

# Investor Account Services

This form is used to establish or change account services for your State Farm Mutual 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. **A signature guarantee is required for some services.**

If you have any questions or need additional information before completing this form, please call **1-800-447-4930**.

## 1 ACCOUNT REGISTRATION

Account Number \_\_\_\_\_ Check here if this is a new name, address or telephone number.

Owner's Name \_\_\_\_\_  
First M.I. Last Social Security Number

Joint Owner's Name \_\_\_\_\_  
First M.I. Last Social Security Number

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone #: Daytime ( \_\_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_\_ ) \_\_\_\_\_

## 2 ACCOUNT SERVICES

**A. Distribution Options for Dividends and Capital Gains** (This option is not applicable for Tax Qualified Accounts)  
 Dividend and Capital Gain distributions less than \$10 will be automatically reinvested.

	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.

### B. Dollar Cost Average (DCA)/Systematic Withdrawal

You must own shares of the Fund indicated with a current value of at least \$5,000 unless using option 1 for dollar cost averaging. We will begin your systematic withdrawal as soon as possible upon receipt of this form. Unless specified below, withdrawals will be made on the 10th calendar day of the month. If the 10th (or the day you select) is a holiday or weekend, withdrawals will be made the previous business day. **If you wish to establish this service for an IRA, please contact us for the proper form.**

Fund: \_\_\_\_\_

Amount of Withdrawal: \$ \_\_\_\_\_ (\$100 Minimum) Day of the month to withdraw: \_\_\_\_\_

Frequency:  Monthly  Quarterly (Jan., Apr., July, Oct)  Semi-Annually (January and July)  Annually \_\_\_\_\_  
Month

1. Deposit proceeds in to my State Farm Mutual Fund account \_\_\_\_\_ Fund \_\_\_\_\_  
(\$50 minimum)

2. Send all proceeds to my bank account by electronic funds transfer (EFT). Complete **section 3** with your bank information.

3. Send all proceeds to my address of record.

\*4. Make check payable to \_\_\_\_\_ and mail to:  
Third Party Payee

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\*A signature guarantee is required in **Section 6**.

**C. Automatic Investment Plan (AIP)** - Allows you to make regular investments in a Fund through electronic transfer of funds from your bank account\*.

We will begin your automatic investment(s) as soon as possible upon receipt of the form. Unless specified below, investments will be made on the 5<sup>th</sup> calendar day of the month (5<sup>th</sup> and 20<sup>th</sup> if semi-monthly). If the 5<sup>th</sup> or the 20<sup>th</sup> (or the day you select) is a holiday or weekend, investments will be made the next business day.

**Until you meet the \$250.00 initial investment minimum per fund, a \$50.00 per fund per month investment is required. After reaching \$250.00, the minimum AIP accepted will be \$50.00 per fund per frequency.**

\* Complete section 3 with your bank information. One bank owner's signature is required to establish the service.

Month to begin investment \_\_\_\_\_ .

Fund	Amount	Frequency (Circle One)			Day(s) of the month to invest	
_____	\$ _____	Semi-Monthly	Monthly	Quarterly	_____	_____
_____	\$ _____	Semi-Monthly	Monthly	Quarterly	_____	_____
_____	\$ _____	Semi-Monthly	Monthly	Quarterly	_____	_____

**D. Telephone/Online Privileges - If any privileges are selected, a signature guarantee is required in Section 6.**

**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. A voided check must be attached in **Section 3** for EFT delivery method of redemption proceeds.

**Telephone/Online Exchange** - allows you to exchange shares of the same class from one Fund to another Fund by phone or Internet.

I do want Telephone/Online Exchange Privileges.

### 3 BANK INFORMATION

If you have selected EFT or AIP in Section **2A, B, C, or D**, 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 your electronic transfer, three days notice prior to your pre-selected date is required.

Please check the appropriate options:  Checking Account       Savings Account  
 Adding bank instructions       Changing bank instructions

John Doe  
5302 11<sup>th</sup> St.  
Anywhere, USA 12345

000

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VOID

Please tape your voided check here.

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\$

**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.

Note: If the bank account owner(s) is (are) different than the Mutual Fund account owner(s), please have one bank account owner sign here and have that signature guaranteed. A form with signature guarantee must be mailed.

\_\_\_\_\_  
Bank Account Owner Signature

\_\_\_\_\_  
Authorized Guarantor's Signature

\_\_\_\_\_  
**STAMP**

#### 4 FLEXIBLE SALES CHARGE OPTIONS - Only complete this section if applicable

Consult the Flexible Sales Charge Options section of the Prospectus to determine if you qualify and for more specific information on each option.

##### A. Combined Purchases

Multiple purchases made at the same time for any of the Retail Funds in related accounts may be combined for the purpose of receiving a discounted sales charge.

Registration or Social Security Number of Qualified Accounts:

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##### B. Rights of Accumulation

Purchases may qualify for a reduced sales charge based on related holdings in these existing qualified accounts. Account numbers are as follows:

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

##### C. Letter of Intent

Purchases may qualify for a reduced sales charge if you intend to purchase (within 13 months) shares that, if purchased all at once, would qualify. Refer to Flexible Sales Charge Options - Letter of Intent in the *Prospectus* for details.

- \$ 25,000 - \$49,999     \$100,000 - \$199,999     \$300,000 - \$399,999     \$500,000 or more  
 \$ 50,000 - \$99,999     \$200,000 - \$299,999     \$400,000 - \$499,999  
 Are there any purchases made in related accounts within the previous 90 days to receive the reduced sales charge?

#### 5 SIGNATURES

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. **Note: If you indicated a name change in section 1, please provide your previous signature and your current signature.**

\_\_\_\_\_  
Registrant's Signature

\_\_\_\_\_  
Joint Registrant's Signature

\_\_\_\_\_  
Date

#### 6 SIGNATURE GUARANTEE

A signature guarantee is required if you elect Option 4 in **Section 2B** (checks payable to Third Party Payee) or any Telephone/Online Privileges in **Section 2D**. A form with signature guarantee must be mailed.

A signature guarantee is a written representation signed by an officer or authorized employee of the guarantor, showing that the signature of the shareowner is genuine. Your registered State Farm® Agent can assist with providing a signature guarantee. **A notary cannot be accepted.**

\_\_\_\_\_  
Authorized Guarantor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

**STAMP**

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Mail completed form to: State Farm Mutual Funds  
P.O. Box 219548  
Kansas City, Missouri 64121-9548  
Fax number: 1-816-471-4832