



STATE FARM FUNDS IRA DISTRIBUTION REQUEST

For assistance in completing this form, please contact us at 800-447-0740. Please mail your completed and signed form to State Farm Funds, P.O. Box 4766, Chicago, IL 60680-4766 or fax to 312-557-3093.

Please print all information.

1 PROVIDE YOUR INVESTOR INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME

SOCIAL SECURITY NUMBER	DATE OF BIRTH	

ADDRESS		

ADDRESS		

CITY/STATE/ZIP		

TELEPHONE NUMBER (DAYTIME)	TELEPHONE NUMBER (EVENING)	

E-MAIL ADDRESS		

2 INDICATE YOUR REASON FOR DISTRIBUTION

TYPE OF IRA (Check only one)

- Traditional Roth SEP SIMPLE

CHOOSE ONE:

- | | |
|--|--|
| <p><input type="checkbox"/> Normal – Age 59½ or older</p> <p><input type="checkbox"/> Premature Distribution – Under Age 59½</p> <p>If you are eligible to take a premature distribution without penalty, please indicate the reason below. IRS Publication 590, available at www.irs.gov, provides additional eligibility requirements for premature distributions.</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Qualified Education Expense</p> <p><input type="checkbox"/> First-time Home Buyer Expense</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Required Minimum Distribution – Age 72 or older</p> <p><input type="checkbox"/> Check here if spouse if more than 10 years younger</p> <p>Spouse's Date of Birth _____</p> <p><input type="checkbox"/> Charitable Contribution – Age 72 or older</p> <p><input type="checkbox"/> Recharacterization – Please include (if applicable):</p> <ul style="list-style-type: none"> • A completed IRA Application | <p><input type="checkbox"/> Excess Contribution Distribution</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Year <input type="checkbox"/> Prior Year <p><input type="checkbox"/> Divorce</p> <p>Please include:</p> <ul style="list-style-type: none"> • A copy of the divorce decree • Owner's signature, Medallion Guaranteed (see step 7) • A completed IRA Application <p><input type="checkbox"/> Beneficiary</p> <p>Please include:</p> <ul style="list-style-type: none"> • A certified copy of the owner's death certificate • Beneficiary's signature, Medallion Guaranteed (see step 7) • A completed IRA Application <p><input type="checkbox"/> Conversion to Roth IRA – Please include (if applicable):</p> <ul style="list-style-type: none"> • A completed Roth IRA Application |
|--|--|

3 PROVIDE YOUR DISTRIBUTION INSTRUCTIONS

A. ONE-TIME DISTRIBUTION

- Distribute the Required Minimum Distribution (RMD)
 - I have calculated my RMD, which is the amount indicated below.
 - Please calculate my RMD for me.
- Distribute the amount indicated below withdrawn and paid as instructed in Step 4.

FUND/ACCOUNT NUMBER	DOLLAR AMOUNT

Note: If a full distribution is requested, the annual IRA maintenance fee of \$25.00 may be deducted.

If you do not choose a Fund, we will calculate and distribute the RMD from each applicable Fund within your account.

B. SYSTEMATIC WITHDRAWAL PLAN FOR SCHEDULED DISTRIBUTIONS

- Establish a Systematic Withdrawal Plan based on the information below.
- Establish a Systematic Withdrawal Plan for a Required Minimum Distribution (RMD)
 - I have calculated my RMD, which is the amount indicated below.
 - Please calculate my RMD for me.

FUND/ACCOUNT NUMBER	AMOUNT select one: <input type="checkbox"/> dollars <input type="checkbox"/> Calculate for me	FREQUENCY select one: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually	START DATE Start date may be the 1st or 15th. If no date is selected, the 1st will be used.

C. EXCESS CONTRIBUTION

Please redeem my excess contribution of \$ _____ from fund/account number _____

Excess contribution date _____

Please calculate and withdraw any earnings in addition to the excess contribution amount.

The excess contribution amount indicated above includes earnings that I have calculated.

