



STATE FARM FUNDS DEATH DISTRIBUTION REQUEST

This form is used to request a one-time distribution or establish a systematic withdrawal plan for an Inherited Traditional IRA, Roth IRA, SEP IRA, SIMPLE IRA, or 403(b) due to the death of the participant. A separate form must be completed for each account from which you wish to take a distribution.

This form should **not** be used for the following situations:

- Spouse beneficiary treating an IRA as his/her own – Please complete IRA/MSA Distribution Request form
- Death distributions for Coverdell ESAs – Please complete ESA Distribution Request form
- Death distributions for Archer MSAs – Please complete IRA/MSA Distribution Request form

Please print all information.

1 PARTICIPANT/BENEFICIARY INFORMATION

DECEDENT INFORMATION - * DENOTES REQUIRED INFORMATION

*ORIGINAL OWNER/DECEDENT'S FIRST NAME		MI	*LAST NAME
*DATE OF BIRTH	*DATE OF DEATH	*DECEDENT'S SOCIAL SECURITY NUMBER	

Had the decedent reached the age of 70½? Yes No

BENEFICIARY INFORMATION - * DENOTES REQUIRED INFORMATION

*Relationship of Beneficiary to the Decedent (check one): (Note: If minor inherited these funds, this section is for minor's information.)

Spouse Non-Spouse Individual Trust Estate Other Entity**

**Note: Attach the Corporate/Organization/Partnership/Resolution form indicating who is authorized to act with respect to this account along with the authorized person's address, date of birth, and social security number.

*FULL LEGAL NAME (OR NAME OF TRUST, ESTATE OR OTHER ENTITY)			
*IF APPLICABLE, NAME(S) OF TRUSTEE(S)/ EXECUTOR OR ADMINISTRATOR OF ESTATE/ADULT ACTING FOR MINOR			
*DATE OF BIRTH/DATE OF TRUST (MM/DD/YYYY)	*SOCIAL SECURITY OR TAXPAYER ID NUMBER	ACCOUNT NUMBER (IF KNOWN)	
*STREET ADDRESS	*CITY	*STATE	*ZIP
PRIMARY PHONE NUMBER			

COMPLETE THE FOLLOWING SECTION ONLY IF YOU ARE A SECOND GENERATION BENEFICIARY INHERITING ASSETS FROM A FIRST GENERATION BENEFICIARY OF AN INHERITED IRA ACCOUNT.

*For example, Carol is an original owner of an IRA. Carol names her son, John, as her primary beneficiary. Upon Carol's death, John becomes the first generation beneficiary of Carol's IRA. John names his son, Nathan, as primary beneficiary of John's new Beneficiary IRA. When John passes away, Nathan becomes the second generation beneficiary of Carol's IRA.

DECEASED FIRST GENERATION BENEFICIARY OWNER'S FIRST NAME	MI	LAST NAME
DECEASED FIRST GENERATION BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY)		DECEASED FIRST GENERATION BENEFICIARY'S DATE OF DEATH (MM/DD/YYYY)
DECEASED FIRST GENERATION BENEFICIARY'S SOCIAL SECURITY NUMBER		

2 PAYMENT OPTIONS

Please note: if you are a second generation beneficiary, you must continue with the same payment option chosen by the first generation beneficiary. Please indicate first generation beneficiary's payment option selection below.

Receive payments based on life expectancy.

Distributions begin by December 31st of the year following the date of the original owner's death. Please complete Section 3, "Instructions for Systematic Withdrawals" if you wish to establish regular Life Expectancy payments to be sent to you automatically.

If applicable, please supply the previous year's 12/31 account value below in Section 3.

Calculate my Life Expectancy using my age at the end of the year following the year of the owner's death. I am a beneficiary who established a separate account by December 31st of the year following the date of owner's death.

Calculate my Life Expectancy using the oldest beneficiary's date of birth. I am one of multiple beneficiaries who did not establish separate accounts by December 31st of the year following the date of owner's death.

