

3. Allocation instructions for future contributions

- If you have added additional Investment Options in **Section 2**, please be sure that the allocations below reflect the correct Investment Options.
- Your future contributions will be invested in the Investment Options indicated below; it will not affect assets currently held in your account.

Age-Based Investment Option

Age-Based %

Static Investment Options

All Equity Static %

Growth Static %

Moderate Growth Static %

Balanced Static %

Conservative Static %

Money Market Static %

Bank Savings Static %

%

4. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the Program Disclosure Statement and understand the rules and regulations of the State Farm Plan as they relate to this Investment Option Change/Future Contribution Allocation request.
- By signing below, I authorize the Program Manager or its designees to change my Investment Options and/or my allocations for future contributions according to the instructions above.
- 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. If the Account is a minor-owned Account or is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account in question, and that the request is in the best interest of the Beneficiary.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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.

