

Distribution Request

State Farm Mutual Funds® Coverdell Education Savings Account

This form is used to request a one-time distribution from your State Farm Mutual Funds *Coverdell Education Savings Account* and is to be completed by the Responsible Individual.

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

1 DESIGNATED BENEFICIARY INFORMATION

Child for whom the account is established

FIRST NAME	MI	LAST NAME	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YYYY)

2 RESPONSIBLE INDIVIDUAL INFORMATION

Individual named by the Depositor who is authorized to act on behalf of the designated beneficiary

FIRST NAME	MI	LAST NAME	
ADDRESS		SOCIAL SECURITY NUMBER	
CITY		STATE	ZIP
DAY TELEPHONE (include area code)		EVENING TELEPHONE (include area code)	

3 REASON FOR DISTRIBUTION

Please choose **ONE**

I direct the Custodian to make a distribution for the following reason:

A. Death of Designated Beneficiary

B. Removal of Excess Contribution (Indicate dollar amount of excess in Section 4.)

I am timely correcting an excess contribution for _____ on _____.
Tax Year Date of Contribution

Note: The deadline for making a timely correction for the previous year is the first day of the sixth month of the following tax year, which is June 1 for most taxpayers. If more than one contribution was made for a taxable year, the last contribution made is deemed the contribution that is being corrected, up to the excess amount identified by you as the amount to be returned in Section 4.

I am correcting an excess contribution after tax filing due date (including extensions).

C. Due to Disability - (A physician's letter stating designated beneficiary is permanently disabled must be attached.)

D. Distribution other than those listed above.

Please see the State Farm Mutual Funds Coverdell Education Savings Account Custodial Account Agreement and consult your tax advisor to determine the tax consequences, if any, of this distribution. Additional information concerning distributions can be obtained in Publication 970 issued by the IRS (www.irs.gov).

4 AMOUNT OF DISTRIBUTION

Please choose **ONE**

- A.** Distribute the entire account balance.
- Continue my Automatic Investment Plan (AIP) I understand this option may leave one share in the account.
- Discontinue my AIP **OR**

- B.** One Time Distribution in the amount of:

Dollars	Shares	Fund
\$ _____ or _____	shares	from _____
\$ _____ or _____	shares	from _____
\$ _____ or _____	shares	from _____
\$ _____ or _____	shares	from _____

If redeeming shortly after purchasing, there may be a delay sending the proceeds. If redeeming B shares, the amount received may be less than the amount requested to cover the contingent deferred sales charge. See your *Prospectus* for specific guidelines.

5 METHOD OF PAYMENT

- A.** Invest proceeds into my State Farm Mutual Fund Account # _____ Fund _____ .

- B.** Cash Distribution

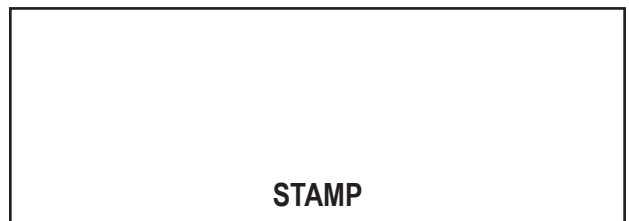
- Make check payable to responsible individual (RI) FBO of designated beneficiary and mail to address of record.
- Express mail to address of record (A \$15 fee will be deducted from your redemption proceeds) - delivery is generally within 2-3 business days.
- Wire Transfer* - redemption proceeds are usually deposited to designated bank account on the next business day after receipt of redemption request (A \$15 fee will be deducted from your redemption proceeds. The wire transfer will not be granted unless a voided check is attached, is on file, or your banking information is provided.)
- Make check payable to a third party (**For this method a signature guarantee is required in Section 7**)
- Make check payable to: _____
- Mail check to: _____
- _____
- Electronic Funds Transfer (EFT)* - redemption proceeds are usually deposited to designated bank account within one or two business days after processing the redemption request. (The electronic funds transfer *will not* be granted unless a voided check is attached, is on file, or your banking information is provided.) **Please tape voided check on the following page.**

By signing this form, I authorize State Farm Investment Management Corp. ("SFIMC"), on behalf of State Farm Bank®, to transfer funds from the above mentioned mutual fund account to my bank/credit union ("Depository") account via electronic funds transfer (if so selected). I also authorize SFIMC to initiate (if necessary) adjustments with a debit or credit to my Depository account and/or mutual fund account for any previous transfers made in error. The electronic funds transfer remains in effect until SFIMC receives written notification from the RI/Beneficiary completing this form of its revocation at a time that affords SFIMC a reasonable opportunity to implement the request, or until cancelled by SFIMC or Depository.

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.

Bank Account Owner's Signature

Authorized Guarantor's Signature**



*Your bank may charge additional fees for electronic transfers you initiate.

A signature guarantee is a written representation signed by an officer or authorized guarantor showing that the signature of a shareowner is genuine. Your Registered State Farm® Agent can assist with providing a signature guarantee. Or, you may take this form to a bank, broker-dealer, or other authorized guarantor to have your signature guaranteed. **A notary cannot be accepted.

John Doe 5302 11 th St. Anywhere, USA 12345	000
VOID	
Please tape your voided check here.	
	\$ <input type="text"/>

Checking Account

Savings Account

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.

6 SIGNATURE

I certify that I am the proper party to receive distributions from this account. All decisions regarding this withdrawal are my own. I understand it is my sole responsibility to ensure compliance with the distribution regulations governing my account.

By signing below, I/we, my/our agents, heirs, executors, administrators and assigns (each an "Indemnifying Party") agree to jointly and severally indemnify and hold harmless State Farm Investment Management Corp., State Farm VP Management Corp., State Farm Mutual Fund Trust, State Farm Associates' Funds Trust, State Farm Variable Product Trust, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any claim, liability, expense, tax ramification, or loss incurred by a third party which in any way arises out of an Indemnifying Party's misrepresentation, negligent or intentional act, or omission in any way connected with this Account.

By signing below, I/we, my/our agents, heirs, executors, administrators and assigns (each a "Releasor") agree to release and discharge State Farm Investment Management Corp., State Farm VP Management Corp., State Farm Mutual Fund Trust, State Farm Associates' Funds Trust, State Farm Variable Product Trust, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any and all claims of any kind whatsoever a Releasor has which may in any way arise out of a Releasor's misrepresentation, negligent or intentional act, or omission in any way connected with this Account.

Responsible Individual's Signature

Date

7 SIGNATURE GUARANTEE

A signature guarantee is required if the distribution is over \$100,000 or if the check is made payable to someone other than the shareowner or mailed to an address other than the address of record. A signature guarantee is 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. Or, you may take this form to a bank, broker-dealer, or other authorized guarantor to have your signature guaranteed. **A notary cannot be accepted.**

Authorized Guarantor's Signature

Date

Authorized by

This form may be faxed (816-471-4832) only if the following conditions are met:

1. The check is made payable to the shareowner and mailed to the address of record, or if requesting the EFT option in Section 5 and these privileges have already been established.
2. This distribution is for \$100,000 or less and a signature guarantee is not required.

Mail completed form to: State Farm Mutual Funds
P.O. Box 219548
Kansas City, Missouri 64121-9548

State Farm Mutual Funds are not insurance products and are available through State Farm VP Management Corp., One State Farm Plaza, Bloomington, Illinois 61710-0001, 1-800- 447-4930 (1-800-447-0740 for Associates). **Securities products are not FDIC insured, are not guaranteed by any bank and are subject to investment risk, including possible loss of principal.**

STAMP