

IRA Recharacterization

This form is used to recharacterize all or part of Traditional IRA, SEP IRA, or Roth IRA contributions.

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

1 AGENT/SHAREOWNER CHECKLIST

- You are responsible for complying with all requirements and for the consequences of any recharacterization as outlined in the Internal Revenue Code and applicable guidelines.
- Please consult your tax advisor for individual analysis and advice.
- Please make a copy of this form for your records and mail or fax the original to:

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

2 PARTICIPANT INFORMATION

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

3 PRESENT CUSTODIAN, ADMINISTRATOR OR TRUSTEE

Company that currently has the account

NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE (include area code)	ACCOUNT NUMBER	

4 RECHARACTERIZATION INSTRUCTIONS

Amount to be recharacterized: \$ _____ plus Net Income Attributable

Proceeds are currently in: Traditional IRA Roth IRA SEP IRA*

Date original contribution was made: _____ Calendar Year applied: _____

Proceeds to be placed in: Traditional IRA Roth IRA SEP IRA*

This is a(n): New State Farm® IRA (Application attached)
 Existing State Farm IRA (account number) _____

* You cannot recharacterize **employer** contributions under a SEP IRA as contributions to another IRA.

5 FUND SELECTION

Fund	Share Class (If Applicable) (check one)	% of Allocation (Must meet fund minimum)	Fund	Share Class (If Applicable) (check one)	% of Allocation (Must meet fund minimum)
_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %	_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %
_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %	_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %
_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %	_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %
_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %	_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %
_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %	_____	<input type="checkbox"/> A <input type="checkbox"/> B	_____ %

6 AUTOMATIC INVESTMENT PLAN

Complete only if you are recharacterizing an existing State Farm Mutual Funds IRA.

Without further instructions from you, the automatic investment, if any, will continue into the State Farm Mutual Funds IRA you are recharacterizing from. To have your current automatic investment moved to the IRA receiving recharacterized funds or discontinued, check the appropriate box below. If you would like to change the amount and/or fund, please call **1-800-447-4930**.

- Move my current automatic investment to the IRA receiving recharacterized funds (amount and fund to remain unchanged).
- Stop the current automatic investment in my State Farm Mutual Funds IRA.

7 SIGNATURE

I elect to recharacterize the previously referenced Traditional IRA, SEP IRA, or Roth IRA to an IRA held by SFIMC. I direct the Present Custodian/Trustee to transfer the amount noted on this form and the net income attributable to SFIMC.

Participant's Signature

Date

8 ACCEPTANCE

To be completed by SFIMC

We certify that the participant has established an IRA Custodial Account, as described herein, and we will accept the recharacterization transfer described.

SFIMC Signature

Date