



STATE FARM FUNDS CHANGE OF TRUSTEE

This form is used to request Trustee changes on Trust Accounts with State Farm Funds. Please attach the portion of the trust that indicates the name of the Trustee(s) and/or Successor Trustee(s). If you have any questions or need additional information before completing this form, please call **800-447-0740**.

Please print all information.

1 CURRENT TRUSTEE

NAME

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY/STATE/ZIP

TELEPHONE (INCLUDE AREA CODE)

ACCOUNT NUMBER

2 NEW TRUSTEE

FIRST NAME

MIDDLE INITIAL

LAST NAME

MAILING ADDRESS

CITY/STATE/ZIP

RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS OR MAILING ADDRESS IS A PO BOX)

CITY/STATE/ZIP

TELEPHONE (INCLUDE AREA CODE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Check this box if the address on the Mutual Fund account should be updated to the Trustees Mailing Address

3 SIGNATURES

We require signatures of both the resigning Trustee and the gaining Trustee. If there are multiple New Trustees, each Trustee will need to complete Section 2 and Section 3 of the form. To protect you and State Farm Funds against fraud, your signature(s) must be guaranteed or validated by any "eligible" financial institution. Eligible financial institutions include commercial banks, trust companies, saving associates and credit unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. You should verify with the institution that they participate in the Medallion Signature Guarantee Program.

Note: If current Trustee is deceased, please provide a certified copy of a death certification in lieu of signature.

SIGNATURE: CURRENT TRUSTEE

DATE:

SIGNATURE: NEW TRUSTEE

DATE:

Financial Institution: Place Medallion Signature Guarantee stamp here
(if required)

Financial Institution: Place Medallion Signature Guarantee stamp here
(if required)

Mail or fax completed form to:

State Farm Funds
P.O. Box 4766
Chicago, IL 60680-4766
Fax: 312-557-0740