



STATE FARM FUNDS DESIGNATION OR CHANGE OF TRANSFER ON DEATH (TOD) BENEFICIARY

This form is used to designate or change the Transfer on Death Beneficiary(ies) on your non tax qualified State Farm Funds account. If you wish to establish a beneficiary for your IRA, please call us for a Designation or Change of Beneficiary form. I hereby revoke any prior TOD Beneficiary designations and name the following as the beneficiary(ies) of the referenced account, subject to my right to change this designation as provided in the general provisions listed on 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 *(Tenants in Common and UGMA/UTMA Custodians are NOT to designate a beneficiary)*

OWNER'S NAME	MI	LAST NAME
JOINT OWNER'S NAME	MI	LAST NAME
OWNER'S SOCIAL SECURITY NUMBER	JOINT OWNER'S SOCIAL SECURITY NUMBER	ACCOUNT NUMBER
Owners Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Joint Owners Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
TELEPHONE		
ADDRESS		
CITY/STATE/ZIP		

2 BENEFICIARY(IES)

PRIMARY BENEFICIARY(IES)

NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT	
STREET		CITY/STATE/ZIP			
NAME		SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
STREET		CITY/STATE/ZIP			
NAME		SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
STREET		CITY/STATE/ZIP			
NAME		SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
STREET		CITY/STATE/ZIP			

2 BENEFICIARY(IES) *(continued)*

SECONDARY BENEFICIARY(IES)

NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
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STREET	CITY/STATE/ZIP
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NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
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STREET	CITY/STATE/ZIP
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NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
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STREET	CITY/STATE/ZIP
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NAME	SSN/TIN	RELATIONSHIP	DATE OF BIRTH (MONTH/DAY/YEAR)	% OF ACCOUNT
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STREET	CITY/STATE/ZIP
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3 SIGNATURE(S)

Signature of all Joint Owners are required. If there are more than two Joint Owners please sign and date above or below the signature block. If co-owners are married to each other, no spousal consent is necessary. If the owner (or any co-owner) is married and designates a beneficiary other than his or her spouse/partner, this beneficiary designation may have significant legal and/or tax consequences. Please consult your legal advisor.

INDIVIDUAL'S SIGNATURE	JOINT OWNER'S SIGNATURE	DATE
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SIGNATURE OF SPOUSE (IF REQUIRED*)

*Note: Spouse's or partner's signature is required if the spouse/partner and/or Account Owner resides in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin, and the spouse/partner is not an account owner or named as the sole primary beneficiary. By signing, spouse/partner voluntarily and irrevocably consents to the beneficiary designation and to The Funds paying all sums due upon death as designated above subject to the Designation or Change of Transfer on Death (TOD) Beneficiary Form General Provisions. An account owner(s) should consult with his or her legal advisor. The Funds neither has an obligation to determine, nor is responsible for determining, an account owner's marital status, whether property placed into an account is separate or community property, or whether spousal/partner consent is necessary.

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.

Financial institution: Place Medallion Signature Guarantee stamp here.

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GENERAL PROVISIONS

1. This form is deemed valid by the Funds if the following requirements have been met:
 - a) The beneficiary information is complete.
 - b) It is signed and dated by the Individual Owner and/or all Joint Owner(s).
 - c) Joint Owners shall be valid only if this form is filed and acknowledged by the Funds prior to the death of the Individual Owner or all Joint Owners.
 - d) Your spouse/partner has signed the form - if required.
 - e) It is filed with the Custodian prior to your death.
2. To name more than four primary or secondary beneficiaries:
 - a) Attach a separate page and include, for each beneficiary, all of the information requested on this form.
 - b) Sign and date the additional page.
3. The Funds retains the right to refuse incomplete or illegible Designation or Change of Transfer on Death (TOD) Beneficiary forms.
4. You have the right to change the beneficiary designation at any time by completing a new Designation or Change of Transfer on Death (TOD) Beneficiary form. A Designation or Change of Transfer on Death (TOD) Beneficiary form signed by the Individual Owner or all Joint Owners should be valid only if it is filed and acknowledged by the Funds prior to the death of the Individual Owner or all Joint Owners. A new designation replaces any prior designations when it is filed and received by the Funds.
5. In order to qualify to receive payments of any amounts payable under this account:
 - a) An individual Beneficiary (whether Primary or Secondary) must survive the Individual Owner and/or all Joint Owners.
 - b) A trust (whether Primary or Secondary Beneficiary) must be valid and in effect, and a trustee must be qualified to act, at the time such payment becomes due.
6. It is understood and agreed that the Funds shall not be responsible for any failure of any trustee(s), executor (s), or administrator(s) to perform their duties, nor for the application of any money paid to the trustee(s), executor (s), or administrator(s) and for the amount paid.
7. Except to the extent otherwise expressly provided on this Designation of TOD Form, all sums payable by reason of the Individual Owner's or all Joint Owners' death:
 - a) Shall be divided equally between all surviving primary beneficiaries named on this form.
 - b) If there are no surviving primary beneficiaries, the payment shall be divided between all surviving secondary beneficiaries.
 - c) If there are no surviving beneficiaries (primary or secondary) or no beneficiary is named, such payment shall be made to the executor(s) or administrator(s) of the Individual Owner's or all Joint Owners' estate.
8. Subject to the paragraph 7 immediately above:
 - a) If a trust is designated as a Primary Beneficiary but the trust fails, all sums payable to the trust by reason of the Individual Owner's and/or all Joint Owners' death shall be paid in equal shares to all surviving Primary Beneficiaries. If there are no surviving Primary Beneficiaries, the payment shall be divided equally between and paid to all surviving Secondary Beneficiaries.
 - b) If there are no surviving Primary Beneficiaries and a trust is designated as a Secondary Beneficiary and the trust fails, all sums payable to the trust by reason of the Individual Owner's and/or all Joint Owners' death shall be divided equally between and paid to all surviving Secondary Beneficiaries.
 - c) If there are no surviving Primary Beneficiaries and a trust is the only designated Secondary Beneficiary, or all other named Secondary Beneficiaries have predeceased the Individual Owner and/or all Joint Owners, but the trust fails, all sums that were to be payable to the trust by reason of the Individual Owner's and/or all Joint Owners' death shall be made to the Individual Owners' and or all Joint Owners' estate(s).
9. If any person to whom all or a portion of the Individual Owner's and/or all Joint Owners' interest is payable is a minor and if the Individual Owner and/or all Joint Owners has/have not so designated a person to receive the minor's interest on behalf of such minor, the Funds may in its sole discretion distribute the interest to the legal guardian of such minor.

Please mail or fax the signed completed forms to:

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

Fax Number: 312-557-3093