State Farm® 529 Savings Plan



## Investment Option Change/Future Contribution Allocation Form

- Use this form to request your twice per calendar year Investment Option change or to change your future contribution allocations.
- Complete **Section 2** to change your current Investment Options to new Investment Options. (You can do this only twice per calendar year.)
- Complete **Section 3** to change your allocation instructions for future contributions.
- 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 address listed.
  Do not staple.

Forms can be downloaded from our 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.

Name of Beneficiary (first, middle initial, last)

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** 

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 information
	Account Number
	Name of Account Owner (first, middle initial, last)
	Telephone Number (In case we have a question about your Account.)

\* STATE FARM 529 INVEST OPTION CHG\*

## 2. Investment Option Change

- For each Investment Option you wish to change, indicate the percentage of assets you want moved and where you want the assets invested.
- See the State Farm 529 Savings Plan (State Farm Plan) Program Disclosure Statement and Participation Agreement (Program Disclosure Statement), available at **www.statefarm.com**, for complete information on Investment Option.

**Remember:** Federal law allows Account Owners to make two Investment Option changes each calendar year.

**Note:** This change applies only to the assets currently held in your Account; it will not affect the allocation of your future investments.

Exchange FROM			Investment Option	Exchange TO
All		Percentage	Age-Based Investment Option	
	OR	%	Age-Based	
			Static Investment Options	
	OR	<b>%</b>	All Equity Static	%
	OR	<b>%</b>	Growth Static	%
	OR	<b>%</b>	Moderate Growth Static	%
	OR	<b>%</b>	Balanced Static	%
	OR	<u></u> %	Conservative Static	%
	OR	<b>%</b>	Money Market Static	%
	OR	%	Bank Savings Static	<b>\  \  \  \  \  \  \  \  \  \  \  \  \  \</b>

## 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				
	100%			

## 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.

Account in question, and that the request is in the best interest of the Benef	ficiary.
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.





