



CONTRIBUTION REMITTANCE FORM FOR SEP IRA, SIMPLE IRA AND RETIREMENT PLAN FUNDING PROGRAM PLANS FUNDED WITH STATE FARM FUNDS.

This form is used by an employer to remit contributions by check to a SEP IRA, SIMPLE IRA or Retirement Plan Funding Program (RPPF) funded with State Farm Funds.

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

1 PLAN INFORMATION

Plan Type: SEP SIMPLE RPPF

EMPLOYER NAME

CONTACT INFORMATION

PHONE

EMAIL

2 CONTRIBUTION INFORMATION

- If the employee is a new participant, an application completed by the new participant must be submitted prior to the first contribution.
- Please verify the information submitted is accurate. If this form contains incomplete information or if the contribution total does not match the check, the Contribution Remittance Form and check payment may be returned to you to correct and re-submit.
- If there are more than 5 plan participants, the employer may submit the Contribution Remittance Form using a copy of this form or a different format as long as all of the required information is provided along with the employer's signature and the current date.
- You must resubmit all employee information each time a contribution by check is made.
- Please retain a copy for your records.
- Mail completed form and check (payable to State Farm Funds) to:
State Farm Funds
C/O The Northern Trust Company
P.O. Box 4766
Chicago, IL 60680-4766
- Provide signature and date
- Neither State Farm nor its agents provide tax or legal advice.

EMPLOYER SIGNATURE

DATE

FOR SEP IRA and SIMPLE IRA PLANS ONLY:

Contributions should be applied to the _____ tax year. If no tax year is indicated, contributions will be applied to the year received.

Participant Information			Contribution			
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Fund 871 - Growth 872 - Balanced 873 - Interim	Employee Name	Account Number	SIMPLE IRA Employee Deferral	SEP / SIMPLE IRA Employer Contribution or Match	RPPF Purchase	Total
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

Fund 871 - Growth 872 - Balanced 873 - Interim	Employee Name	Account Number	SIMPLE IRA Employee Deferral	SEP / SIMPLE IRA Employer Contribution or Match	RPPF Purchase	Total
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