



STATE FARM FUNDS PER STIRPES BENEFICIARY AFFIDAVIT

This form is used to certify the identities of all descendants of a deceased beneficiary who has been designated 'per stirpes.' Descendant is defined as any natural born or legally adopted child of the deceased beneficiary. The deceased beneficiary's portion of the original owner's account will be distributed equally amongst the descendants listed below. If any descendant disclaims their portion of the account, their portion will be split between the remaining descendants proportionately. The descendants have the same options as any regular, non-spouse beneficiary of the original owner's account based on the account type and original owner's age at death. A letter will be sent to each individual named below with account specific instructions after we receive this form. An original or certified copy of the deceased beneficiary's death certificate must be received by State Farm Mutual Funds prior to or along with this form.

Instructions

- Fill out form in its entirety.
- If more space is needed attach a list of additional descendants with the form.
- Send all pages, even if some are blank.
- If signatures of descendants cannot be obtained together, submit multiple forms with section 2 completed for all descendants on each form.
- Mail completed form with related documents to:

State Farm Funds
P.O. Box 4766
Chicago, IL 60680-4766

Please print all information.

1 ORIGINAL OWNER/DECEASED BENEFICIARY INFORMATION

ORIGINAL OWNER - *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

DECEASED BENEFICIARY - *DENOTES REQUIRED INFORMATION

*ACCOUNT NUMBER (IF KNOWN)

*DECEASED *BENEFICIARY OWNER'S FIRST NAME MI *LAST NAME

*DECEASED BENEFICIARY'S DATE OF BIRTH *DECEASED BENEFICIARY'S DATE OF DEATH *DECEASED BENEFICIARY'S SOCIAL SECURITY NUMBER

DESCENDANT INFORMATION

DESCENDANT - *DENOTES REQUIRED INFORMATION

*Relationship of Descendant (check one): (Note: if minor inherited these funds, this section is for minor's information)

Child Adopted Child Step Child

*FULL LEGAL NAME

*IF APPLICABLE, NAME(S) OF ADULT ACTING FOR MINOR

*DATE OF BIRTH (MM/DD/YYYY)

*SOCIAL SECURITY OR TAXPAYER ID NUMBER

PRIMARY PHONE NUMBER

*STREET ADDRESS

*CITY/*STATE/*ZIP

DESCENDANT - *DENOTES REQUIRED INFORMATION

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PRIMARY PHONE NUMBER

*STREET ADDRESS

*CITY/*STATE/*ZIP

2**DESCENDANT INFORMATION** *(continued)***DESCENDANT - *DENOTES REQUIRED INFORMATION**

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*DATE OF BIRTH (MM/DD/YYYY)

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PRIMARY PHONE NUMBER

*STREET ADDRESS

*CITY/*STATE/*ZIP

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*IF APPLICABLE, NAME(S) OF ADULT ACTING FOR MINOR

*DATE OF BIRTH (MM/DD/YYYY)

*SOCIAL SECURITY OR TAXPAYER ID NUMBER

PRIMARY PHONE NUMBER

*STREET ADDRESS

*CITY/*STATE/*ZIP

3**CERTIFICATIONS AND AGREEMENTS**

By signing this form each of the undersigned certifies and agrees as follows:

- A. The information provided above is true, correct and complete to the best of my/our knowledge;
- B. To indemnify and hold harmless the Custodian, the Service Company, the Distributor, the Sponsor and the Fund (as defined in the Custodial Agreement for the account(s) listed above) and its employees, officers, agents and affiliates, from any liability, losses or expense (including legal fees, taxes, fines, and penalties) that any of such parties incur as a direct or indirect result of the distribution of the account(s) listed above in accordance with this request;
- C. There are no known disputes as to the persons entitled to a distribution under the LDPS Designation of Beneficiary directed by the Original Owner, or as to the number of shares into which to divide the account, and there are no known pending or threatened claims affecting the distribution requested;
- D. State Farm Funds will rely on this form in administering the disposition of the account and the undersigned may incur adverse tax or other consequences as a result of providing incomplete or incorrect information or certifications in this form, which will be the responsibility of the undersigned;
- E. No payments may be made from the account until all surviving descendants entitled to share in the distribution have been identified and have submitted proper documentation; and
- F. All surviving descendants of the above-named Beneficiary are listed on Section 2 and have signed below or on separate copies of the form.

4 SIGNATURES OF DESCENDANTS OF DECEASED BENEFICIARY

The signature of each descendant of the beneficiary must be signature guaranteed. You may obtain a Signature Guarantee from an eligible guarantor, including Commercial Banks, Trust Companies, Saving Associations and Credit Unions as defined by the Federal Deposit Insurance Act, and member firms of a domestic stock exchange. A notary public is not an acceptable signature guarantor.

1
SIGNATURE _____ DATE _____

SIGNATURE GUARANTEE (SIGNATURE BY A NOTARY PUBLIC IS NOT ACCEPTABLE)

SIGNATURE GUARANTEED BY:	NAME OF BANK OR DEALER FIRM _____
	SIGNATURE OF OFFICER AND TITLE _____

2
SIGNATURE _____ DATE _____

SIGNATURE GUARANTEE (SIGNATURE BY A NOTARY PUBLIC IS NOT ACCEPTABLE)

SIGNATURE GUARANTEED BY:	NAME OF BANK OR DEALER FIRM _____
	SIGNATURE OF OFFICER AND TITLE _____

3
SIGNATURE _____ DATE _____

SIGNATURE GUARANTEE (SIGNATURE BY A NOTARY PUBLIC IS NOT ACCEPTABLE)

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	SIGNATURE OF OFFICER AND TITLE _____

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SIGNATURE _____ DATE _____

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	SIGNATURE OF OFFICER AND TITLE _____

4 SIGNATURES OF DESCENDANTS OF DECEASED BENEFICIARY (*continued*)

5

SIGNATURE

DATE

SIGNATURE GUARANTEE (SIGNATURE BY A NOTARY PUBLIC IS NOT ACCEPTABLE)

SIGNATURE GUARANTEED BY:

NAME OF BANK OR DEALER FIRM

SIGNATURE OF OFFICER AND TITLE

6

SIGNATURE

DATE

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