

The State Farm® College Savings Plan

Account Application



Please complete this application to establish your State Farm College Savings Plan account.

IMPORTANT INFORMATION ABOUT OPENING AN ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, we are required by federal law to obtain, verify and record certain personal information that identifies each person who opens an account and allows us to verify their identity – including name and date of birth, street address, Social Security Number (SSN) or Tax Identification number (TIN) – prior to opening an account.

Please complete all applicable sections and return to:

The State Farm College Savings Plan
PO Box 173865
Denver, CO 80217-3865

For additional information, ask your State Farm VP Management Corp. Registered Representative or call a State Farm College Savings Plan Representative at 1-800-321-7520, Monday-Friday, 7:30 a.m. to 7:00 p.m. Central Time.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1. | Account Type (Please check one and complete appropriate information.)

If the account is one of the following types, please include copies of:

- Trust: The title and signature pages of the Trust Document
- 501(c)(3): The ruling determination letter from IRS
- Partnership: The partnership papers
- Corporation: The articles of incorporation. Certified by the Secretary of State or other government entity

The account owner is the person who establishes and controls the account.

INDIVIDUAL Check One: Mr. Mrs. Ms.

Account Owner's First Name _____ M.I. _____ Last Name _____

Account Owner's Social Security Number (required) _____ Date of Birth (required) (month/day/year) _____

U.S. Citizen/Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)

TRUST (A signature guaranteed copy of the certificate of incumbency is required.) Please complete Section 13.

Name of Trust _____

Trust's Taxpayer Identification Number (required) _____ Date of Trust (month/day/year) _____

Trustee(s) _____

ORGANIZATION - Organizational documents for any corporation are required. Please complete Section 13.

Check One: 501(c)(3) Partnership/Corporation

Name of Entity/Organization _____

Entity's Taxpayer Identification Number (required) _____

Authorized Signer _____



2. | Account Owner's Address

Mailing Address (including apartment or box number)

City State ZIP
() ()
Daytime Phone Evening Phone

Residential Address (if different than above)

City State ZIP

3. | Beneficiary Information

The designated beneficiary is the individual whose qualified higher education expenses can be paid from this account.

Beneficiary's First Name M.I. Last Name
Beneficiary's Social Security Number (required) Beneficiary's Date of Birth (required) (month/day/year)

Anticipated year the beneficiary will enroll in an institution of higher education:

Beneficiary's Address (required):

A physical mailing address for the beneficiary is required to establish this account.

Check this box if the beneficiary has the same physical mailing address as the account owner. If the beneficiary has a different physical mailing address, please complete the address section detailed below.

Residential Address (including apartment or box number)

City State ZIP

U.S. Citizen/Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)



4. | Reduced Sales Charge

You may apply for a reduced sales charge based on the accumulation of the assets in your OppenheimerFunds accounts as well as through the intent to invest a certain dollar amount in your OppenheimerFunds accounts over a specified period of time.

1. RIGHTS OF ACCUMULATION

I apply for reduced sales charges based on the following account.

Account Number _____

2. LETTER OF INTENT

Pursuant to The Enrollment Handbook, it is my intention to invest the following amount over a 13-month period.

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

3. SPECIAL WAIVERS

You may purchase Class A shares without an initial sales charge if you are a current or retired State Farm Agent, Employee, or State Farm VP Management Corp. Registered Representative who works for a State Farm Agent, or a qualified family member as defined in the Enrollment Handbook of any of the foregoing:

- I am a State Farm Agent-State/Agent Code _____
- I am a Registered Representative who works for a State Farm Agent _____
Agent Name
- I am a State Farm Employee-Dept. No. _____
- I am a Retired State Farm Agent or Employee-Name _____

I am a qualified family member of a State Farm Agent, Registered Representative who works for a State Farm Agent, Employee, or Retiree of State Farm VP Management Corp. If so check the option that applies below and provide the name and social security number of the qualifying relative.

- I am the spouse of a qualifying relative.
- I am a lineal ascendant (e.g. parent, step-parent, grandparent, step-grandparent, etc.) of a qualifying relative.
- I am a lineal descendant (e.g., child, grandchild, etc.) including stepchild, court appointed foster child, or legally adopted child of a qualifying relative.

Name of Agent/Employee/Retiree/Registered Representative _____

Agent/Employee/Retiree/Registered Representative Social Security # _____

5. | Transfers from Other Accounts

- Check here if you are establishing the account with money that is held for the benefit of a minor under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA). By checking here you also agree that you have read and understand the below paragraph.

Please indicate the state the UGMA/UTMA was established in: _____
(e.g., TX)

I have read the State Farm College Savings Plan Enrollment Handbook and understand that I will be considered the owner of the Account as UGMA/UTMA custodian for the named Designated Beneficiary. This means I will not be able to change the Beneficiary of the account, or authorize any distribution from the Account, unless the distribution is for a use permitted under the laws governing the UGMA/UTMA Custodial Account—the assets of which were used to fund this account—and any relevant terms and conditions of the Custodial Account. I understand that no contributions other than UGMA/UTMA contributions may be made to this account. I will be considered the Responsible Individual of this account in my capability as a UGMA/UTMA custodian for that Beneficiary. I understand that I can open another account for this Beneficiary to be funded by non-UGMA/UTMA assets.

