

IRA Transfer Request

State Farm Mutual Funds® Individual Retirement Account (IRA)

This form is used to transfer funds from an IRA, (Traditional, Roth, SEP, SIMPLE), to a State Farm Mutual Funds IRA. A separate form must be completed for each account you wish to transfer. This form should not be used for a Coverdell Education Savings Account, Archer Medical Savings Account, or Tax Sheltered Account (TSA)/403(b)(7).

If you have any questions or need additional information before completing this form, please call **1-800-447-4930**.

Agent/Shareowner Checklist

- This form is **not** for use with direct rollovers from Qualified Retirement Plans. In these cases, paperwork from the surrendering custodian is required.
- Check with the present custodian/trustee to see if there are any fees for transferring the assets, how often funds are distributed; and if there are special processing requirements such as paperwork of signature guarantee.
- Attach (scan if submitting by E-app) Signature Guarantee documentation:
 - Photocopy of one form of shareowner identification signed by State Farm Registered Representative.
 - Copy of shareowner's current account statement for funds to be transferred.
- For Agent's File:
 - Recommended: If submitting via E-app with electronic signature, in addition to the electronic signature that populates on the transfer form, obtain a dated original ("wet") signature within available open space in Section 5 - Transfer Authorization. Maintain this form with original signature in the client file.
- Only if electronic signature is **not** used for the transfer form, mail original forms with ("wet") signature to:

State Farm Mutual Funds
P. O. Box 219548
Kansas City, Missouri 64121-9548

- For non-spouse inherited transfers (or spouse not treating as own), complete the *Death Distribution Request* form to establish a payout election.

Note: There may be penalties for withdrawing certain investments before their maturity. Please contact your financial institution to determine the applicable penalty, if any. Please submit liquidation requests at least three weeks before maturity. Reduce delays through thorough completion.

Allowable Options for Transfers

- To a Traditional IRA** **To a SEP IRA** **To a Roth IRA** **To a SIMPLE IRA**
 From a Traditional IRA From a Traditional IRA From a Roth IRA From a SIMPLE IRA
 SEP IRA, SIMPLE IRA SIMPLE IRA, SEP IRA

Shareowner Information/Fund Selection Complete for existing accounts only Class B share may **not** be available in your SEP IRA or SIMPLE IRA

Participant's First Name	MI	Last Name
Participant's Social Security Number		

Investment of Proceeds:

Fund Name <small>(As it appears in the Prospectus)</small>	Share Class <small>(If applicable, check one)</small>	% of Allocation <small>(Whole % only; must meet fund minimum)</small>
_____	<input type="radio"/> A <input type="radio"/> B	_____ %
_____	<input type="radio"/> A <input type="radio"/> B	_____ %
_____	<input type="radio"/> A <input type="radio"/> B	_____ %
_____	<input type="radio"/> A <input type="radio"/> B	_____ %
_____	<input type="radio"/> A <input type="radio"/> B	_____ %

Investment of Proceeds:

Fund Name <small>(As it appears in the Prospectus)</small>	Share Class <small>(If applicable, check one)</small>	% of Allocation <small>(Whole % only; must meet fund minimum)</small>
_____	<input type="radio"/> A <input type="radio"/> B	_____ %
_____	<input type="radio"/> A <input type="radio"/> B	_____ %
_____	<input type="radio"/> A <input type="radio"/> B	_____ %
_____	<input type="radio"/> A <input type="radio"/> B	_____ %
_____	<input type="radio"/> A <input type="radio"/> B	_____ %
		Total = 100 %

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State Farm Mutual Funds® IRA Transfer Request

This information will be sent to the current custodian. Reduce delays through thorough completion.

1 Account Registration

FIRST NAME	MI	LAST NAME
MAILING ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE (include area code)	SOCIAL SECURITY NUMBER	

2 Present Custodian or Trustee

Company who currently has the account

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE (include area code)	ACCOUNT NUMBER (Include all account numbers and fund positions applicable for this transfer)	

3 TRANSFER INSTRUCTIONS

Proceeds are coming from: Traditional IRA Roth IRA SEP IRA Inherited IRA

SIMPLE IRA: Date you began participation _____
Month / Day / Year

A transfer from a SIMPLE IRA to an IRA, other than a SIMPLE IRA, may not be made prior to completion of 2 years of SIMPLE IRA participation.