Note: if neither box is checked, the Custodian will calculate any earnings and withdraw them in addition to the excess contribution amount.

D. CONVERSION TO ROTH IRA

Enter the funds and amounts below to be converted.

Note: A SIMPLE IRA cannot be converted to a Roth IRA prior to the expiration of the two year period beginning on the date of the original SIMPLE IRA's first contribution.

FROM FUND/ACCOUNT	\$ AMOUNT	TO FUND/ACCOUNT (If new IRA, complete application)

E. IRA RECHARACTERIZATION

Total amount to be recharacterized: \$ _____

Note: Net Income Attributable (NIA) will be calculated per IRA Regulations. The amount withdrawn will be more or less than the original contribution, depending on investment gain/loss. You cannot recharacterize employer contributions under a SEP as a contribution to another IRA. Any contributions made by the employee are considered Traditional IRA contributions.

FROM FUND/ACCOUNT	\$ AMOUNT	CONTRIBUTION DATE	TAX YEAR	TO FUND/ACCOUNT (If new IRA, complete application)

4 SELECT YOUR METHOD OF PAYMENT

A. BY CHECK

Payable to me and sent to the address of record

Payable to a different name or mailing address (*Medallion Signature Guarantee required. See Step 7*)

If you wish to have your distribution check made payable to someone other than yourself, or mailed somewhere other than the address of record, complete the following. If the recipient is a public charity, check here .

NAME

ADDRESS

CITY/STATE/ZIP

B. BY TRANSFER TO MY BANK AS FOLLOWS: (*Medallion Signature Guarantee Required if banking instructions are not already on file. See Step 7, certain exceptions for systematic withdrawal plans may apply.*)

Attached a preprinted voided check.

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

Checking Account Savings Account

C. BY TRANSFER TO ANOTHER FUNDS ACCOUNT

You may have distribution proceeds deposited to another State Farm Funds account. (*Medallion Signature Guarantee required if you are requesting to transfer to an account for which you are not the sole owner. See Step 7.*)

My existing non-IRA State Farm Funds account _____

A new State Farm Funds account. Please attach a completed new account application.

5 INDICATE YOUR TAX WITHHOLDING ELECTION

We are required to withhold federal income tax (and state income tax depending on your residency) from IRA distributions, other than Roth IRA distributions. You may elect not to have tax withheld by completing this section. If no election is made below, we will withhold federal income tax at rate of 10% (and applicable state income tax) from your distribution. This election applies to the one-time or systematic withdrawal distribution on this form only. You may change or revoke your withholding election at any time.

If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax or incur penalties if your estimated tax payments and withholding are not sufficient.

Tax withheld from your distribution in accordance with your instructions will not be reversed.

Federal Tax Withholding Election

Do not withhold federal income tax

Withhold federal income tax (10%)

Withhold federal income tax at a rate of _____ % (greater than 10%)

State Income Tax Withholding

If you reside in AR, CA, CT*, DE, IA, KS, MA, ME, MI*, NC, NE, OK, OR, VA or VT and federal income tax is withheld, we will also apply state income tax withholding at the minimum required by your state. (State withholding is only available if you reside in a state that requires us to withhold).

*Residents of CT and MI: State income tax withholding is required regardless of your federal election unless you provide Form CT-W4P (for Connecticut residents) or Form MI W4-P (for Michigan residents) indicating an exemption or alternate rate of withholding. These forms are available on your state's website.

6 SIGN YOUR NAME

I certify that I am the proper party to receive payments from this IRA and that all information provided by me is true and accurate. No tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

SIGNATURE

PRINTED NAME

DATE

7 MEDALLION SIGNATURE GUARANTEE

MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:

- Payment is equal to or greater than \$100,000
- Electronic payment is to a bank account not on file
- The payment recipient is someone other than the account owner
- Payment is being sent to an address that is different from the address of record
- Funds are being transferred to another State Farm account that is not registered to the account owner

You can obtain a Medallion Signature Guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities Exchange Commission.

Affix Medallion STAMP: