



State Farm® 529 Savings Plan Organization Resolution Form

- This form identifies the officers or other persons who are authorized to conduct transactions on State Farm 529 Savings Plan (State Farm Plan) Account(s) on behalf of an organization.
- Complete a separate form for each Account Owner for whom the organization serves as an agent.
- Organizations covered by this form include: corporations; partnerships; limited liability companies or partnerships; professional corporations or associations; endowments; business trusts; and other entities or organizations.
- This form requires the signature of two authorized persons from your organization, one of whom must be the secretary or other authorized person who can certify the names of those authorized to access and transact on a State Farm Plan Account. If your organization has only one authorized signatory, then a bank officer, practicing attorney or member of a domestic stock exchange must countersign this form.
- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted. You must file a new **Organization Resolution Form** when there is any change in the identity of the persons authorized to act on behalf of your organization.
- 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

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. Organization information

Name of Organization

Address

City

State

Zip Code

Firm Tax ID Number



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