- Check here if you are establishing the account via a rollover from another qualified state tuition program, Coverdell Education Savings Account or qualified U.S. Savings Bonds (under section 135(c)(2)(c) of the Internal Revenue Code). You will also need to complete The State Farm College Savings Plan Rollover Form. If you do not check this box, you are certifying that your contribution is not a rollover contribution as described above.



6. | Successor Account Owner (not required)

This person or entity will assume all rights and responsibilities of the account owner upon the account owner's death or legal incapacity, specifically including the right to change the beneficiary and the right to request distributions from the account.

Successor Account Owner's First Name _____ M.I. _____ Last Name _____

Relationship to Account Owner _____

Street Address _____ Social Security or Taxpayer ID Number _____

City _____ State _____ County _____ Zip _____ Date of Birth (mm/dd/yyyy) (must be 18 or older) _____

() _____ () _____

Daytime Phone Number _____ Evening Phone Number _____ Date of Trust (mm/dd/yyyy) (if applicable) _____

U.S. Citizen/Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)

7. | Investment Options

- I have enclosed a check for a minimum of \$250 for each investment option selected.
- I have enclosed a check for a minimum of \$50 for each investment option selected and have completed the Automatic Investment Plan information (in section 8).
- One-time Electronic Funds Transfer (EFT). Please complete section 9.

Your initial investment in the State Farm College Savings Plan account will be invested based on your portfolio selection below. Please review the descriptions of the portfolios in the Enrollment Handbook before indicating your investment options.

Portfolios

Enrollment-Based Portfolios	Share Class A	Static Portfolios	Share Class A
Years to College Portfolio		Growth Portfolio	
		Moderate Growth Portfolio	
		Balanced Portfolio	
		Money Market Portfolio	

*The Enrollment-Based Portfolio is designed to fit a particular investment time horizon, based on the anticipated year the beneficiary will enroll in an institution of higher education. If you elect to invest in the Enrollment-Based Portfolio, the investment manager will reallocate your investments as the beneficiary nears enrollment. For more information regarding this process, see the Enrollment Handbook. If you do not provide the anticipated year the beneficiary will enroll in an institution of higher education your initial investment will be made based on the assumption that enrollment will begin when the beneficiary turns 18 years of age.

Initial Investment Amount \$ _____

Indicate as a percentage how you would like your contribution allocated across the available portfolios.

Name of Portfolio (Please choose from the above listed Portfolios.)	Share Class	Percent
_____	A	_____ %
_____	A	_____ %
_____	A	_____ %
_____	A	_____ %
_____	A	_____ %
		_____ %
		Total should equal 100%

Elected Investment Allocation (EIA)

All future contributions will be allocated in the same manner as selected above. Changes to your EIA can be made online at www.statefarm.com or by calling a State Farm College Savings Plan Representative at 1-800-321-7520.

8. | Automatic Investment Plan (AIP)

SYSTEMATIC INVESTING FROM A BANK ACCOUNT (to establish regular, systematic purchases of portfolio shares)

The Automatic Investment Plan is a service available to account owners of The State Farm College Savings Plan, making possible regular systematic purchases of the portfolios to allow dollar cost averaging. OFI Private Investments Inc. can arrange for an amount of money you select (\$50 minimum draft per portfolio per draft) to be deducted from your checking or savings account and used to purchase shares of a specified State Farm College Savings Plan portfolio(s). You will receive a confirmation from OFI Private Investments Inc. and your bank statement will reflect the amount of the draft. Please complete Section 9 to provide bank authorization.

DRAFT AMOUNT AND FREQUENCY

I authorize you to withdraw the amount indicated below (\$50 minimum per portfolio per draft) from my checking account at the bank shown in section 9, beginning in the month of _____ and invest this amount as indicated on my Elected Investment Allocation (EIA) in Section 7.
(e.g., Jan.)

OFI Private Investments Inc. must receive this form at least 12 business days prior to the first selected draft date.

Frequency:

- Every month
- January February March April May June
- July August September October November December

Amount **Day(s) of the month to invest**

_____ _____
(\$50 Minimum)

9. | Bank Account Information

By signing the Account Application, I authorize my bank to honor drafts on my account by OFI Private Investments Inc. Such authorization shall continue until I notify OFI Private Investments Inc. otherwise. I agree that your rights with respect to each draft shall be the same as if it were signed by me. I further agree, if my draft is dishonored for any reason, with or without cause, you will not bear any liability.

- Checking Savings

BANK ACCOUNT OWNER'S SIGNATURE
(required if different from account registration) _____

John Doe
5302 11th St.
Anywhere, USA 12345

000

Please include your voided check here.

