



STATE FARM FUNDS NEW ACCOUNT APPLICATION

Once your account is set up, an authorized person may purchase additional shares by calling 800-447-0740 or faxing written instructions to the Transfer Agent at 312-557-3093. All trade instructions must be received by 4:00 pm Eastern Standard Time in order to be placed that day. In addition, the funds must be received by the Fund that same day for the trade to be effective.

For assistance in completing this application form, an initial purchase letter of instruction, or any other query, please call 800-447-0740. Please mail your completed, signed and dated application to State Farm Funds, P.O. Box 4766, Chicago, IL 60680-4766. Overnight: State Farm Funds c/o Northern Trust, Attn: Funds Center, 333 S Wabash W-38, Chicago IL 60604.

Please print all information.

1 CHOOSE YOUR ACCOUNT TYPE *and complete the information for that section*

Choose your account type and complete the information for that section

- TRUST**
 C-CORPORATION
 S-CORPORATION
 ENDOWMENT/FOUNDATION
 ERISA PLAN
 GOVERNMENT ENTITY
 RETIREMENT PLAN
 PARTNERSHIP
 OTHER _____

If you checked Retirement Plan, please indicate if this is a 401(k) Profit Sharing Plan Defined Benefit Plan Other _____

NAME OF CORPORATION, TRUST OR OTHER ENTITY

TAX IDENTIFICATION NUMBER

DATE OF TRUST AGREEMENT (FOR TRUSTS)

NAME OF TRUSTEE (FOR TRUST ACCOUNT)

TRUSTEE'S SOCIAL SECURITY NUMBER

TRUSTEE'S DATE OF BIRTH

NAME OF TRUSTEE (FOR TRUST ACCOUNT)

TRUSTEE'S SOCIAL SECURITY NUMBER

TRUSTEE'S DATE OF BIRTH

Is this a publicly traded company? Yes No Please Provide Ticker Symbol _____

Is this a Registered Investment Company? Yes No

Additional documentation is required for legal entities to complete the application process. A Certification Regarding Beneficial Owners of Legal Entity Customers Form may be required. Please review and complete the Appendix as appropriate.

To open a Trust account, please include a copy of the title and signature pages of the Trust.

To open a Corporate account, please include a certified copy of the corporate resolution, including authorized signers, dated within 6 months AND a copy of one of the following: articles of incorporation, government issue business license, or certificate of good standing.

- INDIVIDUAL**
 JOINT
 UTMA

OWNER/CUSTODIAN'S FIRST NAME

MIDDLE INITIAL

LAST NAME

OWNER/CUSTODIAN'S SOCIAL SECURITY NUMBER

OWNER'S DATE OF BIRTH

JOINT OWNER/MINOR'S FIRST NAME

MIDDLE INITIAL

LAST NAME

JOINT OWNER/MINOR'S SOCIAL SECURITY NUMBER

OWNER'S DATE OF BIRTH

2 ADDRESS

Please provide a street address for the account owner. All account-related materials will be sent to this address unless an account mailing address is provided below.

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

Check here if business address

ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS

ADDRESS

ADDRESS

CITY/STATE/ZIP

*The USA PATRIOT Act requires that all investors provide a street address for our records. If this information is not provided, there may be a delay in establishing the account.

3 QUALIFICATION TO PURCHASE

I am a State Farm: Employee - Office Code: _____ Agent State - State-Agent Code: _____

I am a retired State Farm: Employee Agent

I am a qualified family member of : Employee Agent

NAME OF STATE FARM EMPLOYEE OR AGENT

RELATIONSHIP TO EMPLOYEE OR AGENT

SOCIAL SECURITY NUMBER OF EMPLOYEE OR AGENT

4 SELECT YOUR FUND

Minimum initial investment is \$250.00 for each fund or \$50 for each fund with Compensation Deduction and/or Automatic Investment Plan (AIP)

Fund Name	Fund Number	Amount
State Farm Growth Fund	871	\$
State Farm Balanced Fund	872	\$
State Farm Interim Fund	873	\$
State Farm Municipal Bond Fund	874	\$

CHOOSE YOUR INVESTMENT METHOD

Investment will be made by:

- Check Payable to State Farm Funds
 Wire (please call 800-447-0740 for instructions)

5 ESTABLISH AUTOMATIC INVESTMENT PLAN (optional)

After the fund minimum of \$250 has been met, an automatic investment plan can be established for as little as \$50 each month from your bank account on file. In order to establish an automatic investment plan, please complete this section and provide your bank information and preprinted voided check in section 10.

FUND/ACCOUNT NUMBER	AMOUNT	FREQUENCY select one: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually	START DATE (mm/dd/yyyy) (Please choose a start date no later than the 28th; if no date is selected, the 1st will be used.)

