



## Trusted Contact Person Designation 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).

- Use this form to designate a person (who is at least 18 years old) as your Trusted Contact Person. The State Farm 529 Savings Plan may contact your Trusted Contact Person and use them as a resource if we lose contact with you or believe your Account assets are at risk.
- **Your Trusted Contact Person will not be able to access your Account or transfer assets to or from your Account.**

### 1. Account Owner Information

Name (First, M.I., Last): \_\_\_\_\_

Account Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

### 2. Action for Trusted Contact Person

Add the person identified in Section 3 as a Trusted Contact Person

Remove \_\_\_\_\_ as a Trusted Contact Person

Replace the following Trusted Contact Person with the Trusted Contact Person identified in Section 3:

\_\_\_\_\_

### 3. Trusted Contact Person Information

Name of Trusted Contact Person (First, M.I., Last): \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

#### Relationship to Account Owner

Advisor    Attorney    Family Member    Friend    Spouse    Other

4.

# Authorization

By signing below, I hereby certify that:

I authorize the State Farm 529 Savings Plan (the "Plan") and its service providers to take actions indicated in Section 2 of this form. I further authorize the Plan and its present and future direct and indirect affiliates, successors, assigns, custodians, trustees and any service providers to disclose information to a Trusted Contact Person about my Account in the following circumstances: to address possible financial exploitation; to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney; or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults) or other applicable law or regulation. I certify that the Trusted Contact Person is at least eighteen (18) years of age. This form does not create or give your Trusted Contact Person a power of attorney.

## Signature and Date Required

<b>X</b>		
	Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee	Date



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.