Oldest Beneficiary Date of Birth: _____ / _____ / _____ (mm/dd/yyyy)

Deplete the account within 5 years.

This option is available for all Inherited Roth IRAs and for Inherited Traditional IRAs if the original owner passed away prior to the Required Beginning Date (RBD). The RBD is the date the original owner is required to begin Required Minimum Distributions (RMD) at age 70½. You have the option to completely distribute the assets of the account up to December 31st of the fifth year following the year of the death of the original owner.

Please complete Section 3 "Instructions for Systematic Withdrawals", if you would like to establish this option systematically.

Close Account

Immediately distribute the entire account balance upon receipt of this form.

I choose not to make a payment election at this time.

I understand that I have the sole responsibility for electing distributions that comply with the distribution rules applicable to my situation and described in the Custodial Account Agreement, and that The Northern Trust Company as Custodian shall not be responsible for any tax penalties or other damages that result from a failure to elect such distributions. I understand I will not receive reminders from Northern Trust regarding taking such distributions.

One-time distribution in the amount of: \$

Is this one-time distribution in addition to establishing a Systematic Withdrawal Plan? Yes No

Gross Amount OR Net Amount

DOLLARS	SHARES	FUND (if you do not indicate a fund, your redemption will be taken proportionally from each fund)
\$ _____	OR _____ SHARES	FROM _____
\$ _____	OR _____ SHARES	FROM _____
\$ _____	OR _____ SHARES	FROM _____
\$ _____	OR _____ SHARES	FROM _____

If redeeming shortly after purchasing, there may be a delay sending the proceeds. If requesting **Gross Amount**, the amount you receive will be reduced by any federal/state tax withholding and expedited delivery fees. If requesting **Net Amount**, the amount redeemed will be increased to cover any applicable federal/state tax withholding and expedited delivery fees, so the amount you receive will equal the amount you requested. If no election is made, the gross amount will be redeemed.

3 INSTRUCTIONS FOR SYSTEMATIC WITHDRAWALS

We will begin your systematic withdrawal as soon as possible upon receipt of this form. If the amount of funds is not available due to depletion of the fund(s) and or/market fluctuation, we will redeem what is available and stop the systematic withdrawal.

Payment method is check or EFT.

New Request OR **Change Existing Systematic Withdrawal to the following:**

Please indicate if you have an Automatic Investment Plan (AIP) or payroll deduction.

I understand it will be stopped once the systematic withdrawal plan is established.

FUND/ACCOUNT NUMBER	FREQUENCY select one: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually	START DATE Start date may be the 1st or 15th. If no date is selected, the 1st will be used.

INSTALLMENT TYPE

A. Installments for the amount of the Life Expectancy calculated by State Farm Investment Management Corp.

Previous 12/31 account/plan value \$ _____

(Distributions begin in the year following the date of death. If account/plan owner died in current year, no 12/31 value is required).

B. 5 Year - Distribute the entire account over a period of _____ years beginning in _____, _____.

NOTE: Maximum of 5 years.

4 METHOD OF PAYMENT

Please choose **ONE**

A. Invest proceeds into my State Farm Fund Account # _____ Fund _____

B. Cash Distribution

Make check payable to Participant and mail to address of record. Allow 10 days to receive check using standard mail.

*If your address has been updated within the last 30 days, a signature guarantee is required in Section 7.

Make check payable to a qualified charitable organization (For this method a signature guarantee is required in Section 7).

Make check payable to: _____

Mail check to: _____

Electronic Funds Transfer (EFT) redemption proceeds are usually deposited to designated bank account within 2 or 3 business days after processing the redemption request. (The electronic funds transfer will not be granted unless a voided check is attached or is on file.) **Please tape voided check on the following page.**

Wire Transfer - Available for distribution of \$1,000 or more. Redemption proceeds are usually deposited to designated bank account within 1-2 days after receipt of request. A \$15 fee will be deducted from your redemption proceeds. Your bank may also charge a fee for the incoming wire transfer.

