

State Farm



529 Savings Plan

Enrollment Form

Complete this Enrollment Form with your State Farm Registered Representative to open a State Farm 529 Savings Plan Account.

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 6 p.m. (CT).

Important Information About Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, you must provide your name, address, date of birth, Social Security number or Taxpayer Identification Number, and other information that will allow us to identify you.

An investor should consider the investment objectives, risks, charges and expenses before investing. This and other important information is contained in the State Farm 529 Savings Plan ("Plan") Program Disclosure Statement which can be obtained at StateFarm.com and should be read carefully before investing. An investor should consider, before investing, whether the investor's or beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in such state's 529 plan. Investors should consult their tax advisor, attorney, and/or other qualified advisor regarding their specific tax, legal, or investment situation.

1. Account Type and Owner Information (Please check only one and complete the appropriate information)

☐ Individual Account

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

Social Security or Taxpayer Identification Number: _____

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

Country of Citizenship: _____

☐ UGMA/UTMA Account

I am opening an UGMA/UTMA account with assets liquidated from an UGMA/UTMA custodial account. I am aware that this may be a taxable event. The minor will be the Account Owner and Beneficiary. (Custodian may not be eligible for tax advantages offered by his or her home state for contributions made to UGMA/UTMA Accounts; check with your home state for eligibility rules.) Custodians of an UGMA or UTMA account, where the custodian is the parent or guardian of the beneficiary of the UGMA/UTMA account, that contribute to the Plan and file a Nebraska state income tax return are generally allowed to deduct their contributions from their gross income for Nebraska state income tax purposes, up to certain limits.

Custodian Name: _____

Custodian Social Security or Taxpayer Identification Number: _____

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

Indicate the State in Which the UGMA/UTMA Custodial Account was Opened: _____

☐ Trust-Owned Account

• Attach copy of Trust Agreement

Name of Trust: _____

Trust Tax ID Number: _____ Date of Trust: _____

Name of Trustee: _____

Social Security or Taxpayer Identification Number of Trustee: _____

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

☐ Corporate, 501(c)(3) or other Entity-Owned Account

• Attach a copy of the corporate resolution, bylaws, or charter that lists the person authorized to act on behalf of the organization.

☐ Corporation ☐ 501(c)(3) ☐ Other (Please Specify): _____

Name of Corporation, 501(c)(3), or other Entity: _____

Entity Taxpayer Identification Number: _____

Name of Authorized Representative: _____

Social Security or Taxpayer Identification Number of Authorized Representative: _____

Date of Birth of Authorized Representative (MM/DD/YYYY): _____

2. Account Owner Contact Information

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Mobile Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

3. Beneficiary Information (The future student or the beneficiary of the UGMA/UTMA account.)

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

Social Security or Taxpayer Identification Number: _____

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

Country of Citizenship: _____

☐ Please check this box if the Beneficiary's address is the same as the Account Owner's. If so, you do not need to complete the address lines below.

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Relationship of Account Owner to Beneficiary:

☐ Parent

☐ Guardian

☐ Grandparent

☐ Friend

☐ Self

☐ Other _____

4. Successor Account Owner (As the Account Owner, you may designate a Successor Account Owner to take control of the Account in the event of your death or legal incapacity.)

- A Successor Account Owner cannot be named for UGMA/UTMA Accounts.
- If a Successor Account Owner is not designated on an Individual Account, the Beneficiary becomes the Account Owner upon the death or legal incapacity of the Account Owner. See the State Farm 529 Savings Plan Program Disclosure Statement for more information.

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

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

Phone Number: _____

Relationship of Account Owner to Successor Account Owner:

☐ Spouse

☐ Other _____

Individual Authorized to Act

(If you are opening an Individual Account as indicated in **Section 1**, do not complete this section.)

An Individual Authorized to Act is required for entity or government Accounts and when the Account Owner is a minor. The Individual Authorized to Act is the person who can transact on the Account until the minor reaches the age of majority in his or her state of residence. The Individual Authorized to Act's address will be used as the Account's address of record and for all Account mailings.

☐ Custodian of UGMA/UTMA Account

☐ Trustee of Trust (Include letter of authorization.)

☐ Corporate Officer or Government Agent

☐ Parent/Guardian if a Minor-Owned Account

☐ Agent or Attorney-in-Fact (Include a copy of the Power of Attorney form.)

Legal Name of Individual Authorized to Act (First, M.I., Last): _____

Social Security or Taxpayer Identification Number: _____

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

Country of Citizenship: _____

☐ Check if address is the same as the Account Owner's, otherwise complete the following:

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Account Mailing Address if different from above: _____

(This address will be used as the Account's address of record for all Account mailings.)

