



State Farm® 529 Savings Plan Enrollment Form

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.

We are required by federal law to obtain from each person who opens an Account certain personal information—including name, street address, and date of birth, among other information—that will be used to verify their identity. If you do not provide us with this information, we will not be able to open your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

- Investors should consider before investing whether their or their beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in such state's qualified tuition program and should consult their tax advisor, attorney and/or other advisor regarding their specific legal, investment or tax situation.
- You must provide all information except where indicated as optional.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.

Forms can be downloaded from the website at www.statefarm.com or you can call us to order any form—or request assistance in completing this form—at **1.800.321.7520** any business day from 8 a.m. to 8 p.m. Central Time.



1.800.321.7520

8 a.m. to 8 p.m. Central Time M-F



www.statefarm.com

Regular mailing address:

**State Farm 529 Savings Plan
P.O. Box 419096
Kansas City, MO 64141-9096**

Overnight mailing address:

**State Farm 529 Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105**

1. Account type

- Individual Account.** I am opening a new State Farm 529 Savings Plan (State Farm Plan) Account.
- UGMA/UTMA Account.** I am opening an UGMA/UTMA account with assets liquidated from an UGMA/UTMA custodial Account. I am aware that this may be a taxable event. The minor will be the Account Owner and Beneficiary. Enter Custodian information in **Section 4.** (*Custodian may not be eligible for tax advantages offered by his or her home state for contributions made to UGMA/UTMA Accounts, check with your home state for eligibility rules.*) Custodians of an UGMA or UTMA account where the custodian is the parent or guardian of the beneficiary of an UGMA or UTMA account, that contribute to the Plan and file a Nebraska state income tax return are generally allowed to deduct their contributions from their gross income for Nebraska state income tax purposes, up to certain limits.
- Indicate the state (*please abbreviate*) in which the UGMA/UTMA custodial Account was opened or is going to open.
- Business Entity/Trust Account/Scholarship/Non-Profit.** I am opening this Account as a corporation, partnership, association, estate, or trust. (*You must include documentary evidence. Please enclose supporting documents substantiating the status of the Business Entity/Trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.*) Enter Individual Authorized to Act information in **Section 4.**

DO NOT CHECK THE BOX BELOW unless you have called the Plan at 1.800.321.7520 and have received pre-authorization and instructions to open this type of account.

- Minor-Owned Account – Due to the Death of an Existing Account Owner.** The minor will be the Account Owner and Beneficiary. Enter Parent/Guardian information in **Section 4.** (*Parent/Guardian may not be eligible for tax advantages offered by his or her home state for contributions made to Minor-Owned Accounts, check with your home state for eligibility rules. Parent/Guardian of a Minor-Owned Account type is **Not** eligible to deduct their contributions from their gross income for Nebraska state income tax purposes.*)

Promo Code (optional)



* STATE FARM 529 ENROLL *

2. Account Owner information (The Account Owner is the person or entity who owns the Account. If a Minor-Owned or UGMA/UTMA Account, enter Minor's information in **Section 2** and **Section 3** and Custodian information in **Section 4**.)

Legal Name (First name) (m.i.)

Legal Name (Last name)

If the Account Owner is a Business Entity/Trust enter Business Entity/Trust name

Social Security or Taxpayer Identification Number **(Required)**

Birth Date/Trust Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Permanent Street Address (P.O. boxes are **not** acceptable.)

City State Zip Code

Account Mailing Address if different from above (This address will be used as the Account's address of record for all Account mailings.)

City State Zip Code

Telephone Number (In case we have a question about your Account.)

Email Address **(Required)**

3. Beneficiary information (The Beneficiary is the future student.)

Legal Name (First name) (m.i.)

Legal Name (Last name)

Social Security or Taxpayer Identification Number **(Required)**

Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Check if Beneficiary's address is the same as Account Owner, otherwise complete the following:

Mailing Address

City State Zip Code

Relationship of Account Owner to Beneficiary

Parent Guardian Grandparent Friend Self Other

4. Individual Authorized to Act

(If you are opening an Individual account as indicated in Section 1 - Account type do not complete this section.)

An Individual Authorized to Act is required for entity or government Accounts and when the Account Owner is a minor. The Individual Authorized to Act is the person who can transact on the Account until the minor reaches the age of majority in his or her state of residence. The Individual Authorized to Act's address will be used as the Account's address of record and for all Account mailings.

