



# STATE FARM FUNDS NON TAX-QUALIFIED EXCHANGE OR REDEMPTION REQUEST

This form is used to:

- Perform a one-time exchange or establish/change a systematic exchange within your non tax-qualified account (complete sections 1, 2 and 7).
- Request a one-time redemption from your non tax-qualified account (complete sections 1, 3, 4 (if necessary), 6 and 7).
- Establish/change a systematic withdrawal from your non tax-qualified account (complete sections 1, 5, 6 and 7).

Please use one form per account.

If telephone privileges are established, fund exchanges and redemptions may be made online at [statefarm.com](http://statefarm.com)® or by calling **800-447-0740**.

**This form should NOT be used for Traditional IRA, Roth IRA, ESA or MSA accounts. If used for these account types, the exchange or redemption will not be made.**

If you have questions or need additional information before completing this form, please call **800-447-0740**.

Please print all information.

## 1 ACCOUNT OWNER INFORMATION

First Name Owner, Co-Trustee or Custodian	MI	Last Name
First Name Joint Owner, or Co-Trustee	MI	Last Name
Address		
City	State	ZIP Code
Day Telephone	Account Number	Social Security/TIN

## 2 FUND EXCHANGE

Complete Section 2 to exchange money **one-time or systematically** from one fund to another.

- One-time exchanges must meet the minimum investment requirements of \$250 per new fund position opened.
- Exchanges may result in tax implications.
- If your cost basis is Specific Lot Identification, please also complete Section 4.
- Read the Prospectus carefully before investing.

### A. ONE-TIME EXCHANGE

Select one:

- \$     % (Whole % only)     shares

EXCHANGE	FROM FUND	TO FUND

**2** FUND EXCHANGE (continued)

**B. SYSTEMATIC EXCHANGE**

Unless specified below, exchanges will default to the 1st calendar day of every month.

Account Number: \_\_\_\_\_

Frequency:     monthly     quarterly     semiannually     annually

FROM FUND	TO FUND	AMOUNT	START DATE <small>Start date may be the 1st or 15th. If no date is selected, the 1st will be used.</small>
		\$	
		\$	
		\$	
		\$	

**3** REDEMPTION INFORMATION

A redemption from a non tax-qualified account may result in a taxable gain or loss. If your cost basis is Specific Lot Identification, also complete Section 4.

- A. Redeem the entire account balance. The automatic investment, if any, will be discontinued in the account you are redeeming from. To continue your current automatic investment or change the amount and/or fund, call 800-447-0740.
- B. Partial Redemption in the amount of:

DOLLARS		SHARES		FUND/ACCOUNT
\$	OR		SHARES FROM	
\$	OR		SHARES FROM	
\$	OR		SHARES FROM	
\$	OR		SHARES FROM	

Gross Amount     Net Amount

If redeeming shortly after purchasing, there may be a delay sending the proceeds. If requesting **Gross Amount**, the amount you receive will be reduced by any federal/state tax withholding, CDSC and expedited delivery fees. If requesting **Net Amount**, the amount redeemed will be increased to cover any applicable federal/state tax withholding, CDSC and expedited delivery fees, so the amount you receive will equal the amount you requested. If no election is made, the gross amount will be redeemed.

**4** SPECIFIC LOT IDENTIFICATION

If you have selected Specific Lot Identification as your cost basis method, please indicate which share lots are to be redeemed or exchanged below. If you do not provide complete lot information, the secondary method will be used to deplete shares from your account.

FUND	DATE OF PURCHASE <small>(MM/DD/YYYY)</small>	NUMBER OF SHARES

To name more than four specific lots, attach a separate page that includes all information requested in this section. Please sign and date the additional page.

**5** SYSTEMATIC WITHDRAWAL

We will begin your systematic withdrawal as soon as possible upon receipt of this form. Payment method is check or electronic funds transfer (EFT).

**Please indicate if you have an Automatic Investment Plan (AIP) or payroll deduction.** I understand it will be stopped once the systematic withdrawal plan is established.

Frequency:     monthly     quarterly     semiannually     annually

DOLLARS		FROM FUND (If you do not indicate a fund, your redemption will be taken proportionally from each fund.)	START DATE Start date may be the 1st or 15th. If no date is selected, the 1st will be used.
\$	FROM		
\$	FROM		
\$	FROM		
\$	FROM		

**6** METHOD OF PAYMENT (Please choose ONE)

A. Invest proceeds in my State Farm Funds Traditional or Roth IRA account # \_\_\_\_\_ as a \_\_\_\_\_ tax year contribution as follows:

FUND	AMOUNT
	\$
	\$
	\$
	\$

B. Cash Distribution

- Make check payable to account owner(s) and mail to the address of record  
\*If your address has changed within the last 30 days, a Medallion Signature Guarantee is required.
- \*Express Mail to address of record - available for distributions of \$1,000 or more. Delivery is generally within 2-3 business days. A \$15 fee will be deducted from your redemption proceeds. Not available for systematic withdrawals.
- \*Electronic Funds Transfer (EFT) redemption proceeds are usually deposited to designated bank account within 2-3\* business days after processing the redemption request. (The electronic funds transfer will not be granted unless a voided check is attached or on file.) **Please tape voided check on the following page.**  
  