Proceeds are going to: Traditional IRA Roth IRA SEP IRA SIMPLE IRA

Proceeds are Inherited: Decedent's name _____
Decedent's date of birth _____ Decedent's date of death _____
Month / Day / Year Month / Day / Year

Relationship to decedent _____

Account Registration for proceeds/Payout Options

- I am a spouse beneficiary electing to treat the IRA as my own (I am not opening an Inherited IRA)
- I am a spouse beneficiary NOT treating the IRA as my own but as an Inherited IRA (I am opening an Inherited IRA)
- I am a non-spouse beneficiary (I am opening an Inherited IRA)

Inherited IRA payout election options (you must complete a Death Distribution Form)

- Life expectancy payments
- Distributed by the end of the fifth year following the year of the decedent's death

Amount to liquidate:

- All (Approximate Value \$ _____)
- \$ _____ of my present account

Liquidate and Forward Proceeds:

- Immediately
- At Maturity Date: _____
Month / Day / Year

Where to invest your funds: New State Farm Mutual Funds Account (Application attached)

Existing State Farm Mutual Funds Account Number _____

4 Required Minimum Distribution (RMD)

Complete only if you will be 70 1/2 or older in the transfer year and this is not a Roth IRA

Choose **One**

- I authorize and direct the Custodian or Trustee named in Section 2 to distribute to me my RMD for the current year prior to transferring my assets.
- I authorize State Farm Bank® to calculate and distribute my RMD with respect to the amount transferred for the current year. **Note: You must attach a statement showing the prior year December 31st account value, as well as complete and enclose a *Distribution Request* form. If State Farm does not receive this documentation, no RMD amount will be distributed.**
- I plan to satisfy my RMD from an IRA other than the account listed in Section 2. I understand that I am responsible for any tax penalties or other consequences that result from failure to take my RMD in accordance with IRS regulations.

5 Transfer Authorization

Internal Use Only

This is your authorization to liquidate and transfer those assets described herein from the above captioned IRA to an IRA account established in my name with State Farm Bank as custodian. I certify that the above transfer qualifies as a transfer per the applicable Internal Revenue Code section. State Farm can only accept liquidated transfer or rollover assets. State Farm cannot accept transfers in kind in the form of a stock certificate.

Participant Signature

Date

STAMP

A signature guarantee is a written representation signed by an officer or authorized employee of the guarantor, showing that a signature is genuine. **A notary cannot be accepted.** A Registered State Farm Agent can assist you in providing the proper documentation for a Signature Guarantee.

6 Letter of Acceptance and Delivery Instructions

State Farm Bank as Custodian of State Farm Mutual Funds has agreed to serve as successor custodian and will accept the assets to establish a tax-qualified account. Please liquidate and transfer all or part of the designated account as instructed above. **Please verify that the type of account held by your institution matches the type indicated. Your remittance verifies the proceeds are coming from this type of account.**

State Farm Mutual Funds can only accept cash assets in the form of a check or wire. **State Farm Mutual Funds cannot accept Stock Certificates, Transfers In-Kind, DTC, or ACAT.**

Forward proceeds by one of the following delivery methods:

Mail: State Farm Mutual Funds FBO: Client Name Account # _____ PO Box 219548 Kansas City, Missouri 64121-9548	Overnight: State Farm Mutual Funds FBO: Client Name Account # _____ 430 W 7th Street Kansas City, Missouri 64105	Wire Transfer: JP Morgan Chase Bank ABA Routing Number: 0710-0001-3 Account Number: 6227 12743 Springfield, Illinois Further Credit: Client Name & State Farm Mutual Fund Account Number _____
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If you have any questions, please call 1-800-447-4930 between the hours of 8:00 a.m. and 6:00 p.m. Central Time, Monday through Friday.

State Farm Investment Management Corp. Authorized Officer on behalf of State Farm Bank as Custodian of State Farm Mutual Funds tax-qualified accounts.