- Checkboxes for Custodian of UGMA/UTMA Account, Trustee of Trust, Corporate Officer or Governmental Agent, Parent/Guardian if a Minor-Owned Account, Agent or Attorney-in-Fact.

Individual Authorized to Act Legal Name (First name) (m.i.)

Individual Authorized to Act Legal Name (Last name)

Social Security or Taxpayer Identification Number

Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Check if address is the same as Account Owner, otherwise complete the following:

Permanent Street Address (P.O. boxes are not acceptable.)

City State Zip Code

Account Mailing Address if different from above (This address will be used as the Account's address of record for all Account mailings.)

City State Zip Code

Telephone Number (In case we have a question about your Account.)

Email Address (Required)

7. Financial Professional *(To be completed by the State Farm Registered Representative. (Required))***State Farm Dealer # 7016**

State Farm Registered Representative *(first, middle initial, last)*

Branch Number

Rep Number

Branch Street Address

City

State

Zip Code

Telephone Number

Authority to Financial Professional

The financial professional indicated above is authorized to have access to confirmations and statements, initiate contributions, perform investment option changes, make qualified withdrawals, inquire, and have access to my Account. He or she will not be permitted to change the Account Owner, Beneficiary, Successor Account Owner, Interested Party, firm, or financial professional. The financial professional will not be able to add, change or delete banking instructions, or to transfer assets out or roll assets out of my Account.

SIGNATURE

State Farm Registered Representative Authorized Signature

Date *(mm/dd/yyyy)*

8. Sales charge reduction or waiver (Optional)

Check all that apply.

A. **I am eligible for a sales charge waiver** under the terms of the Program Disclosure Statement. I am eligible because I am an:

State Farm Agent, an employee or immediate family member* of State Farm or a State Farm VP Management Corp Registered Representative who works for a State Farm Agent.

Employee or immediate family member* of an employee of an investment firm whose underlying funds are in the State Farm Plan.

Employee of the First National Bank Omaha or its affiliates.

*Immediate family member includes spouse, parent, legal guardian, child, sibling, stepchild, and father- or mother-in-law of the account owner.

B. **Rights of Accumulation (ROA).** Check this box if an immediate family member owns units in the State Farm Plan that will be applied to the reduced sales charge. ROA applies to Account Owners and immediate family members with combined assets that reach a breakpoint discount level in Class A Units. Please see the Program Disclosure Statement for additional information. If you wish to add more than two immediate family members, please attach a separate sheet and include the information as requested below for each additional immediate family member.

Legal Name of Family Member (first, middle initial, last)

—

Account Number

Legal Name of Family Member (first, middle initial, last)

—

Account Number

C. **Letter of Intent.** I intend to buy more Class A Units and understand that I can reduce my sales charges through accumulated investments. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

\$250,000

\$500,000

9. Investment Option selection

- Before choosing your Investment Option(s), please read the Program Disclosure Statement and Participation Agreement available at www.statefarm.com for complete information about the Investment Options.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option please indicate 100% next to that option. If you choose more than one Investment Option please indicate the percentage amount of the contribution you would like invested into each of the selected Investment Options.
- Use whole percentages only.
- Your total Investment Option percentages must equal **100%**.

Age-Based Investment Option: The asset allocation of contributions to the Age-Based Investment Option is automatically adjusted over time to become more conservative as the Beneficiary approaches college.

Age-Based **Class A Units**
 %

Static Investment Options: Allocations to underlying funds remain the same over the life of your investment.

All Equity Static	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth Static	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate Growth Static	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Static	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Static	<input type="text"/> <input type="text"/> <input type="text"/> %
Money Market Static	<input type="text"/> <input type="text"/> <input type="text"/> %
Bank Savings Static	<input type="text"/> <input type="text"/> <input type="text"/> %
Total	1 0 0 %

10. Contribution Method

- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- The minimum initial contribution amount is \$250 per account unless the Account Owner signs up for AIP or payroll deduction of at least \$50 per month. The minimum subsequent contribution amount is \$50.
- Contributions by any source will not be available for withdrawal for 5 business days.

Source of funds (Check all that apply.)

A. **Personal check.**

Important: All checks must be payable to the **State Farm 529 Savings Plan**.

\$, .

