

3 PAY OPTION (CHOOSE ONE BY PLACING A CHECK-MARK IN THE APPROPRIATE BOX)

A. Establish Plan Sponsor Web Site

- Plan Sponsor Web Roster – By accessing State Farm’s Plan Sponsor website at statefarm.com®, contributions will be submitted electronically by the Plan Administrator. You must complete Section 4, Banking Information to activate the site. We will provide you with an Operator ID and Password to access your site upon receipt of this form.

B. Contribution by ACH

ACH allows you to submit contributions to your plan through an electronic transfer of funds from your bank account. You must complete section 4, Banking Information to remit by ACH.

- One time use only (initiated on day of receipt if this form is received in good order by 3:00 p.m. CST).
- ACH - Systematic contributions at selected frequency. This systematic contribution will remain in effect until changed or revoked by you. Indicate frequency below.

Unless specified below, systematic contributions will be made on the 5th calendar day of the month (5th and 20th if semi-monthly). If the 5th and/or the 20th (or day you select) is a holiday or weekend, investments will be made the previous business day. This systematic contribution will be made according to the information provided in Section 2.

Frequency (choose one)	Day(s) of the month to invest	Month to begin investment
<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	_____	_____

C. Contribution by check

- Make checks payable to State Farm Mutual Funds. You must resubmit all employee information each time a contribution by check is made. *After choosing this pay option proceed to Section 5, Signature.*

4 BANKING INFORMATION (REQUIRED FOR ACH)

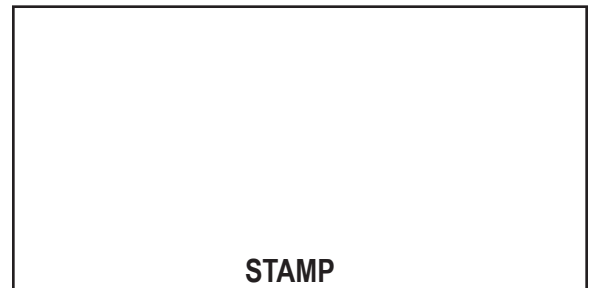
Checking accounts only.

Please attach a voided check on page 3. This allows you to have money electronically transferred from your checking account. Your financial institution may charge a fee for electronic transfers.

By signing this form, Employer authorizes State Farm Investment Management Corp. (“SFIMC”), on behalf of State Farm Bank® to initiate transfers and authorizes Employer’s Bank/Credit Union (hereafter “Depository”) to accept debit entries to Employer’s Depository account. SFIMC on behalf of State Farm Bank is authorized to make follow-up attempts in retrieving debit entries that are denied due to insufficient funds and may correct any transaction error with a debit or credit to Employer’s Depository account and/or any mutual fund account(s) in the above referenced Plan. This authorization shall remain in effect until either a Depository account owner or the Employer provides SFIMC on behalf of State Farm Bank written notification of its revocation at a time that affords SFIMC on behalf of State Farm Bank a reasonable opportunity to implement the request, or until cancelled by SFIMC on behalf of State Farm Bank or Depository.

***Note:** If no Depository account owner is the Employer, please have one Depository account owner sign below and have his/her signature guaranteed; otherwise, the Employer’s signature at the end of the form authorizes the electronic funds transfers.

Depository Account Owner’s Signature



Authorized Guarantor’s Signature

Please tape (do not staple) voided check here.

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. **A notary cannot be accepted.**

5 SIGNATURE

The Employer/Plan Sponsor, its/their agents and assigns (each an "Indemnifying Party") agree to jointly and severally indemnify and hold harmless State Farm Bank, 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.

The Employer/Plan Sponsor, its/their agents and assigns (each a "Releasor") agree to release and discharge State Farm Bank, 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 in any way arises out of a Releasor's misrepresentation, negligent or intentional act, or omission in any way connected with this Account.

Employer Signature

Date

Please retain a copy for your records.

Mail completed form and check (if applicable) or fax to:

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

Securities through registered representatives of State Farm VP Management Corp., One State Farm Plaza, Bloomington, Illinois 61710-0002. **1-800-447-4930**. Securities products are not FDIC insured, are not guaranteed by State Farm Bank and are subject to investment risk, including possible loss of principal.