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Financial Professional

To be completed by the State Farm Registered Representative. (Required)

State Farm Dealer #7016

State Farm Registered Representative Legal Name (First, M.I., Last): _____

Branch Number: _____

Rep Number: _____

Branch Street Address: _____

City, State, Zip: _____

Phone Number: _____

Authority to Financial Professional

I understand I am authorized to have access to confirmations and statements, initiate contributions, perform Investment Option changes, make withdrawals for Federal Qualified Higher Education Expenses, and have access to my client's Account. I understand I will not be permitted to change the Account Owner, Beneficiary, Successor Account Owner, Interested Party, firm or financial professional on the Account. I understand I will not be permitted to add, change, or delete banking instruction, transfer or roll over assets from the Account.

State Farm Registered Representative Signature: _____

Date

7. Sales Charge Reduction or Waiver (Optional)

Check all that apply

- ☐ **A. I am eligible for a sales charge waiver** under the terms of the Program Disclosure Statement. I am eligible because I am a/an:

☐ State Farm Agent, an employee or immediate family member* of State Farm or a State Farm VP Management Corp Registered Representative who works for a State Farm Agent.

☐ Employee or immediate family member* of an employee of an investment firm whose underlying funds are in the State Farm 529 Plan.

**Immediate family member includes spouse, parent, parent-in-law, legal guardian, child, stepchild, and sibling.*

- ☐ **B. Rights of Accumulation (ROA).** Check this box if an immediate family member owns units in the Plan that will be applied to the reduced sales charge. ROA applies to Account Owners and immediate family members with combined assets that reach a breakpoint discount level in Class A Units. Please see the Program Disclosure Statement for additional information. If you wish to add more than two immediate family members, please attach a separate sheet and include the information as requested below for each additional immediate family member.

Legal Name of Family Member (First, M.I., Last): _____

Account Number: _____

Legal Name of Family Member (First, M.I., Last): _____

Account Number: _____

- ☐ **C. Letter of Intent.** I intend to buy more Class A Units and understand that I can reduce my sales charges through accumulated investments. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

☐ \$250,000

☐ \$500,000

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

(Your initial and future contribution(s) will be invested based on your following selection, unless directed otherwise.)

- **Before choosing your Investment Option(s), please read the Program Disclosure Statement, available at StateFarm.com, for information about the Investment Options.**

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%

9. Systematic Exchange Program (Optional)

The Systematic Exchange Program allows you to exchange money between Investment Options on a pre-scheduled basis.

- The "Exchanged from" Investment Option must have a minimum of \$2,500 in assets to start the Systematic Exchange Program.
- Your entire initial deposit does not need to be included in the Systematic Exchange Program.
- You must designate a minimum of \$200 for each monthly or quarterly scheduled exchange.
- To start a systematic exchange at the time of enrollment you must select the Electronic Funds Transfer option in Section 10 or mail a contribution check with this completed form to the Plan.
- If you make any changes to or cancel an established Systemic Exchange Program it will count toward your twice per calendar year investment change limit.

Frequency (Check one): ☐ Monthly ☐ Quarterly (3 months from the start date)

Date of Month*: _____

*The first systematic exchange will occur on the day of the month indicated above if received within three business days of that date; otherwise, the systematic exchange will begin the following month or following quarterly date. If a date is not specified, the exchange will take place on the 10th day of the month.

Exchange from Investment Option: _____

Exchange to Investment Option:

Investment Option: _____ Dollar Amount (\$200 Minimum): \$ _____

Investment Option: _____ Dollar Amount (\$200 Minimum): \$ _____

Investment Option: _____ Dollar Amount (\$200 Minimum): \$ _____

Stop Type (Select one):

☐ **Stop date** (MM/DD/YYYY): _____

☐ **When total amount of exchanges equal:** \$ _____

☐ **When complete balance of the "Exchange from" Investment Option is depleted.**

By completing this section and signing this form, I authorize the State Farm 529 Savings Plan to process the periodic exchanges as indicated. I understand that making changes to an established Systematic Exchange Program will count toward my twice per calendar year Investment Option change limit.

Contribution Method(s) (Check all that apply)

- Your initial contribution can come from several sources but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- The minimum initial contribution amount is \$250 per account unless the Account Owner signs up for AIP or payroll deduction of at least \$50 per month. The minimum subsequent contribution amount is \$50.
- Contributions by any source will not be available for withdrawal for seven business days.

☐ **Check** (payable to State Farm 529) \$ _____

☐ **Electronic Fund Transfer (EFT)** from your bank account \$ _____
 This amount will be your initial contribution to open your Account. Please provide your bank information in Section 11. Through EFT, you can make contributions online or by phone by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions.