Amount

B. **Rollover from another 529 plan, Coverdell Education Savings Account (ESA), or Qualified U.S. savings bond to a State Farm 529 Savings Plan Account.** Complete and include an **Incoming Rollover Form**, available online at **www.statefarm.com** or by calling **1.800.321.7520**. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months.

\$, .

Amount

C. **Indirect Rollover.** A check is included from another 529 plan, ESA, or Qualified U.S. savings bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption. If these forms are not provided, the entire amount will be treated as earnings.

\$, .

Amount of Rollover

\$, .

Principal (Basis)

\$, .

Earnings

D. **Automatic Investment Plan (AIP).** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly, or you can choose the months in which you would like your AIP to occur. Money will be transferred electronically based on the frequency you select into your State Farm Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.statefarm529.com** or by calling **1.800.321.7520**. Account Owners, family members, and friends can all contribute to a State Farm Plan Account through AIP. To add additional AIP instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 10D** and **10F** for each additional AIP instruction or bank account.

Important: To set up this option, you must provide bank information in **Section 10F**.

Amount of Debit: \$50 \$100 \$150 \$250 Other \$, .

Amount

Frequency (Check one.): Monthly Quarterly **OR** Custom

(Every three months.)

(Check the months below that you would like your AIP to occur.)

January February March April May June
 July August September October November December

Day of Month:*

*The State Farm Plan must receive instructions at least 3 business days prior to the day of the month specified; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 10th day of the month.

Annual Increase. You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Amount of increase: \$.

Month:**

** The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected.

E. **Electronic Fund Transfer (EFT).** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set this up, you must provide bank information in **Section 10F**. The Plan may place a limit on the total dollar amount per day you may contribute to an account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

\$.

Amount

F. **Bank information.** Required to establish the AIP or EFT service.

AIP and EFT can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

Important: Please check the box to confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

Bank Name

Bank Routing Number

Bank Account Number

Account Type:

(Check One.)

Checking

Savings

Names on Bank Account

Name *(first, middle initial, last)*

Name *(first, middle initial, last)*

If you are not the bank account owner the named bank account owner(s) must authorize this AIP and/or EFT service by signing here:

SIGNATURE

Signature

- -

Date *(mm/dd/yyyy)*

SIGNATURE

Signature

- -

Date *(mm/dd/yyyy)*

G. **Payroll Direct Deposit.** If you want to make contributions to your State Farm Plan Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your State Farm Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the State Farm Plan, provided your signature and Social Security or taxpayer identification number on the Form, and submitted the Form to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other State Farm Plan Accounts.

Amount of Payroll Direct Deposit each pay period: \$.

11. Systematic Exchange Program *(Optional)*

The Systematic Exchange Program allows you to exchange from one Investment Option to one or more other Investment Options within your Account on a pre-scheduled basis.

- To start a Systematic Exchange Program you must designate a minimum of \$2,500 to be exchanged from one Investment Option to one or more other Investment Options on a pre-scheduled basis. The Exchange From Investment Option section must have a minimum of \$2,500 in assets to start the Systematic Exchange Program.
- Your entire initial deposit does not need to be included in the Systematic Exchange Program.
- You must designate a minimum of \$200 for each monthly or quarterly scheduled exchange.
- Creating a Systematic Exchange at the time of enrollment will NOT count towards your twice per calendar year investment change limit. To start a Systematic Exchange at the time of enrollment you must mail a contribution check with this completed Form to the Plan.
- If you make any changes to or cancel an established Systemic Exchange Program it will count towards your twice per calendar year investment change limit.

Frequency *(Check One):* Monthly Quarterly (3 months from the start date)

Day of Month:*

*The first systematic exchange will occur on the day of the month indicated above if received within three business days of that date; otherwise, the systematic exchange will begin the following month. If a date is not specified, the exchange will take place on the 10th day of the month.

Exchange From Investment Option:

Exchange To Investment Option per Exchange Period:

<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
Investment Option	Dollar Amount (\$200 Minimum)
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
Investment Option	Dollar Amount (\$200 Minimum)
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
Investment Option	Dollar Amount (\$200 Minimum)

Stop Type *(Select one):*

Stop Date: - -
Date (mm/dd/yyyy)

When total amount of Exchanges equal: \$, .00

When Complete Balance of the "Exchange from" Investment Option is depleted.

