



## State Farm® 529 Savings Plan Power of Attorney

- This form is to be used to allow a person, in addition to your State Farm Agent, to have certain powers related to your account.
- Use this form to designate a Financial Professional (*as defined in the State Farm 529 Savings Plan (State Farm Plan) Program Disclosure Statement and Participation Agreement (Program Disclosure Statement)*), individual, corporation, or other entity as your agent with the authority to transact business with your State Farm Plan Account(s).
- This Power of Attorney form must be signed by the Account Owner and notarized in **Section 4**.
- If there is anything about this form that you do not understand, you should consult with your lawyer to explain it to you.
- 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](http://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](http://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**

NOTICE: THIS DOCUMENT GIVES YOUR POWER OF ATTORNEY (AGENT) THE POWER TO TRANSACT BUSINESS WITH THE STATE FARM PLAN FOR YOU WITHOUT YOUR FURTHER CONSENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING AND SUBJECT TO NEBRASKA LAW, INCLUDING THE NEBRASKA UNIFORM DURABLE POWER OF ATTORNEY ACT. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. SUBJECT TO APPLICABLE LAW AND REGULATIONS AND THE TERMS AND CONDITIONS OF THE PLAN, YOU MAY REVOKE THIS POWER OF ATTORNEY IN THE FUTURE. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO THE STATE FARM PLAN AT THE ADDRESS SET FORTH ABOVE.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO TRANSACT BUSINESS WITH THE STATE FARM COLLEGE SAVINGS PLAN, WHICH INCLUDES POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE STATE FARM COLLEGE SAVINGS PLAN WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. WHEN POWERS ARE EXERCISED, YOUR AGENT MUST ACT FOR YOUR BENEFIT, AND USE THE CARE, COMPETENCE, AND DILIGENCE ORDINARILY EXERCISED BY AGENTS IN SIMILAR CIRCUMSTANCES, ALL IN ACCORDANCE WITH THE PROVISIONS OF THIS POWER OF ATTORNEY AND APPLICABLE LAW.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE NEBRASKA UNIFORM DURABLE POWER OF ATTORNEY ACT AND SECTION 529 OF THE INTERNAL REVENUE CODE. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND NEBRASKA LAW, NEBRASKA LAW SHALL CONTROL. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND SECTION 529 OF THE INTERNAL REVENUE CODE, SECTION 529 OF THE INTERNAL REVENUE CODE WILL CONTROL.



\* S T A T E F A R M 5 2 9 P O A \*