☐ **Automatic Investment Plan (AIP)** \$ _____

You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly, or you can choose the months in which you would like your AIP to occur. Money will be transferred electronically, based on the frequency you select, into your State Farm Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at StateFarm529.com or by calling 1.800.321.7520. Account Owners, family members, and friends can all contribute to a State Farm Plan Account through AIP. To add additional AIP instructions or multiple bank accounts, please complete the Automatic Investment Plan/Electronic Bank Transfer Form for each additional AIP instruction or bank account. Please provide your bank information in Section 11 below.

Frequency:

☐ **Monthly (date)** _____

(If you do not provide a date, the transfer will occur on the 16th of each month.)

☐ **Twice a month (dates)** _____ & _____

(If you do not provide dates, the transfers will occur on the 12th and the 26th of each month.)

☐ **Quarterly (date each month):** _____

☐ January, April, July, October ☐ February, May, August, November ☐ March, June, September, December

(If you do not provide a date, the transfer will occur on the 20th of each respective month.)

☐ **Annually (MM/DD)** _____

☐ **Annual Increase:** You may increase your Automatic Investment Plan contribution automatically on an annual basis. Your contribution will be adjusted each year in the month you specify by the amount indicated. (If you select the current month the first increase will occur in the following calendar year).

Amount of increase: \$ _____ Month: _____

☐ **Rollover from another 529 plan or Coverdell Education Savings Account ("CESA") to a State Farm 529 Savings Plan Account.** Complete and include an **Incoming Rollover Form**, available online at StateFarm.com or by calling 1.800.321.7520. The IRS restricts rollovers between 529 plans for the same Beneficiary to once every 12 months or upon a change of Beneficiary.

Amount (estimated): \$ _____

☐ **Indirect Rollover.** A check is included from an out-of-state 529 plan, CESA, or qualified U.S. Savings Bond that was redeemed in the last 60 days. You must provide a statement from the prior financial institution or IRS Form 1099-Q or 1099-INT showing the contribution and earnings portion of the redemption. If these forms are not provided, the entire amount will be treated as earnings. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months.

Source (please check one):

☐ Out-of-State 529 Plan ☐ Coverdell Education Savings Account ☐ Qualified U.S. Savings Bonds Proceeds

Amount: \$ _____ Principal (basis): \$ _____ Earnings: \$ _____

☐ **Payroll Direct Deposit.** Complete the Payroll Direct Deposit Form and return with this Enrollment Form. If you want to make contributions to your State Farm 529 Account directly as a payroll direct deposit, you must contact your employer's payroll office to verify that you can participate.

☐ **Deposit of UGMA/UTMA Custodial Assets.** The Account will be funded with proceeds from the sale of assets held in a UGMA/UTMA custodial account.

11. Bank Information

(Required to establish the EFT or AIP service)

1. Account Type:

- ☐ Checking ☐ Savings

• **Tape voided check here.**

This bank account will automatically be linked to your State Farm 529 Savings Plan Account for telephone and website purchase and redemption/withdrawal transactions.

Your Name	1234
Pay to the order of	
Sample	
Bank Name and Address	
Member ID	
: 123456789:	34568:

TAPE YOUR PREPRINTED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE.

- ☐ Instead of submitting a separate check, use the bank account information on the initial investment check enclosed.
- ☐ Use the bank account information from my other 529 accounts in the Trust.

Last 4 digits of bank account number(s): _____

Name(s) on bank account: _____

If you are not the bank account owner – the named bank account owner(s) must authorize AIP and/or EFT service by signing here.

X _____
Signature Signature

12. eDelivery of Documents (Select the below box to sign up for eDelivery.)

- ☐ Select this option to sign up to receive quarterly account statements, Program Disclosure Statements, confirmations, tax forms, supplements, compliance materials, plan news and updates via electronic delivery.

IMPORTANT: You will receive a confirmation email from the State Farm 529 Savings Plan that will enable you to complete the eDelivery sign up and selection process.

Email notifications will be sent to the email address listed in Section 2.

I consent to the delivery of documents that are governed under the State Farm 529 Savings Plan Electronic Delivery of Documents.

I understand that when a document or statement is available, I will receive an email notification from State Farm 529 Savings Plan. The email will include a link to the State Farm 529 Savings Plan secure site, where the document(s) can be viewed and downloaded.

I acknowledge that I have Internet access, an email address, and all software necessary to receive and review documents electronically.

You may revoke this election at any time by contacting the State Farm 529 Savings Plan or logging into your account and requesting paper delivery.

13. Demographic Information (Providing this information is optional. For statistical purposes only.)

The following information is being requested for internal purposes. Your response will be kept confidential. See the Trust's Privacy Notice.

