



STATE FARM FUNDS POWER OF ATTORNEY (POA)/TRADING AUTHORITY

This form is used to notify SFVPMC of a POA situation in which you will hold discretionary authority over a securities account on behalf of the account owner. If you have any questions or need additional information before completing this form, please call **800-447-0740**.

Please print all information.

1 POA INFORMATION

FIRST NAME MI LAST NAME DATE OF BIRTH (MM/DD/YYYY)

ADDRESS SOCIAL SECURITY NUMBER

CITY/STATE/ZIP

2 POA AFFILIATIONS WITH STATE FARM®

SFVPMC must be aware of any registered representative that is holding discretionary authority (POA) over a securities account in which the registered representative has authority to make independent decisions with respect to transactions in that customers account. SFVPMC has in place a review process and guidelines that registered representatives of SFVPMC must adhere to if they are holding discretionary authority over these accounts. Please refer to Chapter 8 of the SFVPMC Compliance Manual for full details to aid us in identifying SFVPMC Registered Representatives (RR) holding POA, please choose one of the following:

- I am not affiliated with State Farm (as an Agent, Agent's Staff or Employee of State Farm)
- I am a non-RR State Farm Agent, non-RR Agent's Staff member or non-RR Employee of State Farm Alias _____
- I am a RR State Farm Agent, RR Agent's Staff member or RR Employee of State Farm Alias _____

3 ADDITIONAL INFORMATION

- I am Power of Attorney for (Name) _____
- Account Number(s) _____

If you are a Registered Representative of SFVPMC please complete the following

- My relationship to this individual is (e.g. father, sister, friend) _____

4 POA SIGNATURE

SIGNATURE

DATE

Please provide executed Power of Attorney document and mail or fax all signed completed forms to:

State Farm Funds
P.O. Box 4766
Chicago, IL 60680-4766
Fax Number: 312-557-3093