6 COMPENSATION DEDUCTION (optional - TO BE COMPLETED BY AGENT/EMPLOYEE)

All deduction authorizations remain in effect until the Fund is notified in writing or by phone to the contrary.

Minimum compensation deduction is **\$50.00 per fund per frequency. An initial \$50 contribution by check or EFT is required to establish a compensation deduction.**

- Employee Agent*

1st Check	2nd Check	Fund	Social Security Number	Signature(s)**
\$	\$			
\$	\$			
\$	\$			

*Agent deductions will be taken on the 15th and 30th of the month. **Signature(s) required for all compensation deductions.

7 DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Your distributions will be automatically reinvested if no box is checked. If you'd like to have your distributions paid in cash, please indicate below:

REINVEST Dividends Short-term Capital Gains Long-term Capital Gains

CASH Dividends Short-term Capital Gains Long-term Capital Gains

SEND CASH DISTRIBUTIONS TO:

- The name/address on the account by check (Default for cash dividends if no selection is made)
- A bank by electronic transfer
- A different name and/or address by check

NAME

ADDRESS CITY/STATE/ZIP

8 ELECT YOUR COST BASIS METHOD FOR YOUR ACCOUNT

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the Fund will apply its default cost basis method to your account. If you select the Specific ID method, a secondary method may be selected in Section 8.

For my account, I would like:

Average Cost (AVCS) First In, First Out (FIFO) Specific ID (SPID) Last In, First Out (LIFO) Low Cost High Cost

SPECIFIC ID SECONDARY METHOD *(optional)*

If you selected Specific ID for your account(s) and would like to use a secondary method as a standing order, please indicate that method below. If you do not provide specific shares at the time of your sale and do not have a secondary method on file, we will sell shares using the First In, First Out (FIFO) method.

First In First Out (FIFO) Last In, First Out (LIFO) Low Cost High Cost

9 TELEPHONE/ONLINE PRIVILEGES

Privileges to redeem via telephone/online will automatically be established on your account unless you indicate otherwise below:

I do not want any Telephone/Online Redemption Privileges

10 BANK INFORMATION

Complete this section if you would like to maintain bank instructions on file for payment of redemptions or distributions, or if you are establishing an automatic investment plan.

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

BENEFICIARY NAME

BENEFICIARY ACCOUNT NUMBER

Checking Account Savings Account

11 COMMUNICATION PREFERENCES

HOUSEHOLDING/CONSOLIDATED MAILING

The Funds are authorized to send only one copy of shareholder reports, prospectuses, or proxy materials to all accounts at this address unless you indicate otherwise below.

I do not want mailings consolidated.

ADDITIONAL STATEMENTS

Complete this section if you would like duplicate statements of your account information to go to an interested party.

NAME

ADDRESS

CITY/STATE/ZIP

12 ELECTRONIC DELIVERY CONSENT

Accept the terms of the Electronic Delivery Consent Agreement below:

1. I agree to receive the following documents through electronic delivery rather than in paper format: all current and future shareholder and fund information including, but not limited to, statements, confirmations, tax forms, the funds' semi-annual and annual reports, prospectuses, proxy statements and newsletters. When the document(s) are available, State Farm will send a message to your Email address instructing how you may access your document(s).
2. This consent to receive documents electronically is effective until you withdraw it.
3. You can withdraw your consent to receive documents electronically at any time by calling or writing State Farm Funds.
4. You can obtain paper copies of electronic documents free of charge at any time by calling or writing State Farm Funds.
5. You may incur additional costs (for example, printing) and possible risks (for example, system outages) associated with electronic delivery.

By providing my email address below, I consent to this agreement.

E-MAIL ADDRESS

13 TRUSTED CONTACT INFORMATION (OPTIONAL)

In conjunction with FINRA Rule 2165 and FINRA Rule 4512, we are seeking to obtain the name and contact information for a "trusted contact" person for shareholder accounts. We could reach out to the "trusted contact" if, for example, we were unable to contact you after multiple attempts, or if you became subject to a disability, or we had reason to believe that you were being abused or exploited by a third party.

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.

TRUSTED CONTACT NAME

ADDRESS

CITY/STATE/ZIP/COUNTRY

RELATIONSHIP TO OWNER (OPTIONAL)

TELEPHONE

EMAIL ADDRESS

14 AUTHORIZED SIGNERS

You have been duly authorized by the registered owner to execute and deliver documents on behalf of the registered owner, included this account application.