By completing this section and signing this Form, I authorize the State Farm Plan to process the periodic exchanges as indicated. I understand that making changes to an established Systematic Exchange Program will count towards my twice per calendar year Investment Option change limit.

12. Signature — YOU MUST SIGN BELOW

- By signing below, I hereby acknowledge that I have received, read, and that by signing this form agree to the terms and conditions of the Program Disclosure Statement and Participation Agreement which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of each for my records.
- I certify that all of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights and responsibilities stated in the Program Disclosure Statement and Participation Agreement and this form, and by any and all statutory, administrative and operating procedures that govern the State Farm Plan. Except as set forth below, I understand that the Program Disclosure Statement and Participation Agreement, and Enrollment Form and any subsequent forms signed by me constitute the entire agreement between me and the Nebraska Educational Savings Plan Trust (Trust). No person is authorized to make an oral modification to this agreement.
- I understand investments are not guaranteed or insured by the FDIC (except for the Bank Savings Static Investment Option) or any other government agency, and are not deposits or other obligations of any depository institution. Investments are not guaranteed by the State Farm Plan, the Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, State Farm VP Management Corp., or any of their authorized agents or affiliates, or the Program Manager or its authorized agents or any of their affiliates (collectively, "NEST Associated Persons"), and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in the State Farm Plan does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other higher education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution.
- I intend to use my Account solely to pay the qualified higher education expenses of the Beneficiary.
- I understand that by signing this Enrollment Form, I am authorizing First National Bank Omaha and its service provider to provide my State Farm Registered Representative with access to my Account and perform transactions on my behalf. I agree to hold harmless the NEST Associated Persons from any claims I make and/or losses I incur as a result of the acts or omissions of my State Farm Registered Representative.
- If this new account is being opened because a former account owner is deceased or legally incapacitated and I had been designated the Successor Account Owner on that account, by signing below I certify that I am not aware of any adverse claim of ownership or court order relating to the ownership of this Account and I agree to hold harmless the NEST Associated Persons from any third party claims relating to the transfer of ownership to you.
- If I am rolling over assets from another 529 Plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period. I further understand that moving assets among the same Account Owner and Beneficiary Account that is in any 529 Plan issued by the Trust will count towards my permitted twice per calendar year investment option change limit and I certify that more than one investment option change has not occurred during the calendar year.
- If I have chosen the AIP or EFT option, I authorize the Program Manager and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 10F**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the NEST Associated Persons will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 10F** or that the account owners of such bank account have authorized me to institute this AIP and/or EFT service from their account on their behalf.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other accounts established for the same Beneficiary in 529 plans issued by the Trust will not cause the aggregate balances in such accounts to exceed the Maximum Contribution Limit then in effect or the cost in current dollars of qualified higher education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is a minor-owned Account or is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the parent/guardian/custodian of the Account and that I am authorized to open the Account, and I am not aware of any adverse claim of ownership or court order relating to this Account, and I agree to hold harmless the NEST Associated Persons from any third party claims relating to my actions.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in **Section 3**. I agree to promptly inform the Program Manager in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the Program Manager has the right to terminate the entity's participation in the Program if it has reasonable grounds to believe that any of the foregoing certifications is untrue.

SIGNATURE _____

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

13. Additional Information *(Optional)***How did you hear about the State Farm Plan?** *(Select One.)*

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> News Report | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Beneficiary's School | <input type="checkbox"/> Community Event | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Financial Professional | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other | |

Educational level *(Select One.)*

Select the highest level of education you, the Account Owner, have completed.

- | | | | |
|---|---|---|--------------------------------|
| <input type="checkbox"/> High School Degree | <input type="checkbox"/> College Degree | <input type="checkbox"/> Post Graduate Degree | <input type="checkbox"/> Other |
|---|---|---|--------------------------------|

Annual Household Income *(Select One.)*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$25,000–\$49,999 | <input type="checkbox"/> \$50,000–\$74,999 | <input type="checkbox"/> \$75,000–\$100,000 |
| <input type="checkbox"/> More than \$100,000 | | | |

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. First National Bank of Omaha, Program Manager. First National Capital Markets, Inc. Distributor, Member FINRA, SIPC, State Farm, Selling Dealer. First National Capital Markets and First National Bank of Omaha are affiliates.



Nebraska State Treasurer, Trustee

 First National Bank Omaha

Program Manager