

State Farm



529 Savings Plan

Automatic Investment Plan/ Electronic Funds Transfer Form

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: _____ Secondary Phone Number: _____

Name of Beneficiary: _____

2. Action to Be Taken

- Start a New** Automatic Investment Plan (Complete Sections 3, 5 and 6)
- Modify an Existing** Automatic Investment Plan (Complete Sections 3 and 6)
- Discontinue** my Automatic Investment Plan (Complete Section 6)
- Add or Change Banking Information** on file for contributions and redemptions (Complete Sections 5 and 6)
- One-time Electronic Funds Transfer** (Complete Sections 4, 5 and 6)

3. Amount and Frequency of Transactions

Complete this Section if you checked "Start a New Automatic Investment Plan" or "Modify an Existing Automatic Investment Plan" in Section 2 above.

Automatic Investment Plan Amount: \$ _____

Frequency of Transactions (Check A, B, C, or D):

- A. Monthly (date)** _____
(If you do not provide a date, the transfer will occur on the 16th of each month.)
- B. Twice a month (dates)** _____ & _____
(If you do not provide dates, the transfers will occur on the 12th and the 26th of each month.)
- C. Quarterly (day of Month)** _____
 January, April, July, October February, May, August, November March, June, September, December
(If you do not provide a date, the transfers will occur on the 20th of each respective month.)
- D. 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: _____

4. One-Time Electronic Funds Transfer

- Invest pursuant to my current investment allocation on file
- Invest this one-time amount per the following direction (for this contribution only):

529 Portfolio	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

5. Banking Information

Fill out the following to add or update bank instructions for an Automatic Investment Plan, Electronic Funds Transfer, subsequent contributions, or redemptions.

- Add bank information
- Add bank information – bank account owner is not the same as Account Owner (Medallion Signature REQUIRED in Section 6.)
- Replace current bank account ending _____ (provide last 4 digits of bank account number)

To establish instructions, attach a voided check, which provides the name(s) on the account and the account number preprinted on it.

Bank Account (check one)

- Checking
- Savings

Name on bank account: _____

If the bank account is a joint account, please list the 529 Account Owner.

• **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 _____ \$ _____ Dollars

Bank Name and Address _____

Mem _____

:123456789: 34568:

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

6. Authorization

By signing below, I certify that the information contained herein is true, complete, and correct.

By selecting the electronic transfer service in Sections 2, 3, 4, and/or 5, I (the contributor) hereby authorize Union Bank and Trust Company to initiate debit and/or credit entries to the bank account indicated above, and the bank indicated above to debit the same amount. I acknowledge that the referenced bank account will be linked to my State Farm 529 Savings 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, 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 State Farm 529 Savings Plan Account. Please retain a copy of this authorization for your records.

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 can obtain information about my Account and can make telephone, electronic, or computer exchange and/or redemption, contribution or withdrawal transactions on my behalf.

Signature and Date Required

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

Print Name Here

Title (if other than an individual)

Bank account owner's signature (if the contributor is different than the State Farm 529 Savings Plan Account Owner) MEDALLION SIGNATURE GUARANTEE REQUIRED

Please wait to sign until you are in the presence of your State Farm registered representative, bank officer or official who will submit the document for or provide the Medallion Signature Guarantee.

I acknowledge that my above-referenced bank account will be linked to the State Farm 529 Savings Plan Account referenced in Section 1.

Bank Account Owner's Signature Date

Print Name Here

Medallion Signature Guarantee

A Medallion Signature Guarantee is required if the name on the bank account is not the same as the State Farm 529 Savings Plan Account Owner.

MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:
Medallion imprints must be fully legible and must not be dated or annotated.

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program.

(A NOTARY PUBLIC CANNOT PROVIDE A SIGNATURE GUARANTEE)



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.