- The Funds and the Transfer Agent may accept and act on instructions it reasonably believes were received from any authorized signer, and shall have no liability for accepting and acting on such instruction.
- The authority granted to an authorized signatory on this form shall remain in full force and effect until the Funds or the Transfer Agent has received notice of a change of authority or a revocation of authority.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

15 SIGN YOUR NAME

All account owners or trustees must sign below. For individuals, please sign exactly as your name appears in Section 1.

1. You confirm you have received and read the current prospectus and privacy notice for the Fund you are investing in.
2. You understand that shares of the Fund are not insured or guaranteed by the FDIC or any other governmental agency.
3. You understand that Federal Law requires the Funds to obtain, verify, and record identifying information, which may include the name, residential or business street address, taxpayer identification number, or other identifying information, for each investor who opens an account and that applications without the required information, or without an indication and supporting documentation showing that a taxpayer identification number has been applied for, may not be accepted. You further understand that after acceptance, the Funds reserve the right to (1) place limits on transactions in any account until your identity is verified; or (2) refuse an investment in the Funds by you; or (3) redeem shares and close your account in the event that your identity is not verified. You agree that the Funds and their agents will not be responsible for any loss resulting from your delay in providing all required information or from restricting transactions or closing an account when your identity is not verified.
4. Under penalties of perjury, you certify that (1) the number shown on this application is your correct taxpayer identification number or you are waiting for a number to be issued to you and (2) you are not subject to backup withholding because (a) you are exempt from backup withholding or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or (c) the IRS has notified you that you are no longer subject to backup withholding. **Cross out item 2 if it does not apply to you. The IRS does not require your consent to any provision on this application other than the certification required to avoid backup withholding.**
5. **For Foreign Investors:** You understand that you will be required to complete additional information to meet all USA PATRIOT Act requirements before your application can be approved and that you may be subject to withholding. **Please consult your tax advisor.**
6. **For Corporations, Trusts, or Other Entities:** You acknowledge that the Funds and their agents may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of persons purporting to be your authorized persons as named in the Trust, Corporate Resolution or other acceptable document evidencing authority to act on your behalf which was last received by the Funds or their agent. You agree that the funds and their agents will not be liable for any claims, expenses, or losses resulting from having acted upon instruction reasonably believed genuine.
7. You understand that if the Transfer Agent cannot locate you, your account may be deemed legally abandoned and then escheated (transferred) to the appropriate state's unclaimed property administration in accordance with statutory requirements.
8. You affirmatively elect into the cost basis election indicated in Section 5, and not in the defaulted cost basis method of the Fund in which you are investing in.

- A. You agree that your access to and use of your online account on the Transfer Agent’s website (the Site) is at your own risk and that the Funds do not warrant that the use of the Site for this purpose or any material downloaded from it will not cause damage to any property, or otherwise minimize or eliminate the risks associated with the internet including, but not limited to, loss of data, computer virus infection, spyware, malicious software, trojans and worms. The Funds accept no liability or responsibility of any kind for any loss or damage that you incur in the event of any failure or interruption of the Site or resulting from the act or omission of any party involved in making your online account available to you or from any other cause relating to your access to, inability to access, or use of the Site.
- B. You agree that you are responsible for the confidentiality and use of the individualized password that will be issued to you in connection with your account. Your password is an important means of protection for you. You agree to contact the Transfer Agent immediately if you believe that an unauthorized person has obtained access to your password. The Funds accept no liability for the use of your password by anyone other than you or your authorized agents or otherwise for any authorized access to your account.
- C. BY SIGNING THIS FORM YOU CONFIRM YOUR UNDERSTANDING OF AND AGREEMENT WITH THE ABOVE STATEMENTS AND AUTHORIZE THE FUNDS TO PLACE THE TRADE.

SIGNATURE	PRINTED NAME	DATE
-----------	--------------	------

SIGNATURE	PRINTED NAME	DATE
-----------	--------------	------

SIGNATURE	PRINTED NAME	DATE
-----------	--------------	------

Please read the prospectus or summary prospectus carefully before investing. The Funds are advised by State Farm Management Corp and distributed through Foreside Financial, LLC, member FINRA/ SIPC.

APPENDIX

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country (subject to certain exemptions).

WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) of the following individuals (i.e., the beneficial owners) for applicable legal entities.

- (i) 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); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The Fund(s) will require that a copy of a Passport, or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard, be obtained for non-U.S. beneficial owners listed on this form. The Fund(s) may also ask to see a copy of a driver's license or other identifying document for each U.S. beneficial owner listed on this form.

NAME AND TITLE OF PERSON COMPLETING THIS CERTIFICATION

NAME, TYPE AND ADDRESS OF LEGAL ENTITY FOR WHICH THE CERTIFICATION IS BEING COMPLETED

THE LEGAL ENTITY IS (SELECT ONE):

- Any legal entity that is established as a nonprofit corporation or similar entity (such as charitable, nonprofit, not-for-profit, nonstock, public benefit or similar corporations) and has filed its organizational documents with the appropriate State authority as necessary
- A pooled investment vehicle that is operated or advised by a financial institution that is not one of the excluded legal entity types listed below.