\*If bank instructions have not been on file for 30 calendar days, a Medallion Signature Guarantee is required in Section 8.
- Wire Transfer - available for distributions of \$1,000 or more. Redemption proceeds are usually deposited to designated bank account within 1-2\* business days after receipt of request. A \$15 fee will be deducted from your redemption proceeds. Your bank may also charge a fee for the incoming wire transfer. If you provide inaccurate or incomplete information, your proceeds will be delayed. State Farm® will not be responsible for reimbursement of overdraft fees which result from wire delays due to missing or incomplete information. Not available with systematic withdrawals. (The wire transfer will not be granted unless a voided check is attached or on file.) **Please tape voided check on the following page.**  
  
\*If bank instructions have not been on file for 30 calendar days, a Medallion Signature Guarantee is required in Section 8.

You must contact your bank to obtain correct wire instructions, including your bank account number and special wire transfer routing number (this may be different than the routing number for your account).

Name of Bank

Wire Transfer Routing Number

Payee Account Number

For Further Credit to (if applicable)

By signing this form, I authorize State Farm Funds to transfer funds from the above mentioned mutual fund account to my bank/credit union ("Depository") account via electronic funds transfer (if so selected). I also authorize State Farm Funds to initiate (if necessary) adjustments with a debit or credit to my Depository account and/or mutual fund account number for any previous transfers made in error. The EFT remains in effect until State Farm Funds receives written notification from the owner(s)/trustee(s) completing this form of its revocation at a time that affords State Farm Funds a reasonable opportunity to implement the request, or until cancelled by State Farm Funds or Depository.

Checking Account     Savings Account

One Time Use Only. This account will not be retained for future use.

Replace any bank account already on file.

Add this bank account and do not delete any pre-existing bank account. (Default method if no method is chosen.)

John Doe 5302 11st Anywhere, USA 1234	<h1>VOID</h1>	\$ <input type="text"/>
<p><b>Please tape your voided check here.</b></p>		

**STARTER CHECKS AND COUNTER CHECKS WILL BE REJECTED**

**Important:** For checking accounts, a voided check is required. For savings accounts, a deposit slip with information necessary to complete electronic funds transfers including: routing number, account number and account registration is required or documentation with complete information on your bank's letterhead.

**Note:** If the Mutual Fund Account owner(s) and the Depository account owner(s) are different, please have each Mutual Fund account owner and at least one Depository account owner sign below and have all signatures notarized; otherwise, the Applicant's/Mutual Fund account owner's signature at the end of this form authorizes the EFT.

**7** SIGNATURE

I certify that I am the proper party to request an exchange or receive redemptions from this account. All decisions regarding this transaction are my own.

Any non-covered shares (generally those purchased before January 1, 2012) in your account will be redeemed first. If you are exchanging or redeeming covered shares (generally those purchased on or after January 1, 2012), the cost basis method of record on your account will be used to report the basis of your shares to the IRS.

By signing below, I/we, my/our agents, heirs, executors, administrators and assigns (each an "Indemnifying Party") agree to jointly and severally indemnify and hold harmless State Farm Investment Management Corp., Advisers Investment Trust, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any claim, liability, expense, tax ramification, or loss incurred by a third party which in any way arises out of an Indemnifying Party's misrepresentation, negligent or intentional act, or omission in any way connected with this Account/Plan.

By signing below, I/we, my/our agents, heirs, executors, administrators and assigns (each a "Releasor") agree to release and discharge State Farm Investment Management Corp., Advisers Investment Trust, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any and all claims of any kind whatsoever a Releasor has which may in any way arise out of a Releasor's misrepresentation, negligent or intentional act, or omission in any way connected with this Account/Plan.

**For UGMA/UTMA accounts:**

**Custodians of UGMA/UTMA accounts have the legal responsibility to use the funds for the sole benefit of the minor for whom the account is established. Otherwise, the full value of these assets must be provided to the minor from another source.**

\_\_\_\_\_  
Signature of Owner, Trustee or Custodian

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Joint Owner, Trustee or Co-Trustee

\_\_\_\_\_  
Date (MM/DD/YYYY)

**8** SIGNATURE GUARANTEE

**A signature guarantee is required if the distribution is over \$100,000 or if the check is made payable to someone other than the beneficiary or mailed to an address other than the address of the beneficiary. A signature guarantee is written representation signed by an officer or authorized employer of the guarantor, showing that the signature of the shareowner is genuine. You may take this form to a bank, broker-dealer or other authorized guarantor to have your signature guaranteed. A notary cannot be accepted.**

\_\_\_\_\_  
Authorized Guarantor's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Authorized By

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

Mail or fax completed form to:

**State Farm Funds  
PO Box 4766  
Chicago, IL 60680-4766  
FAX: 312-557-3093**

Neither State Farm nor its agents provide tax or legal advice.