



COVERDELL EDUCATION SAVINGS ACCOUNT ROLLOVER FORM

For assistance in completing this form, please contact us at 800-447-0740. Please mail your completed and signed form to State Farm Funds, P.O. Box 4766, Chicago, IL 60680-4766 or fax to 312-557-3093.

Please print all information.

1 PROVIDE YOUR INVESTOR INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME

SOCIAL SECURITY NUMBER	DATE OF BIRTH	

ADDRESS		

ADDRESS		

CITY/STATE/ZIP		

TELEPHONE NUMBER (DAYTIME)	TELEPHONE NUMBER (EVENING)	

E-MAIL ADDRESS		

If you are opening a new account, please attach this completed and signed form to your completed and signed Coverdell ESA Application.
If you are requesting a direct rollover into an existing account, please list your account number below:

_____	_____
ACCOUNT NUMBER	PERCENTAGE ALLOCATION
_____	_____
ACCOUNT NUMBER	PERCENTAGE ALLOCATION
_____	_____
ACCOUNT NUMBER	PERCENTAGE ALLOCATION
_____	_____
ACCOUNT NUMBER	PERCENTAGE ALLOCATION

2 IDENTIFY YOUR CURRENT CUSTODIAN

NAME OF CURRENT CUSTODIAN	

CONTACT PERSON OR DEPARTMENT AT CURRENT CUSTODIAN	PHONE NUMBER

ADDRESS	

ADDRESS	

CITY/STATE/ZIP	

Please attach a copy of your most recent statement from your current custodian.

To avoid delays in completing your request, please read this section carefully.

If you are transferring in cash from another financial institution, your current custodian may require additional paperwork. Your current custodian may also require that you contact them directly to authorize the liquidation of any securities. Written instructions on this form may not be sufficient to authorize the liquidation of securities. Failure to contact your current custodian may result in delays in processing your request.

The ownership of the account you are transferring should match the ownership of your State Farm Funds account.

TO CURRENT CUSTODIAN: Please consider this your authority to send my current ESA to State Farm Funds. This will be considered a Direct Rollover.

CURRENT CUSTODIAN ACCOUNT REGISTRATION

CURRENT CUSTODIAN ACCOUNT NUMBER TO BE TRANSFERRED

MATURITY DATE (IF APPLICABLE)

CHECK ONLY ONE:

- Transfer mutual fund shares in-kind (note: money markets must be liquidated and transferred in cash)
- Liquidate All Shares and transfer Cash**
- Liquidate \$ _____ or _____% and transfer Cash**

**Please contact your current custodian. Your current custodian may require that you contact them directly to authorize the liquidation of any securities. Written instructions on this form may not be sufficient to authorize the liquidation of securities. Failure to contact your current custodian may result in delays in processing your request.

DELIVERY INSTRUCTIONS:

- Make Checks Payable To:
State Farm Funds
FBO (Client Name)
Reference Number _____
PO Box 4766
Chicago, IL 60680-4766
- Overnight Mail:
State Farm Funds
FBO (Client Name)
Reference Number _____
c/o Northern Trust
333 South Wabash, W-38
Chicago, IL 60604
- To Transfer Assets Via Wire:
Please contact us at 800-447-0740

4**SIGN YOUR NAME**

I certify that I have received and read the prospectus for the Funds into which I am transferring my assets. I acknowledge that I have adopted a Coverdell ESA with The Northern Trust Company as successor custodian and I agree only to transfer those assets which can be held in such accounts as described in the relevant Custodial Agreement.

SIGNATURE

PRINTED NAME

DATE

MEDALLION STAMP:

Contact your current custodian to determine if a Medallion STAMP Signature Guaranteed will be required to complete your request.

CUSTODIAN'S ACCEPTANCE: Please be advised that The Northern Trust Company has been appointed to serve as successor custodian of this Coverdell ESA.