**COMPLETE
SECTIONS A
AND C BELOW**

(Section B not
required)

-
- Publicly Traded Company (Ticker Symbol: _____)
 - A Trust (other than a statutory trust created by a filing with a Secretary of State or similar officer)
 - A sole proprietorship
 - An unincorporated association
 - A financial institution regulated by a Federal functional regulator or a bank regulated by a State bank regulator
 - An insurance company that is regulated by a State
 - A department or agency of the United States, or any State, or of any political subdivision of a State
 - Any entity established under the laws of the United States, of any State, or of any political subdivision of any State, or under an interstate compact between two or more States, that exercise governmental authority on behalf of the United States or of any such State or political subdivision
 - An issuer of a class of securities registered under section 12 of the Securities Exchange Act of 1934 or that is required to file reports under section 15(d) of that Act
 - An investment company, as defined in Section 3 of the Investment Company Act of 1940, that is registered with the SEC under that Act
 - An investment adviser, as defined in section 202(a)(11) of the Investment Advisers Act of 1940, that is registered with the Securities and Exchange Commission under that Act
 - An exchange or clearing agency, as defined in section 3 of the Securities Exchange Act of 1934, that is registered under section 6 or 17A of the Act
 - Any other entity registered with the Securities and Exchange Commission under the Securities Exchange Act of 1934
 - A registered entity, commodity pool operator, commodity trading advisor, retail foreign exchange dealer, swap dealer, or major swap participant, each as defined in section 1a of the Commodity Exchange Act, that is registered with the Commodity Futures Trading Commission
 - A public accounting firm registered under section 102 of the Sarbanes-Oxley Act
 - A bank holding company, as defined in section 2 of the Bank Holding Company Act of 1956 (12 U.S.C. 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owners' Loan Act (12 U.S.C. 1467 a(n))
 - A pooled investment vehicle that is operated or advised by a financial institution that is excluded from this rule
 - A financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010
 - A non-U.S. governmental department, agency or political subdivision that engages only in governmental rather than commercial activities

**COMPLETE
SECTION C
BELOW**

(Sections A and B
not required)

The Fund(s) may
request additional
documentation if one
of these legal entity
types is selected.

-
- Any other corporation, limited liability company, general partnership, limited partnership, or business trust created by filing with a state office

**COMPLETE
SECTIONS A, B
AND C BELOW**

A CONTROL PERSON INFORMATION

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, 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. (If appropriate, an individual listed in Section B below may also be listed in this section).

FIRST NAME

MIDDLE NAME

LAST NAME

SUFFIX

TITLE

DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY

STATE

ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER*

COUNTRY OF ISSUANCE

* *Non-U.S. persons must provide a Social Security Number or a copy of a passport, an alien identification card or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.*

B BENEFICIAL OWNER INFORMATION

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. (If appropriate, an individual listed under section A above may also be listed in this section.)

If no individual meets the ownership criteria defined above, check here:

FIRST NAME

MIDDLE NAME

LAST NAME

SUFFIX

PERCENT OWNERSHIP

DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY

STATE

ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER*

COUNTRY OF ISSUANCE

* *Non-U.S. persons must provide a Social Security Number or a copy of a passport, an alien identification card or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.*

(Additional Beneficial Owner Information entry block on next page)

B BENEFICIAL OWNER INFORMATION *continued*

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. (If appropriate, an individual listed under section A above may also be listed in this section.)

If no individual meets the ownership criteria defined above, check here:

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

FIRST NAME MIDDLE NAME LAST NAME SUFFIX

PERCENT OWNERSHIP DATE OF BIRTH

STREET ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

CITY STATE ZIP

FOR U.S. PERSONS: SOCIAL SECURITY NUMBER

FOR NON-U.S. PERSONS: SOCIAL SECURITY NUMBER, PASSPORT NUMBER OR OTHER SIMILAR IDENTIFICATION NUMBER* COUNTRY OF ISSUANCE

* Non-U.S. persons must provide a Social Security Number or a copy of a passport, an alien identification card or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

B BENEFICIAL OWNER INFORMATION *continued*

Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership (for example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.), or provide a schematic of Beneficial Ownership information.

C CERTIFICATION

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

SIGNATURE

DATE

IMPORTANT NOTIFICATIONS

To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. We will use the name, address, date of birth and other information provided in this form to identify each such person. We also may ask to see their driver's license or other identifying documents.