



STATE FARM FUNDS DISTRIBUTION REQUEST

State Farm Funds Retirement Plan Funding Program

This form is used to request a distribution from your Retirement Plan Funding Program Individual Participant Account. **All distributions will be sent directly to the Plan Trustee For the Benefit Of (FBO) the Participant unless otherwise directed by the Trustee within Section 6. The Trustee must issue the check to the Participant minus federal and state taxes, if applicable. The Fund is not responsible for withholding any federal or state taxes that may be due, providing tax or rollover notices to participants, issuing a Form 1099R, or other reporting.**

Please consult your third party administrator and tax advisor to determine the tax consequences, if any, of this distribution.

Participant - Complete Sections 1, 2, and 4. If applicable, complete Section 5.

Trustee - Complete Sections 3, 6 and 7. Contact your third party administrator or refer to your plan document for questions.

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

Please print all information.

1 PARTICIPANT INFORMATION

FIRST NAME

MIDDLE INITIAL

LAST NAME

ADDRESS

PLAN NUMBER

CITY/STATE/ZIP

DAY TELEPHONE (INCLUDE AREA CODE)

EVENING TELEPHONE (INCLUDE AREA CODE)

SOCIAL SECURITY NUMBER

2 INSTRUCTIONS FOR DISTRIBUTION FROM INDIVIDUAL PARTICIPANT ACCOUNTS

You must first contact your Employer or third party administrator to determine the amount available for withdrawal.

A. Distribute the entire account balance.

B. Partial Distribution in the amount of:

DOLLARS	OR	PERCENT	FUND (if you do not indicate a fund, your redemption will be taken proportionally from each fund)
\$ _____	OR	_____ PERCENT	FROM _____
\$ _____	OR	_____ PERCENT	FROM _____
\$ _____	OR	_____ PERCENT	FROM _____
\$ _____	OR	_____ PERCENT	FROM _____

3 INSTRUCTIONS FOR DISTRIBUTION FROM TRUSTEE DIRECTED ACCOUNTS

Complete this section only if you are distributing Trustee-directed assets.

A. Distribute the entire account balance.

B. Partial Distribution in the amount of:

DOLLARS		PERCENT		FUND (if you do not indicate a fund, your redemption will be taken proportionally from each fund)
\$ _____	OR	_____ PERCENT	FROM	_____
\$ _____	OR	_____ PERCENT	FROM	_____
\$ _____	OR	_____ PERCENT	FROM	_____
\$ _____	OR	_____ PERCENT	FROM	_____

4 PARTICIPANT SIGNATURE

I certify that I am the proper party to request distributions from this account. All decisions regarding this distribution are my own.

By signing below, the Participant, his/her 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, the Participant, his/her 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 SIGNATURE

DATE

5 SIGNATURE GUARANTEE - IF REQUIRED

A signature guarantee is required if the distribution is over \$100,000. 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. A notary cannot be accepted.

AUTHORIZED GUARANTOR'S SIGNATURE

DATE

AUTHORIZED BY

Financial Institution: Place Medallion Signature Guarantee stamp here.

6**PAYEE OPTION (Please choose ONE)**

Make check payable to the Plan FBO the Participant, and mail to the plan address of record.

Rollover proceeds into a State Farm Mutual Fund Traditional IRA.

 FUND #

ACCOUNT #

Rollover proceeds into a State Farm Mutual Fund Roth IRA.

 FUND #

ACCOUNT #

Make check payable to another Institution FBO the participant. Use this option to rollover proceeds or to complete a plan to plan transfer to another Institution. **(For this method a signature guarantee is required in Section 5).**

 NAME OF INSTITUTION:

 MAIL CHECK TO:

If mailing instructions are incomplete, the check will be mailed to the plan address of record.

Important Note to Trustee: State Farm considers the participant 100% vested at the time of this request. It is the responsibility of the Trustee to manage and account for non-vested dollars, mandatory federal/state tax withholding, and all other applicable tax information. Contact your third party administrator or tax advisor for more information.

7**TRUSTEE SIGNATURE**

The Trustee(s) authorize(s) State Farm Mutual Funds to distribute funds as instructed by the Participant.

I certify that all the above information is correct, that all participant elections and spousal consent, if applicable, have been properly obtained, and that the funds being withdrawn are not for the purpose of prohibited transactions as defined by the applicable sections of the Internal Revenue code in the IRC Sec. 4975. I also certify that all necessary information, if applicable, required to be furnished to the participant under IRC Sec. 417 and that an explanation of the direct rollover option and related tax rules required by the applicable sections of the Internal Revenue code has been provided.

I understand and agree that State Farm Investment Management Corp., State Farm Mutual Automobile Insurance Company, their affiliated companies, subsidiaries, assigns, employees, and agents of any of the foregoing **do not have any** responsibility regarding the administration of the plan **including, but not limited to the following:**

- The record keeping or administration for the plan, including keeping track of vesting, the timing, money type, amount, or collection of any plan contributions, assisting with hardship withdrawals or doing loan calculations, the review of contributions allocated among participants, and determining the eligibility of any employee, and annual notice requirements.
- Providing benefit calculations and assisting with completion of forms to begin benefits from the plan.
- Reviewing and determining whether any transactions, policies, and procedures are consistent with the plan document.
- Compliance with the Employee Retirement Income Security Act of 1974 (ERISA), as amended, or any other applicable law, including the determination if prohibited transactions occur.
- Withholding of any federal or state taxes that may be due, including providing tax notices to participants required by law, and any 1099R or other reporting under any applicable federal or state law or regulation.
- Preparation of Form 5500, 5500-EZ, and applicable schedules and Summary Annual Report for Participants
- The investment of plan assets.
- Tax qualification of the plan under the Internal Revenue Code.
- Decisions regarding the investments of plan assets.
- Determining whether any practices, procedures, policies, or transactions are consistent with the plan or trust document or applicable law.

By signing below, I and my agents 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 and my agents 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.

TRUSTEE SIGNATURE

DATE

Mail or fax completed form to:

State Farm Mutual Funds

PO Box 4766

Chicago, IL 60680-4766

Fax: 312-557-3093

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