds.
- (4) You can obtain paper copies of electronic documents free of charge at any time by calling or writing State Farm Funds.
- (5) You may incur additional costs (for example, printing) and possible risks (for example, system outages) associated with electronic delivery.

By providing my email address below, I consent to this agreement.

EMAIL ADDRESS

BANK INFORMATION

If you have selected EFT or AIP in **Section 2B, D, or E, please attach a voided check below**. This allows you to have money electronically transferred to and from your account. Your financial institution may charge a fee for electronic transfers. In order to stop or change your EFT, three business days notice prior to your pre-selected date is required.

SELECT BANK OPTION

☐ Add bank information (default) ☐ Replace existing bank information on file

Note: You may not redeem to new bank instructions for 15 calendar days.

SELECT ACCOUNT TYPE

☐ Checking Account ☐ Savings Account

John Doe 5302 11st Anywhere, USA 1234	VOID	\$ <input type="text"/>
Please tape your voided check here.		

STARTER CHECKS AND COUNTER CHECKS WILL BE REJECTED

3 BANK INFORMATION *(continued)*

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.

4 SIGNATURE(S)

Your signature on this form authorizes the establishment of all services elected above. The Manager and the Funds will employ reasonable procedures to confirm that telephone instructions are genuine. If the Manager of the Funds fail to employ such procedures, they may be liable for any losses due to unauthorized or fraudulent instructions. However, the Funds, the Manager and their respective officers, directors, employees, and agents will not be liable for acting upon instructions given under the authorization when reasonably believed to be genuine.

Medallion Signature Guarantee: to add bank information to your account as indicated above, all registered owners must have their signature(s) guaranteed by an eligible guarantor institution. An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchange Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

SIGNATURE: ACCOUNT OWNER

DATE:

SIGNATURE: JOINT ACCOUNT OWNER

DATE:

Financial Institution: Place Medallion Signature Guarantee stamp here
(If required)

Financial Institution: Place Medallion Signature Guarantee stamp here
(If required)

Mail or fax completed form to:

State Farm Funds
P.O. Box 4766
Chicago, IL 60680-4766

Fax Number: 312-557-3093