



STATE FARM FUNDS CORPORATE/ORGANIZATION/PARTNERSHIP AUTHORIZED SIGNERS

This form is used to name individuals authorized to act on behalf of your corporation, organization, or partnership. A copy of the appropriate legal document(s) supporting the identity of your organization and its authorized signers must accompany this form. If you have any questions or need additional information before completing this form, please call **800-447-0740**.

Please print all information.

1 ACCOUNT REGISTRATION

ENTITY NAME

TAX ID NUMBER

ADDRESS

CITY/STATE/ZIP

ACCOUNT NUMBER

PHONE

2 AUTHORIZED INDIVIDUALS

List the names of the duly elected individuals authorized to act on behalf of the organization and that are authorized to invest the assets of the organization; to give instructions for the purchase, sale, exchange of shares; and to sign any forms in connection with those shares.

Note: If the number of authorized signers exceeds the space provided, please attach a signature page on company letterhead. If completing an electronic application please complete the Additional Application Information form. Designations provided on this form will supersede any designations previously provided.

NAME

ADDRESS

CITY/STATE/ZIP

TITLE

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

PHONE

SIGNATURE

AUTHORIZED INDIVIDUALS (continued)

NAME

ADDRESS

CITY/STATE/ZIP

TITLE

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

PHONE

SIGNATURE

NAME

ADDRESS

CITY/STATE/ZIP

TITLE

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

PHONE

SIGNATURE

NAME

ADDRESS

CITY/STATE/ZIP

TITLE

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

PHONE

SIGNATURE

A. CONTROL PERSON (REQUIRED)

Please list **one** individual with significant responsibility for managing the legal entity such as an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer) or any other individual who regularly performs similar functions.

Note: An individual listed under section 3A may also be listed in this section 3B.

 NAME

 RESIDENTIAL ADDRESS (PO BOX IS NOT ACCEPTABLE)

 CITY/STATE/ZIP

 TITLE

 DATE OF BIRTH (MM/DD/YYYY)

 SOCIAL SECURITY NUMBER

 EMAIL ADDRESS

 PHONE

US Citizen Non-US Person*

*For Non-U.S. Persons, a Social Security Number, government issued ID/Passport, or other similar identification number may be provided.

B. BENEFICIAL OWNER(S)

Please list each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation).

If no individual meets this definition, please select "Not Applicable." Not applicable

 NAME

 RESIDENTIAL ADDRESS (PO BOX IS NOT ACCEPTABLE)

 CITY/STATE/ZIP

 DATE OF BIRTH (MM/DD/YYYY)

 SOCIAL SECURITY NUMBER

US Citizen Non-US Person*

 NAME

 RESIDENTIAL ADDRESS (PO BOX IS NOT ACCEPTABLE)

 CITY/STATE/ZIP

 DATE OF BIRTH (MM/DD/YYYY)

 SOCIAL SECURITY NUMBER

US Citizen Non-US Person*

3 CERTIFICATION OF BENEFICIAL OWNER(S) (continued)

NAME

RESIDENTIAL ADDRESS (PO BOX IS NOT ACCEPTABLE)

CITY/STATE/ZIP

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

US Citizen Non-US Person*

NAME

RESIDENTIAL ADDRESS (PO BOX IS NOT ACCEPTABLE)

CITY/STATE/ZIP

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

US Citizen Non-US Person*

*For Non-U.S. Persons, a Social Security Number, government issued ID/Passport, or other similar identification number may be provided.

5 SIGNATURE

I hereby certify that I am an officer of the entity named in Section 1 and that all information is accurate.

The Manager and the Funds will employ reasonable procedures to confirm that telephone and internet instructions are genuine. If the Manager and the Funds fail to employ reasonable procedures, they may be liable for any losses due to unauthorized or fraudulent instructions. However, the Funds, the Manager and their respective officers, directors, employees, and agents will not be liable for acting upon instructions given under the authorization when reasonably believed to be genuine.

AUTHORIZED SIGNATURE

DATE (MM/DD/YYYY)

Mail completed form & supporting legal document(s) to:

**State Farm Funds
PO Box 4766
Chicago, IL 60680-4766**