

- Use this form to start, change, or stop payroll direct deposit instructions on your existing State Farm 529 Savings Plan (State Farm Plan) Account(s). You may also provide your payroll direct deposit instructions when you log on to our website at **www.statefarm529.com**. (If you have not established an Account, you must also complete and enclose an **Enrollment Form**.)
- After this form is processed, you will receive a Payroll Direct Deposit
 Confirmation Form, which you must sign and submit to your employer's payroll department. Your payroll direct deposit instructions will not take effect until your employer has accepted your signed form.
- 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

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

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Account Numb	er																		
Name of Accou	Int Owner] (first, r	niddle	initia	l, las] [
Telephone Num] — ber <i>(In cas</i>] e we l	have a	— ques	tion] abou] [r Acc	 ount.)										
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Payroll Direct Deposit instructions
Check one: Start Payroll Direct Deposits Change the Allocation of the Amount Each Account Will Receive Stop Payroll Direct Deposits Change the Allocation of the Amount Each Account Will Receive (Skip to Section 4)
My payroll direct deposit will be ^{\$}
Please use an additional sheet if you have more than four Accounts.
Account Number \$_, Dollar Amount
Name of Beneficiary (first, middle initial, last) Account Number Dollar Amount Name of Beneficiary (first, middle initial, last)
Account Number Solution Contraction Contractic Contraction Contractic Cont
Name of Beneficiary (first, middle initial, last)
Account Number \$

Name of Beneficiary (first, middle initial, last)

Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the State Farm Plan Program Disclosure Statement and Participation Agreement and understand the rules and regulations governing the State Farm Plan. Further, I understand that neither the State Farm Plan, the Nebraska Educational Savings Plan Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, State Farm VP Management Corp., First National Bank of Omaha, or their agents or affiliates are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit.

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Signature of Account Owner

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Date (mm	/dd/vvvv)			

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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First National Bank Omaha

Nebraska State Treasurer, Trustee

Program Manager