



Designation or Change of Beneficiary Request

State Farm Mutual Funds® Individual Retirement Accounts, Tax Sheltered Accounts (TSA) under 403(b)(7), or Archer Medical Savings Accounts (MSA).

This form is used to designate or change the Beneficiary(ies) of your **Traditional IRA, Roth IRA, SEP IRA, SIMPLE IRA, TSA, or MSA**. If you wish to establish a transfer on death beneficiary on your non-tax qualified State Farm Mutual Fund account, please call and request a Designation or Change of Transfer on Death (TOD) Beneficiary Form.

By completing this form you revoke any prior death beneficiary designation and name the following as the beneficiary(ies) of this account, subject to your right to change this designation as provided in the applicable Custodial Account Agreement.

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

1 Instructions

- This form is deemed valid by the Custodian if the following requirements have been met:
 - The beneficiary information is complete.
 - It is signed and dated by the Participant.
 - Your spouse has signed the form - if required.
 - It is filed with the Custodian prior to your death.
- To name more than four primary or secondary beneficiaries:
 - Attach a separate page and include, for each beneficiary, all of the information requested on this form. Have your spouse sign the page, if required.
 - Sign and date the additional page.
 - Have your spouse sign the page, if required.
- See the applicable *State Farm Mutual Funds Custodial Account Agreements* for additional provisions.

2 Participant Information

First Name	MI	Last Name		
Address			Social Security Number	
City		State	ZIP Code	
Account Number	Telephone Number		Marital Status <input type="radio"/> Single <input type="radio"/> Married	

3 Designation of Beneficiary

All fields **must** be completed for each beneficiary.

(PRIMARY BENEFICIARY(IES))	Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
	Street		City		State ZIP Code
	Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
	Street		City		State ZIP Code
	Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
	Street		City		State ZIP Code
	Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
	Street		City		State ZIP Code

Total = 100%

(SECONDARY BENEFICIARY(IES))	Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
	Street	City		State	ZIP Code
	Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
	Street	City		State	ZIP Code
	Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
	Street	City		State	ZIP Code
	Name	SSN/TIN	Relationship	Date of Birth (Month/Day/Year)	% of Account
	Street	City		State	ZIP Code

Total = 100%

4 Signature(s)

Participant's Signature _____

Date _____

Signature of Spouse (if required*) _____

*Note: Spouse's signature is required if the spouse is not the sole primary beneficiary for this account and the spouse and/or Participant resides in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin. By signing, spouse voluntarily and irrevocably consents to the beneficiary designation set forth above and waives all rights he/she may have with respect to the account, except for any rights provided under the applicable Custodial Account Agreement.

Please fax or mail all signed completed forms to: State Farm Mutual Funds
P.O. Box 219548
Kansas City, Missouri 64121-9548
FAX: 1-816-471-4832