_____ \$ _____

For deposits to your checking account, please tape a voided check
so we may obtain bank account information. (Please do not staple.)

Important: A voided check is required to establish these options. A deposit slip is not acceptable.

_____ _____
ABA # Bank Account #

Bank Account Holder Name(s)



10. | Account Profile Information (optional)

The following information is being requested for internal reporting purposes. Your responses will be kept confidential. If you have any questions regarding our privacy policy, visit www.ofiprivateinvestments.com or call a State Farm College Savings Plan Representative at 1-800-321-7520.

Relationship to the Beneficiary

- Parent/Guardian Spouse
- Grandparents Trust
- Aunts/Uncles Other
- Self

Annual Household Income

- \$0-\$24,999 \$75,000-\$99,999
- \$25,000-\$39,999 \$100,000-\$249,999
- \$40,000-\$74,999 \$250,000+

Education Level (select highest level completed)

- High school graduate Master's degree
- Some college Doctorate
- Associate's degree Professional
- Bachelor's degree

How did you hear about us?

- Direct Mail Friend/Relative
- TV Advisor
- Radio Other
- Print/Newspaper/Magazine Article

11. | eDELIVERY Sign up to receive information about your 529 account by email.

- Check here to receive your statements and confirmations by electronic delivery.
- Check here to receive news and notes by electronic delivery. Check here to receive tax forms by electronic delivery.

E-Mail Address _____

12. | Duplicate Statement to Third Party

Name

Street Address (including apartment or box number)

City _____
State _____
ZIP

13. | Supplemental Address Information

Required Information for Trust/Organizations

- Trustee Authorized Signer Daytime Phone () _____

First Name _____
M.I. _____
Last Name

Social Security Number (required) _____
Trustee/Authorized Signer's Date of Birth (required) (month/day/year)

Street Address (including apartment or box number)

City _____
State _____
ZIP



14. | Enrollment Handbook Consent

I hereby establish an account within The Nebraska Educational Savings Plan Trust (the "Trust") pursuant to the terms set forth in the Enrollment Handbook, which I hereby acknowledge having received and read, and which are incorporated herein by reference. I understand that the Enrollment Handbook is subject to amendment from time to time by the Trustee of the Plan.

I understand that my investment is not insured or guaranteed by the Federal Deposit Insurance Corp. or any other governmental agency and that it does not constitute a deposit or other obligation of the State of Nebraska, Union Bank and Trust Company, OFI Private Investments Inc., State Farm VP Management Corp., or any of their respective affiliates, and that it is subject to investment risk, including loss of principal.

I understand that choosing to do business by telephone involves certain risks and that OFI Private Investments Inc. will follow procedures reasonably designed to confirm that instructions so communicated are genuine.

I understand that my State Farm VP Management Corp. Registered Representative may establish this account on my behalf by submitting an electronic request to OFI Private Investments Inc., in which case, my State Farm VP Management Corp. Registered Representative, and not OFI Private Investments Inc., will retain this Account Application and any other documents which I have provided in connection with the establishment of the account.

CERTIFICATION OF PARTICIPANT'S TAXPAYER IDENTIFICATION NUMBER (Substitute IRS Form W-9)

Under penalties of perjury, I certify that:

1. The taxpayer identification numbers shown on this application are correct and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I acknowledge that I have received a copy of the agreement which is set forth in the *Enrollment Handbook*. By signing this form, I certify that the information provided on this Account Application is accurate.

PLEASE NOTE: Your 529 Plan units may be transferred to the appropriate state if no activity occurs, or if statements of your account activity prove undeliverable, within the time period specified by state law.

Signature _____ Title _____ Date _____
 (required) (for 501(c)(3) or Partnership/ Corporation) (month/day/year)

Signature _____ Title _____ Date _____
 (for 501(c)(3) or Partnership/ Corporation) (month/day/year)



15. | Dealer Information (to be completed by State Farm VP Management Corp. Registered Representative)

Agent/Staff/LSS Name _____ Date (month/day/year) _____

State and Agent Code _____ Region Code _____ AFO Code _____

State Farm VP Management Corp. Registered Representative's Signature _____ (required)

Please make checks payable to: The State Farm College Savings Plan.

We reserve the right to reject any application or payment such as temporary, credit card or third-party checks. Please mail your check with this application to:

Mailing Address:
The State Farm College Savings Plan
PO Box 173865
Denver, CO 80217-3865

Overnight Mailing Address:
The State Farm College Savings Plan
12100 East Iliff Avenue, Suite 300
Aurora, CO 80014

You will receive confirmation following
the establishment of your account.
Thank you for investing with State Farm.



State Farm VP Management Corp. is a separate entity from those State Farm entities which provide banking products and insurance products. Accounts in the plan are not guaranteed or insured by State Farm, OFI Private Investments Inc., the State of Nebraska, First National Bank of Omaha, any of their respective affiliates, directors, officers, or agents, or any other entity. Investments in the plan may lose value.



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Program Trustee