



STATE FARM FUNDS TRUSTED INDIVIDUAL

Please print all information.

1 ACCOUNT REGISTRATION

ACCOUNT NUMBER

OWNER'S NAME - FIRST

MIDDLE NAME

LAST NAME

JOINT OWNER'S NAME - FIRST

MIDDLE NAME

LAST NAME

DAYTIME PHONE NUMBER

2 TRUSTED INDIVIDUAL

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY/STATE/ZIP

HOME PHONE

MOBILE PHONE

WORK PHONE

EMAIL ADDRESS

RELATIONSHIP TO ACCOUNT OWNER

3 SIGNATURE(S)

REGISTRANT'S SIGNATURE

JOINT REGISTRANT'S SIGNATURE

DATE

Mail or fax completed form to:

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

Fax Number: 312-557-3093

If you choose to provide information about a trusted contact person, you agree that the trusted contact you have listed below may be contacted by the firm about your account. You are also agreeing that the firm, or an associated person of the firm, is authorized to contact the trusted contact, and disclose information about your account, to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165. You are not required to provide a trusted contact person to us.

Please note, assigning a trusted contact does not give the trusted contact any discretionary authority over your account; accordingly, the individual you list, on the basis of being listed as a trusted contact, will not be able to make purchases, effectuate sales or disbursements, or conduct any other activity.