1. How did you hear about the State Farm 529 Plan?

(you may select more than one)

- ☐ Friend, family, or colleague
☐ Internet
☐ State Farm registered representative
☐ Social media
☐ Beneficiary's school
☐ News report
☐ Online advertising
☐ TV
☐ Radio
☐ Email
☐ Direct mail

- ☐ Print ad
☐ Other _____

2. What aspect(s) of the State Farm 529 Plan are most appealing to you?

- ☐ Tax advantages
☐ Flexibility
☐ Estate planning
☐ Affordability
☐ Multi-managed investments

3. Indicate your education level (select highest level completed)

- ☐ High school
☐ Some college

- ☐ Associate degree
☐ Bachelor's degree
☐ Master's degree
☐ Doctorate
☐ Professional

4. Annual household income

- ☐ \$0–\$24,999
☐ \$25,000–\$49,999
☐ \$50,000–\$74,999
☐ \$75,000–\$99,999
☐ Over \$100,000

14. Authorization

Certain capitalized terms are used as defined for purposes of the Program Disclosure Statement.

By signing below, I understand and hereby acknowledge that:

- I have read and understand the terms and conditions of the Plan as described in the Program Disclosure Statement and the Participation Agreement, as currently in effect. I understand the Plan may, from time to time, amend the Program Disclosure Statement or the Participation Agreement. I agree my Plan Account will be governed by the terms and conditions contained in the Program Disclosure Statement and the Participation Agreement, as amended from time to time.
- All of the information in this Form, as well as any supporting documentation, is true and correct.
- I understand the Account established herein is governed by an arbitration clause, which is set forth in Section 12 of the Participation Agreement. I acknowledge receiving a copy of the arbitration clause.
- I have reached the age of majority in the state in which I reside and I have full authority and legal capacity to purchase Investment Options and to open an Account in the Plan.
- If the Account is minor-owned or is funded with UGMA/UTMA assets, I am the parent/guardian/custodian of the Account Owner, I am authorized to open the Account, and I agree to hold harmless the Plan, the Trust, the Trustee, the Nebraska Investment Council, State Farm VP Management Corp., the Distributor, and Union Bank and Trust Company from any third party claims relating to my actions.
- If I am rolling over assets from an out-of-state 529 plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period.
- I understand that Accounts established under the Plan and their earnings are not guaranteed or insured by the Federal Deposit Insurance Corporation, except the Bank Savings Underlying Investment; or any other governmental agency. Investment are not guaranteed or insured by the Plan, the Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Distributor or Union Bank and Trust or its authorized agents or any of their affiliates, and are subject to investment risk including the loss of principal.
- I understand the product I am purchasing is being offered by State Farm VP Management Corp. I further understand this product is not sanctioned, recommended, encouraged or provided on behalf of the federal government.
- You may obtain information about the Securities Investor Protection Corporation (SIPC), including the SIPC brochure, by contacting SIPC. SIPC's website address is sipc.org and SIPC's telephone number is (202) 371-8300.
- I understand that it is the Plan's policy to mail one Program Disclosure Statement for all Accounts for which I am Account Owner. I understand this applies to all existing Accounts and any Accounts that I may open in the future. I consent to this policy.
- I authorize Union Bank and Trust Company, its agents and affiliates, and the Trust to act on any instructions believed to be genuine and from me for any telephone, electronic and website services. Union Bank and Trust Company and the Trust use procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, Union Bank and Trust Company and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account and can make telephone, electronic, or computer exchange and/or redemption, contribution or withdrawal transactions on my behalf.
- By selecting the electronic transfer service in Section 10, I hereby certify that Union Bank and Trust Company has been authorized by the owner of the bank account identified in Section 11 to initiate debit and/or credit entries to the bank account indicated above, and the bank indicated above has been authorized by the owner of such bank account to debit the same amount. I further certify that the bank account owner's signature alone is sufficient for such authorization. I acknowledge that the referenced bank account will be linked to my Plan Account so that I may purchase or sell shares by telephone or online at StateFarm.com. This authority is to remain in full force and effect until Union Bank and Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank and Trust Company reasonable time to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service will be cancelled by Union Bank and Trust Company. I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, Union Bank and Trust Company and its affiliates, and State Farm VP Management Corp., will not bear any liability. Union Bank and Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my Plan Account. I will retain a copy of this authorization for my records.

14. Authorization (continued from previous page)

- I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this Enrollment Form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.
- If established with a trust as Account Owner, by signing this Enrollment Form, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in Section 3. I further certify that the provided trust agreement (or excerpts thereof) is a true copy of the current and valid legal document(s).
- If established with an entity as Account Owner, by signing this Enrollment Form, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in Section 3. I further certify that the resolution contained in the Organization Resolution Form is true and correct.
- I agree to promptly inform Union Bank and Trust Company in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that Union Bank and Trust Company has the right to terminate an individual's, a trust's or an entity's participation in the Plan if it has reasonable grounds to believe that any of the foregoing certifications is untrue.

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 is establishing the Account)	



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.