



STATE FARM FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT DESIGNATION OF SUCCESSOR RESPONSIBLE INDIVIDUAL

Complete this form to designate a Successor Responsible Individual for a Coverdell Education Savings Account. If you have questions or need additional information before completing this form, please call **800-447-0740**.

Please print all information.

1 ACCOUNT INFORMATION

DESIGNATED BENEFICIARY

FIRST NAME	MI	LAST NAME
ADDRESS		
CITY/STATE/ ZIP		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	

RESPONSIBLE INDIVIDUAL'S INFORMATION

FIRST NAME	MI	LAST NAME
DAYTIME PHONE NUMBER	Relationship to Designated Beneficiary: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	

2 SUCCESSOR RESPONSIBLE INDIVIDUAL'S INFORMATION

FIRST NAME	MI	LAST NAME
ADDRESS	SOCIAL SECURITY NUMBER	
CITY/STATE/ZIP		
Relationship to Designated Beneficiary: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
DATE OF BIRTH	DAYTIME PHONE NUMBER	

3 SIGNATURE - RESPONSIBLE INDIVIDUAL

This designation replaces any designation of succession dated prior to my signature date on this form. I certify that the information provided on this document is accurate. I further certify that, in my capacity as the Responsible Individual, I have the authority to name a successor Responsible Individual. The designation becomes effective upon my death, resignation or incapacitation and only if the Designated Beneficiary may not act as his/her own Responsible Individual as identified in the State Farm Mutual Funds Coverdell Education Savings Account Custodial Account Agreement. I agree to seek the guidance of a tax or legal professional regarding my obligations as Responsible Individual and understand that the Custodian cannot provide me with tax or legal advice. I acknowledge that the Custodian is not responsible for my actions herein, and I agree to indemnify and hold the Custodian harmless from any consequences which are a result of my actions.

SIGNATURE OF SUCCESSOR RESPONSIBLE INDIVIDUAL	DATE	NAME OF WITNESS (PLEASE PRINT)
SIGNATURE OF WITNESS (CAN NOT BE SUCCESSOR RESPONSIBLE INDIVIDUAL)	DATE	ADDRESS OF WITNESS (PLEASE PRINT)

4 SIGNATURE - SUCCESSOR RESPONSIBLE INDIVIDUAL

By signing below, I hereby accept responsibility for the above-named Designated Beneficiary's Coverdell Education Savings Account in the event the current Responsible Individual becomes incapacitated, resigns or is deceased if the Designated Beneficiary is not able to act as his/her own Responsible Individual as identified in the State Farm Mutual Funds Coverdell Education Savings Account Custodial Account Agreement at such time. I further accept and agree to the rights and responsibilities of a Responsible Individual in accordance with the provisions of the Custodial Account Agreement. I agree to seek the guidance of a tax or legal professional regarding my obligations as Responsible Individual and understand that the Custodian cannot provide me with tax or legal advice. I acknowledge that the Custodian is not responsible for my actions herein, and I agree to indemnify and hold the Custodian harmless from any consequences which are a result of my actions.

SIGNATURE OF SUCCESSOR RESPONSIBLE INDIVIDUAL

DATE

NAME OF WITNESS (PLEASE PRINT)

SIGNATURE OF WITNESS
(CAN NOT BE SUCCESSOR RESPONSIBLE INDIVIDUAL)

DATE

ADDRESS OF WITNESS (PLEASE PRINT)

Please mail or fax all signed completed forms to:

State Farm Funds
PO Box 4766
Chicago, IL 60680-4766
FAX: 312-557-3093