

P.O. Box 2316 Bloomington, IL 61702 877-SF4-Bank (734-2265)

Transfer Authorization

Request a one-time ACH, check, or internal transfer from your State Farm® account.

Do not use this form for a State Farm® Benefit Management Account, Traditional IRA, Roth IRA or CESA.

By signing this document, I agree that:

State Farm Bank® will be responsible only for performing the services expressly provided for on this Authorization, and will be liable only for its gross negligence or willful misconduct in performing these services. In no event will State Farm Bank be liable for any consequential, special, punitive or indirect loss or damage, which the Customer may incur or suffer in connection with this Authorization. Without limiting the foregoing, State Farm Bank will not be liable for the failure to make any transactions subject to this Authorization where (a) through no fault of State Farm Bank, the Account contains insufficient funds to cover the transfer; (b) the transaction would go over the credit limit of the Customer's overdraft line (if applicable); or (c) circumstances beyond the control of State Farm Bank (i.e. legal constraint, interruption of transmission or communication facilities, equipment failure, war or emergency conditions) prevent the transaction, despite reasonable precautions taken by State Farm Bank. State Farm Bank will not be liable for attorney fees incurred by this Customer in negotiating or conducting business pursuant to this Authorization.

This transaction is not effective until signed by the customer, received and processed at State Farm Bank. At least one person signing below must be an account holder on each of the accounts being debited to effect the transaction requested. The Authorization is a one-time event giving the Bank the ability to initiate the execution of the electronic funds transfer, internal transfer, or check disbursement.

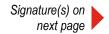
Be sure to verify the accuracy of the information to ensure a successful transaction. Incorrect information could result in a delay in processing. A facsimile copy can be used to initiate this transfer. From receipt of this form by the Bank, please allow up to 3-5 business days for an ACH transaction request and up to 5-7 business days for the receipt of a check. If the requested transfer occurs on a weekend or holiday, the transfer will be processed on the next business day. I certify that the information provided is correct and I am authorized to transfer funds to and from the accounts listed below.

CHEXSYSTEMS REPORTING: State Farm Bank may report information about your account to ChexSystems including negative information. Non-sufficient funds, multiple overdrafts, or suspicious activity on your account may be reflected in your ChexSystems report.

DISPUTING ACCOUNT INFORMATION REPORTED TO CHEXSYSTEMS: We furnish information about your account to ChexSystems. You have the right to dispute the accuracy of the information reported by writing to us at: State Farm Bank, F.S.B., ATTN: Credit Reporting, P.O. Box 2313, Bloomington, IL 61702-2313.

Questions? Call us toll-free at 877-SF4-BANK (877-734-2265) or if you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.

If this transfer is for a new account, the completed new account documents and the Transfer Authorization form may be faxed to: 855-261-6711. For existing accounts fax to: 855-261-6715. Original documents/forms are not required.





Please complete the information below and return to State Faragree to the Transfer Authorization section on page one.	rm Bank for processin	g. I acknowledge tha	at I have receiv	ed, read, a	and
I authorize State Farm Bank to debit my State Farm Bank Type of account: Consumer Trust Business					
○ Withdraw ○ Close Account number	for \$				
○ Checking ○ Saving ○ Money Market Savings	○ CD: at maturity	○ CD: now with p	enalty		
○ Withdraw ○ Close Account number	for \$				
○ Checking ○ Saving ○ Money Market Savings	○ CD: at maturity	○ CD: now with p	enalty		
○ Withdraw○ Close Account number○ Checking○ Saving○ Money Market Savings	for \$ for \$	CD: now with p	onalty		
(If the account is a CD, not at maturity, an early withdrawal pe	•	OD. HOW WILL P	enally		
And credit	, , , , , ,				
Type of account: Consumer Trust Business					
State Farm Bank - account number	for \$	(CK OSAV	OMMS	○ CD
Ctate Forms Donly account number			⊃CK ⊝SAV	\bigcircMMS	\bigcirc CD
State Farm Bank - account number	r		⊃CK ⊝SAV		
State Farm Bank - account number	for \$ _	(⊃CK ⊝SAV	\bigcirc MMS	\bigcirc CD
One-time ACH to another Financial Institution, provide Bank N transferred to a CD or IRA at another Financial Institution.	•	and Account Numb	oer. Funds can	not be	
Other financial institution - Bank name:		Routing numb	ber:		
Name on account:	Type of account: OCK OSAV OMMS				
Account number:					
Check payable to account holder(s) and mailed to account ho	older address on file in	the amount of \$			
In the instance this cashier's check is lost, stolen or destroyed indemnification form and 90 days from the date of the check p		•	•	•	te an
Customer signature	Date	(mm/dd/yyyy)		SIGNAT	URE
Customer signature	Date	(mm/dd/yyyy)		SIGNAT	URE



