



STATE FARM FUNDS NON-IRA CHANGE OF OWNERSHIP

This form is used to transfer Non-Tax Qualified funds from one State Farm Mutual Fund account to another State Farm Fund account. This form should not be used for Tax Qualified Accounts (IRA's, ESA's, or MSA's) or the transfer of funds outside of State Farm Funds. If you have any questions or need additional information before completing this form, please call **800-447-0740**.

Please print all information.

1 CURRENT OWNER INFORMATION

NAME(S)

SOCIAL SECURITY NUMBER

ADDRESS

TELEPHONE

CURRENT ACCOUNT NUMBER

2 AMOUNT TO BE TRANSFERRED

FUND

PERCENTAGE %

(OR)

NUMBER OF SHARES

FUND

PERCENTAGE %

(OR)

NUMBER OF SHARES

FUND

PERCENTAGE %

(OR)

NUMBER OF SHARES

FUND

PERCENTAGE %

(OR)

NUMBER OF SHARES

FUND

PERCENTAGE %

(OR)

NUMBER OF SHARES

FUND

PERCENTAGE %

(OR)

NUMBER OF SHARES

3 NEW OWNER REGISTRATION

You must provide account information for the recipient of the transfer. Please select one of the options below and complete the appropriate information.

Transfer the above shares to the existing fund/account number:

OWNER(S) NAME

Transfer the above shares to a new account. Please complete and attach a New Account Application to establish an account for the new owner.

SIGNATURE ON NEXT PAGE

4 REASON FOR TRANSFER (Choose one of the following.)

- UGMA/UTMA*
- Divorce*
- Death (Inheritance)* Date of death (required) _____

For cost basis purposes, the fair market value on the date of death will be used unless an alternate valuation date is elected by the executor of the decedent's estate. Proof of executorship required.

Alternate valuation date (optional) _____

- Check here if this account is owned by spouses and subject to state community property rules.

Note: If the current account is registered to more than one owner, State Farm will assume equal ownership unless instructed otherwise.

- Gift*

For cost basis purposes, the date of gift will be considered the date the transfer occurs.

For gifted shares only: If the receiving account will use the Average Cost Accounting method, the recipient must waive the right to use the donor's basis for these shares if the shares are transferred at a loss.

By signing below, I agree to use the fair market value as of the date of the gift for average cost calculation purposes.

SIGNATURES OF RECIPIENT(S)

RECIPIENT SIGNATURE _____ DATE (MM/DD/YYYY)

RECIPIENT JOINT OWNER SIGNATURE (IF APPLICABLE) _____ DATE (MM/DD/YYYY)

- Other*

* Additional documents may be required.

5 CURRENT OWNER OR BENEFICIARY/EXECUTOR SIGNATURE (Required for all transfer types)

My signature below is my authorization to transfer those assets described herein from the above captioned State Farm Mutual Fund account to a State Farm Mutual Fund account as instructed above. I understand that non-covered shares will be transferred first and then covered shares will be transferred using the cost basis method currently on my account.

CURRENT OWNER/EXECUTOR/BENEFICIARY/TRUSTEE SIGNATURE _____ DATE (MM/DD/YYYY)

CURRENT JOINT OWNER/EXECUTOR/TRUSTEE SIGNATURE/ADULT MINOR (IF APPLICABLE) _____ DATE (MM/DD/YYYY)

6 SIGNATURE GUARANTEE

A signature guarantee is required if legal ownership of the account is changing. A signature guarantee is written representation signed by an officer or authorized employee 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.

AUTHORIZED BY _____

AUTHORIZED GUARANTOR'S SIGNATURE DATE (MM/DD/YYYY) _____

Mail or fax completed form to:
State Farm Funds
P. O. Box 4766
Chicago, IL 60680-4766
Fax: 312-557-3093

Financial Institution: Place Medallion Signature Guarantee stamp here.