If you provide inaccurate or incomplete information, your proceeds will be delayed. State Farm® will not be responsible for reimbursement of overdraft fees which results from wire delays due to missing or incomplete information. The wire transfer will not be granted unless a voided check is attached or is on file. Not available with systematic withdrawals. **Please tape voided check on the following page.**

4 METHOD OF PAYMENT (continued)

You must contact your bank to obtain correct wire instructions, including your bank account number and special wire transfer routing number (this may be different than the routing number for your account).

NAME OF BANK

WIRE TRANSFER ROUTING NUMBER

PAYEE ACCOUNT

NUMBER FOR FURTHER CREDIT TO (IF APPLICABLE)

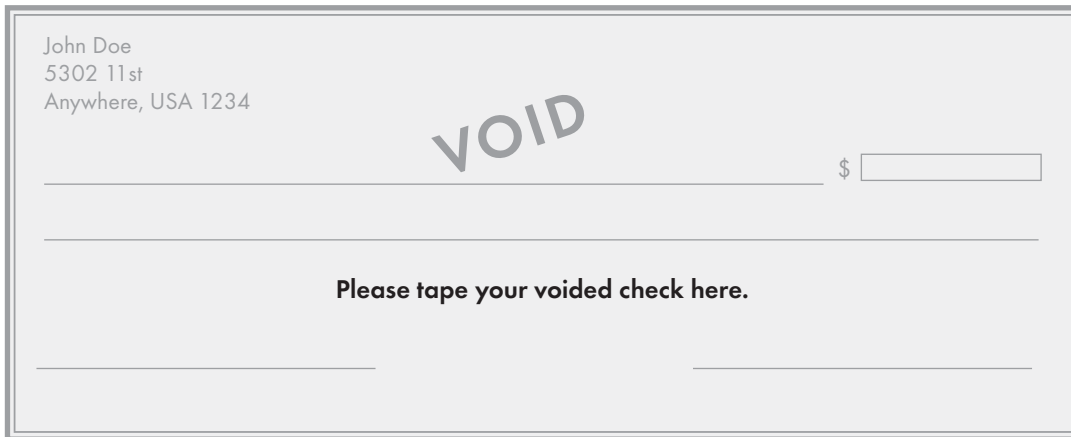
By signing this form, I authorize The Fund, to transfer funds from the above mentioned mutual fund account/plan number to my bank/credit union ("Depository") account via electronic funds transfer (if so selected). I also authorize The Fund to initiate (if necessary) adjustments with a debit or credit to my Depository account and/or mutual fund account/plan number for any previous transfers made in error. The EFT remains in effect until The Fund receives written notification from the Beneficiary completing this form of its revocation at a time that affords The Fund a reasonable opportunity to implement the request, or until cancelled by The Fund or Depository.

Checking Account Savings Account

One Time Use Only. This account will not be retained for future use.

Add this bank account without deleting any pre-existing bank accounts on file (default)

Replace any bank account already on file



STARTER CHECKS AND COUNTER CHECKS WILL BE REJECTED

Important: For checking accounts, a voided check is required. For savings accounts, a deposit slip with information necessary to complete electronic funds transfers including: routing number, account number and account registration is required or documentation with complete information on your bank's letterhead.

Note: If the Mutual Fund Account owner(s) and the Depository account owner(s) are different, please have each Mutual Fund account owner and at least one Depository account owner sign below and have all signatures notarized; otherwise, the Applicant's/Mutual Fund account owner's signature at the end of this form authorizes the EFT.

MUTUAL FUND ACCOUNT OWNER'S SIGNATURE

DEPOSITORY ACCOUNT OWNER'S SIGNATURE

MUTUAL FUND ACCOUNT OWNER'S SIGNATURE

INDICATE YOUR TAX WITHHOLDING ELECTION

We are required to withhold federal income tax (and state income tax depending on your residency) from IRA distributions, other than Roth IRA distributions. You may elect not to have tax withheld by completing this section. If no election is made below, we will withhold federal income tax at rate of 10% (and applicable state income tax) from your distribution. This election applies to the one-time or systematic withdrawal distribution on this form only. You may change or revoke your withholding election at any time.

