State Farm Mutual Funds®
Coverdell Education Savings Account (CESA)
Designation of Successor Responsible Individual

Complete this form to designate a Successor Responsible Individual for a CESA. If you have questions or need additional information before completing this form, please call 1-800-447-4930.

1 ACCOUNT INFORMATION

DESIGNATED BENEFICIARY

First Name	MI	Last Name	
Address			
City		State	ZIP
Account Number		Social Security Number	

RESPONSIBLE INDIVIDUAL'S INFORMATION

First Name	MI	Last Name
Daytime Phone Number		Relationship to Designated Beneficiary ☐ Parent ☐ Guardian ☐ Other

2 SUCCESSOR RESPONSIBLE INDIVIDUAL'S INFORMATION

First Name	MI	Last Name	
Address			
City		State	ZIP
Relationship to Designated Beneficiary ☐ Parent ☐ Guardian ☐ Other		Date of Birth	Daytime Phone Number

3 SIGNATURE - RESPONSIBLE INDIVIDUAL

This designation replaces any designation of succession dated prior to my signature date on this form. I certify that the information provided on this document is accurate. I further certify that, in my capacity as the Responsible Individual, I have the authority to name a successor Responsible Individual. The designation becomes effective upon my death, resignation or incapacitation and only if the Designated Beneficiary may not act as his/her own Responsible Individual as identified in the State Farm Mutual Funds Coverdell Education Savings Account Custodial Account Agreement. I agree to seek the guidance of a tax or legal professional regarding my obligations as Responsible Individual and understand that the Custodian cannot provide me with tax or legal advice. I acknowledge that the Custodian is not responsible for my actions herein, and I agree to indemnify and hold the Custodian harmless from any liabilities which are a result of my actions.

Signature of Responsible Individual _____ Date _____

Signature of Witness (can not be successor responsible individual) _____ Date _____ Name/Address of Witness (please print) _____

4 SIGNATURE - SUCCESSOR RESPONSIBLE INDIVIDUAL

By signing below, I hereby accept responsibility for the above-named Designated Beneficiary's Coverdell Education Savings Account in the event the current Responsible Individual becomes incapacitated, resigns or is deceased if the Designated Beneficiary is not able to act as his/her own Responsible Individual as identified in the Coverdell Education Savings Account Custodial Account Agreement at such time. I further accept and agree to the rights and responsibilities of a Responsible Individual in accordance with the provisions of the Custodial Account Agreement. I agree to seek the guidance of a tax or legal professional regarding my obligations as Responsible Individual and understand that the Custodian cannot provide me with legal advice.

Signature of Successor Responsible Individual | Date

Signature of Witness
(can not be current responsible individual) | Date | Name/Address of Witness (please print)

Please mail all signed completed forms to:

State Farm Mutual Funds
PO Box 219548
Kansas City, Missouri 64121-9548