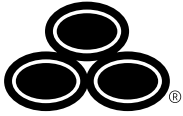


State Farm



529 Savings Plan

Investment Change Form

Complete this form to Change Investment Options

Return this Form to:

State Farm 529
P.O. Box 86529
Lincoln, NE 68501-6529

Overnight Mail:

State Farm 529
1248 O Street, Suite 200
Lincoln, NE 68508

If you have questions, please call us at **800.321.7520**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

1. Account Information

Account Number: _____

Account Owner Name (First, M.I., Last): _____

Mobile Phone Number: _____

Beneficiary Name (First, M.I., Last): _____

Beneficiary Date of Birth (MM/DD/YYYY): _____

2. Investment Option Selection Must total 100%, only whole percentages allowed.

Your account balance and future contributions will be invested based on your following selection, unless directed otherwise. **NOTE:** You can only change your investments twice per calendar year or whenever you change the designated Beneficiary.

Age-Based Investment Option (The Age-Based Investment Option automatically adjusts as the Beneficiary gets older.)

_____ % Age-Based

Static Investment Options

_____ % All Equity Static

_____ % Conservative Static

_____ % Growth Static

_____ % Money Market Static

_____ % Moderate Growth Static

_____ % Bank Savings Static

_____ % Balanced Static

Above percentages = 100%

3. Authorization

I hereby authorize and direct the change of Investment Option(s) to the investments I selected in Section 2.

I acknowledge that my total Account balance AND all future contributions will be invested in the Investment Option(s) selected above. I certify that all the information contained herein is true and correct and that I have read the Program Disclosure Statement and understand the rules and requirements governing investment changes.

I acknowledge, except for any investments made by an Account Owner in the Bank Savings Static Investment Option up to the limit provided by Federal Deposit Insurance Corporation ("FDIC") insurance, neither the principal contributed to an Account, nor earnings thereon, are guaranteed or insured by the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Trust, the Plan, any other state, any agency or instrumentality thereof, State Farm VP Management Corp., Union Bank and Trust Company, Northern Trust Securities, Inc., the FDIC, or any other entity. Investment returns are not guaranteed. Account Owners assume all investment risk, including the potential loss of

Signature and Date Required

X

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee

Date

Print Name Here

Title (if other than an individual)



Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager. Northern Trust Securities, Inc. Distributor, Member FINRA, SIPC. State Farm, Selling Dealer.