If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax or incur penalties if your estimated tax payments and withholding are not sufficient.

Tax withheld from your distribution in accordance with your instructions will not be reversed.

Federal Tax Withholding Election

- Do not withhold federal income tax
- Withhold federal income tax (10%)
- Withhold federal income tax at a rate of _____ % (greater than 10%)

State Income Tax Withholding

If you reside in AR, CA, CT*, DE, IA, KS, MA, ME, MI*, NC, NE, OK, OR, VA or VT and federal income tax is withheld, we will also apply state income tax withholding at the minimum required by your state. (State withholding is only available if you reside in a state that requires us to withhold).

*Residents of CT and MI: State income tax withholding is required regardless of your federal election unless you provide Form CT-W4P (for Connecticut residents) or Form MI W4-P (for Michigan residents) indicating an exemption or alternate rate of withholding. These forms are available on your state's website.

6 SIGNATURE

I certify that I am the proper party to receive distributions from this account. All decisions regarding this withdrawal are my own. I understand that it is my sole responsibility to ensure compliance with the distribution regulations governing my account(s).

By signing below, I/we, my/our agents, heirs, executors, administrators and assigns (each an "Indemnifying Party") agree to jointly and severally indemnify and hold harmless State Farm Investment Management Corp., Advisers Investment Trust, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any claim, liability, expense, tax ramification, or loss incurred by a third party which in any way arises out of an Indemnifying Party's misrepresentation, negligent or intentional act, or omission in any way connected with this Account/Plan.

By signing below, I/we, my/our agents, heirs, executors, administrators and assigns (each a "Releasor") agree to release and discharge State Farm Investment Management Corp., Advisers Investment Trust, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any and all claims of any kind whatsoever a Releasor has which may in any way arise out of a Releasor's misrepresentation, negligent or intentional act, or omission in any way connected with this Account/Plan.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
- 2. I am not subject to backup withholding because:**
 - (a) I am exempt from backup withholding, or**
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or**
 - (c) The IRS has notified me that I am no longer subject to backup withholding.**
- 3. I am a U.S. person (including a U.S. resident alien).**

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

BENEFICIARY (OR ADULT FOR MINOR BENEFICIARY)/TRUSTEE/EXECUTOR OR ADMINISTRATOR SIGNATURE

DATE

CO-TRUSTEE/CO-EXECUTOR SIGNATURE (IF APPLICABLE)

DATE

7 SIGNATURE GUARANTEE

A signature guarantee is required if the distribution is over \$100,000 or if the check is made payable to someone other than the beneficiary or mailed to an address other than the address of the beneficiary. A signature guarantee is written representation signed by an officer or authorized employer of the guarantor, showing that the signature of the shareowner is genuine. You may take this form to a bank, broker-dealer or other authorized guarantor to have your signature guaranteed. **A notary cannot be accepted.**

AUTHORIZED GUARANTOR'S SIGNATURE

DATE

AUTHORIZED BY

Financial Institution: Place Medallion Signature Guarantee stamp here
(If required)

GENERAL PROVISIONS

The proper legal documents must be received prior to State Farm Mutual Funds processing your **Death Distribution** form.

The Required Minimum Distribution calculated for the year of death must be distributed by December 31 of that year. The distribution is reported under the beneficiary's social security number.

You may want to seek tax advice regarding your particular situation prior to submitting the **Death Distribution** form.

CAUTION: It is the beneficiary's responsibility to make note of the IRS distribution guidelines. 50% IRS penalties will apply if distributions are not met in time.

Mail or fax completed form to:

**State Farm Funds
PO Box 4766
Chicago, IL 60680-4766**

FAX: 312-557-3093

Neither State Farm nor its agents provide tax or legal advice.