



STATE FARM FUNDS CERTIFICATION OF A SPECIAL NEEDS DESIGNATED BENEFICIARY

State Farm Funds Coverdell Education Savings Account

This form is used to certify the Designated Beneficiary on a Coverdell Education Savings Account (ESA) as a Special Needs Designated Beneficiary. If you have any questions or need additional information before completing this form, please call **800-447-0740**.

Please print all information.

1 DEFINITION OF A SPECIAL NEEDS DESIGNATED BENEFICIARY

A Special Needs Designated Beneficiary is an individual who regardless of age requires additional time to complete his or her education due to physical, mental, or emotional condition, including a learning disability.

Consult a competent tax advisor to determine if the Designated Beneficiary qualifies as a Special Needs Designated Beneficiary.

2 DESIGNATED BENEFICIARY INFORMATION

Minor or Special Needs Beneficiary for whom the account is established

FIRST NAME

MIDDLE INITIAL

LAST NAME

SOCIAL SECURITY NUMBER

ACCOUNT NUMBER

3 RESPONSIBLE INDIVIDUAL INFORMATION

Individual named by the Depositor who is authorized to act on behalf of the Designated Beneficiary

FIRST NAME

MIDDLE INITIAL

LAST NAME

MAILING ADDRESS

CITY/STATE/ZIP

TELEPHONE (INCLUDE AREA CODE)

SOCIAL SECURITY NUMBER

4 SIGNATURE OF THE RESPONSIBLE INDIVIDUAL

I hereby certify that the Designated Beneficiary on this Coverdell Education Savings Account is a Special Needs Designated Beneficiary as defined in the regulations issued by the Department of Treasury. I expressly assume responsibility for any consequences arising from this certification and I agree the Custodian shall in no way be held responsible.

RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE

Please mail or fax all signed completed forms to:

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

Fax: 312-557-3093