



## 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  
3560 South 48<sup>th</sup> Street  
Lincoln, NE 68506

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 & Trust Company, Program Manager. Northern Trust Securities, Inc. Distributor, Member FINRA, SIPC. State Farm, Selling Dealer.