



STATE FARM FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT DISTRIBUTION REQUEST

For assistance in completing this form, please contact us at 800-447-0740. Please mail your completed and signed form to State Farm Funds, PO 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		

2 INDICATE YOUR REASON FOR DISTRIBUTION

CHOOSE ONE:

- | | |
|--|---|
| <input type="checkbox"/> Qualified Education Expenses
<input type="checkbox"/> Non-qualified Distribution
<input type="checkbox"/> Rollover to another Coverdell ESA Account
<input type="checkbox"/> Excess Contribution Distribution <ul style="list-style-type: none"> <input type="checkbox"/> Current Year <input type="checkbox"/> Prior Year | <input type="checkbox"/> Rollover to a Qualified Family Member
Please include a completed ESA application (available on StateFarmamffunds.com)
<input type="checkbox"/> Beneficiary
Please include: <ul style="list-style-type: none"> • A certified copy of the owner's death certificate • Beneficiary's signature, Medallion Guaranteed (see step 7) • A completed Coverdell ESA Application |
|--|---|

3 PROVIDE YOUR DISTRIBUTION INSTRUCTIONS

A. ONE-TIME DISTRIBUTION

- Distribute the amount indicated below withdrawn and paid as instructed in Step 4.

FUND/ACCOUNT NUMBER	AMOUNT select one: <input type="checkbox"/> dollars <input type="checkbox"/> shares <input type="checkbox"/> percentage

Note: If a full distribution is requested, the annual ESA maintenance fee of \$25.00 may be deducted.

3 PROVIDE YOUR DISTRIBUTION INSTRUCTIONS (*continued*)

B. SYSTEMATIC WITHDRAWAL PLAN FOR SCHEDULED DISTRIBUTIONS

Establish a Systematic Withdrawal Plan based on the information below.

FUND/ACCOUNT NUMBER	AMOUNT select one: <input type="checkbox"/> dollars <input type="checkbox"/> shares <input type="checkbox"/> percentage	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.

C. DIVIDENDS/CAPITAL GAINS DISTRIBUTIONS

Distribute dividends and/or capital gains in cash.

Check all that apply: Dividends Short-term Capital Gains Long-term Capital Gains

FUND/ACCOUNT NUMBER

D. EXCESS CONTRIBUTION

Please redeem my excess contribution of \$ _____ from account number _____.

Excess contribution date _____

Please calculate and withdraw any earnings in addition to the excess contribution amount.

The excess contribution amount indicated above includes earnings that I have calculated.

Note: if neither box is checked, the Custodian will calculate any earnings and withdraw them in addition to the excess contribution amount.

4 SELECT YOUR METHOD OF PAYMENT

A. BY CHECK

Payable to me and sent to the address of record

Payable to a different name or mailing address (*Medallion Signature Guarantee required. See Step 6*)

If you wish to have your distribution check made payable to someone other than yourself, or mailed somewhere other than the address of record, complete the following. If the recipient is a public charity, check here .

NAME

ADDRESS

CITY/STATE/ZIP

4 SELECT YOUR METHOD OF PAYMENT *(continued)*

B. BY TRANSFER TO MY BANK AS FOLLOWS: *(Medallion Signature Guarantee Required if banking instructions are not already on file. See Step 6)*

Attach a preprinted, voided check or deposit slip.

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

Checking Account Savings Account

5 SIGN YOUR NAME

I certify that I am the proper party to direct or receive payments from this ESA and that all information provided by me is true and accurate. No tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

SIGNATURE

PRINTED NAME

DATE

6 MEDALLION SIGNATURE GUARANTEE

MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:

- Payment is equal to or greater than \$100,000
- Electronic payment is to a bank account not on file
- The payment recipient is someone other than the account owner
- Payment is being sent to an address that is different from the address of record
- Funds are being transferred to another State Farm account that is not registered to the account owner

You can obtain a Medallion Signature Guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities Exchange Commission.

Affix Medallion STAMP:

Financial Institution: Place Medallion Signature Guarantee stamp here