



# State Farm 529 Savings Plan Trusted Contact Person Designation Form

- By completing this form, you designate the person identified below as your Trusted Contact Person, and authorize the State Farm 529 Savings Plan and its present and future direct and indirect affiliates, successors and assigns the State Farm 529 Savings Plan to contact your Trusted Contact Person and disclose information about your Plan Account:
  - to address possible financial exploitation;
  - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
  - as otherwise permitted by Financial Industry Regulatory Authority (FINRA) Rules 2165 and 4512.
- **This form does not create or give your Trusted Contact Person a power of attorney. Your Trusted Contact Person will not be able to access your Account or transfer assets to or from your Account.**
- Completion of this form is optional. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person online or by using this 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](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** 8 a.m. to 8 p.m. Central time M-F.

 **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 64105**

Overnight mailing address:  
**State Farm 529 Savings Plan  
920 Main Street, Suite 900  
Kansas City, MO 64105**

## 1 Current Account Owner Information

**Note: If you have not established an account, please complete and enclose an Enrollment Form.**

Account Number (First nine digits)

Name of Account Owner (first, middle initial, last)

Telephone Number (In case we have a question about your Account.)

## 2 Action for Trusted Contact Person

Add       Remove       Change



\* STATE FARM 529 TRUSTED CONTACT \*

3 Trusted Contact Person Information

24 empty boxes for Name of Trusted Contact Person

Name of Trusted Contact Person (first, middle initial, last)

12 empty boxes for Daytime Telephone Number

Trusted Contact Person's Daytime Telephone Number

12 empty boxes for Mobile Telephone Number

Trusted Contact Person's Mobile Telephone Number

32 empty boxes for Email Address

Trusted Contact Person's Email Address

32 empty boxes for Mailing Address

Trusted Contact Person's Mailing Address

16 empty boxes for City

City

2 empty boxes for State

State

9 empty boxes for Zip Code

Zip Code

Relationship to Account Owner.

Advisor, Attorney, Family Member, Friend, Spouse, Other checkboxes

4 Signature — YOU MUST SIGN BELOW

By signing below, I hereby certify that:

- I authorize the State Farm 529 Savings Plan and its service providers to contact the Trusted Contact Person listed in Section 3 of this form and/or to take any action indicated in Section 2 of this form. I authorize the Plan and its service providers to disclose information to the Trusted Contact Person about my Plan Account(s) in the following circumstances: to address possible financial exploitation, to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults). I certify that the Trusted Contact Person is at least eighteen (18) years of age.

SIGNATURE box

Signature of Account Owner

Date boxes

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.

