



STATE FARM FUNDS DISTRIBUTION REQUEST - EXCESS EMPLOYER CONTRIBUTIONS SEP AND SIMPLE IRA ACCOUNTS

This form is used to request a distribution of excess employer contributions from a SEP or SIMPLE IRA. A separate form must be completed for each account from which you wish to take a distribution. This form is not to be used to remove salary-deferral excess contributions from a SIMPLE IRA. If you have any questions or need additional information before completing this form, please call **800-447-0740**.

1 PARTICIPANT INFORMATION

FIRST NAME	MI	LAST NAME
MAILING ADDRESS (IF P.O. BOX, ALSO INCLUDE STREET ADDRESS)		
CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DAY TELEPHONE (INCLUDE AREA CODE)	PLAN NUMBER
EMPLOYER NAME		

2 AMOUNT OF DISTRIBUTION

Correcting an excess employer contribution made for the tax year _____ on the _____ of _____

Note: If more than one contribution was made for a taxable year, the last contribution made is deemed the contribution that is being corrected, up to the excess amount identified as the amount to be returned.

A. Distribute the amount of \$ _____. You can identify amounts per fund position below. If you do not indicate amounts per fund position, the distribution will be taken proportionately from the market values of employer contributions held in the account.

Dollars		Funds
\$	from	
\$	from	
\$	from	
\$	from	

B. Distribute the entire account balance identified as "employer contributions" and if applicable:

- Continue Automatic Investment Plan (AIP) funded by the employer
- Discontinue Automatic Investment Plan (AIP) funded by the employer

3 METHOD OF PAYMENT

Cash Distribution - Make check payable to employer and mail check to:

(Note: Withholding is not an option when removing excess employer contributions.)

I certify that I am the proper party to authorize distributions from this account. All decisions regarding this withdrawal have been made of my own accord. I consent to the removal of the excess employer contributions.

By signing below, I and my 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, ex-pense, 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 and my 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 in any way arises out of a Releasor's misrepresentation, negligent or intentional act, or omission in any way connected with this Account/Plan.

PARTICIPANT OR BENEFICIARY SIGNATURE

DATE

I (employer), hereby certify that I have contributed excess contributions to a SEP IRA or SIMPLE IRA, and I direct that the excess contributions be directed to me.

EMPLOYER SIGNATURE

DATE

GENERAL PROVISIONS

If the employee or employer have questions about removal of excess employer contributions they should seek the advice of their own legal or tax professional.

Distributions - Per Rev. Proc. 2008-50, employer contributions adjusted for earnings returned to the employer are not included in the gross income of the affected participant. The amount distributed is reported on Form 1099-R issued to the participant indicating the taxable amount as zero.

Please make a copy of this form for your records and mail or fax the original to:

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

Fax 312-557-3093