

## STATE FARM FUNDS IRA ROLLOVER/TRANSFER FORM

For assistance in completing this form, please contact us at 800-447-0740. Please mail your completed and signed form to State Farm Funds, P.O. Box 4766, Chicago, IL 60680-4766 or fax to 312-557-3093.

Please print all information.

FIRST NAME	MIDDLE INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS		
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE NUMBER (DAYTIME)	TELEPHONE NUMBER (EVENING)	
E-MAIL ADDRESS		
SELECT YOUR ACCOUNT TYPE (Check only o	one)	
□ Traditional IRA □ SEP IRA □ Roth IRA	A ☐ SIMPLE IRA ☐ Inherited IR	A
If you are requesting a direct rollover, transfer or con		
If you are opening a new account, please attach this If you are requesting a direct rollover, transfer or con ACCOUNT NUMBER	version of assets into an existing account, ple	
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Please attach a copy of your most recent statement from your current custodian.

## To avoid delays in completing your request, please read this section carefully.

If you are transferring in cash from another financial institution, your current custodian may require additional paperwork. Your current custodian may also require that you contact them directly to authorize the liquidation of any securities. Written instructions on this form may not be sufficient to authorize the liquidation of securities. Failure to contact your current custodian may result in delays in processing your request.

The ownership of the account you are transferring should match the ownership of your Funds Trust account.

TO CURRENT CUSTODIAN: Please consider this your authority to send my current IRA or my distribution from my qualified retirement plan, Section 403(b) annuity, or Section 457 Plan to the Funds Trust.

SELECT YOUR TRANSACTION TYPE (Check only one)
☐ Transfer of Assets
□ Conversion to a Roth IRA
□ Direct Rollover from a Qualified Plan account
CURRENT CUSTODIAN ACCOUNT REGISTRATION
CURRENT CUSTODIAN ACCOUNT NUMBER TO BE TRANSFERRED
MATURITY DATE (IF APPLICABLE)
CHECK ONLY ONE:
☐ Transfer mutual fund shares in-kind (note: money markets must be liquidated and transferred in cash)
□ Liquidate All Shares and transfer Cash**
□ Liquidate \$ or% and transfer Cash**
** Please contact your current custodian. Your current custodian may require that you contact them directly to authorize the liquidation of any securities. Written instructions on this form may not be sufficient to authorize the liquidation of securities. Failure to contact your current custodian may result in delays in processing your request.
DELIVERY INSTRUCTIONS:
□ Make Checks Payable To: State Farm Funds FBO (Client Name) Reference Number PO Box 4766 Chicago, IL 60680-4766
Overnight Mail: State Farm Funds FBO (Client Name) Reference Number c/o Northern Trust 333 South Wabash Avenue, W-38 Chicago, Illinois 60604

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4	SIGN	YOUR	NAME

I certify that I have received and read the prospectus for the Funds into which I am transferring my assets. I acknowledge that I have adopted an IRA with The Northern Trust Company as successor custodian and I agree only to transfer those assets which can be held in such accounts as described in the relevant Custodial Agreement. I certify that none of the assets to be transferred include any minimum required distribution amounts.

SIGNATURE PRINTED NAME DATE

## MEDALLION STAMP:

Contact your current custodian to determine if a Medallion STAMP Signature Guaranteed will be required to complete your request.

CUSTODIAN'S ACCEPTANCE: Please be advised that The Northern Trust Company has been appointed to serve as successor custodian of this IRA.