



State Farm Mutual Funds®

Power of Attorney (POA)/Trading Authority

This form is used to notify SFVPMC of a POA situation in which you will hold discretionary authority over a securities account on behalf of the account owner.

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

1 POA Information

First Name	MI	Last Name	Date of Birth(mm/dd/yyyy)
Address			Social Security Number
City		State	ZIP Code

2 POA Affiliations With State Farm®

SFVPMC must be aware of any registered representative that is holding discretionary authority (POA) over a securities account in which the registered representative has authority to make independent decisions with respect to transactions in that customers account. SFVPMC has in place a review process and guidelines that registered representatives of SFVPMC must adhere to if they are holding discretionary authority over these accounts. Please refer to Chapter 8 of the SFVPMC Compliance Manual for full details

To aid us in identifying SFVPMC Registered Representatives (RR) holding POA, please choose one of the following:

- I am not affiliated with State Farm (as an Agent, Agent's Staff or Employee of State Farm)
- I am a non-RR State Farm Agent, non-RR Agent's Staff member or non-RR Employee of State Farm Alias _____
- I am a RR State Farm Agent, RR Agent's Staff member or RR Employee of State Farm Alias _____

3 Additional Information

- I am Power of Attorney for (Name) _____
- Account Number(s) _____

If you are a Registered Representative of SFVPMC please complete the following

- My relationship to this individual is (e.g. father, sister, friend) _____

4 POA Signature

Signature: _____

Date: _____

Mail or fax form and copy of POA document to:
 State Farm Mutual Funds
 P.O. Box 219548
 Kansas City, Missouri 64121-9548
 Fax: (816)471-4832