

State Farm® 529 Savings Plan

Account Information Change Form

- Use this form to change: your name, mailing address, phone number, email address, Successor Account Owner, or interested party information. You may also use this form to transfer assets to a new account owner.
- If you are changing your name, you must also provide a copy of an official document that changes your name certified within 60 days of this request. (i.e. Marriage Certificate, Divorce Decree, etc.)
- If you are changing the Account Owner of an existing Account, your signature must be guaranteed in **Section 9** by an authorized officer of a bank, broker, or other qualified financial institution, and the new Account Owner must include an **Enrollment Form** if an Account is not already established.
- 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.

	1.800.321.7520 8 a.m. to 8 p.m. Central Time M-F
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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.	Current Account Owner information
	Account Number(s) (To list more than three Accounts, use a separate sheet.)
	Name of Account Owner (first, middle initial, last)
	Telephone Number (In case we have a question about your Account.)
2.	Information to update or change
	Account Owner—Section 3 or Section 4
	Successor Account Owner—Section 5
	Individual Authorized to Act—Section 6
	Interested Party—Section 7



3. Updated Account Owner information

• If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your State Farm 529 Savings Plan (State Farm Plan) Account. You do not need to enter information that will not be changed.
• If you are changing your name, you must also provide a copy of an official document that changes your name certified within 60 days of this request. (i.e. Marriage Certificate, Divorce Decree, etc.)
Name of Account Owner (first, middle initial, last)
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
Transfer assets to new Account Owner
• This will transfer ownership and all obligations and rights of all of the assets in the referenced Account to the new Account Owner listed below.
• If you transfer ownership, you must also provide a Medallion Signature Guarantee in Section 9 .
• The new Account Owner will control the Account and the disposition of all assets held in the Account.
• The new Account Owner must also complete an Enrollment Form.
• A new Account Owner cannot withdraw funds within 10 business days of the change without the Medallion Signature Guarantee in Section 9 .
• You cannot change the Account Owner for a Minor-Owned or UGMA/UTMA Account.
Account Number (If applicable)
Name of New Account Owner (first, middle initial, last)
Social Security Number or Taxpayer Identification Number (Required) Birth Date/Trust Date (mm/dd/yyyy)

DO NOT STAPLE CSSF_05390B 0518 — Page 3 of 8

5. Successor Account Owner information

- Complete this section only if you are adding, changing, or deleting Successor Account Owner information on your Account.
- As the Account Owner, you may designate a Successor Account Owner to take control of the Account in the event of your death or legal incapacity. You may revoke or change your designation later by completing the appropriate form. See the State Farm Plan Program Disclosure Statement and Participation Agreement (Program Disclosure Statement) for more information.
- The person you designate as Successor Account Owner cannot be a minor.

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8. 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 governing the State Farm Plan as they relate to this information change request.
- By signing below, I authorize the Program Manager or its designee to change my Account information according to the instructions above.
- If I am changing the Account Owner, by signing this form as the current Account Owner, I acknowledge that the transfer is subject to the Program Manager's verification of the new Account Owner. I have consulted with a tax advisor concerning the potential income gift and estate tax consequences of my transfer of ownership before signing and submitting this form.
- 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.

SIGNATURE	
Signature of Account Owner	Date (mm/dd/vvvv)

9. Medallion Signature Guarantee — REQUIRED FOR CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT, REPLACING CUSTODIAN, AND/OR REPLACING A PARENT/GUARDIAN

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution.

 A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the medallion signature guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Disclosure Statement.

SIGNATURE	
Signature of Account Owner (In the presence of the authorized officer.)	
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Signature of Guarantor	Authorized Officer to place stamp here
Title	
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Name of Institution	
Date (mm/dd/yyyy)	
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.





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