



State Farm® 529 Savings Plan Withdrawal Request Form

- Use this form to request a full or partial Qualified or Non-Qualified Withdrawal from your State Farm 529 Savings Plan (State Farm Plan) Account or an indirect rollover out. You must submit a separate form for each type of withdrawal you are requesting. The earnings portion of Non-Qualified Withdrawals from your Account may be subject to federal income tax and an additional 10% federal tax and may be subject to state and local income taxes. See the State Farm Plan Program Disclosure Statement and Participation Agreement (Program Disclosure Statement) for more information.

Note: You can also request a Qualified Withdrawal by telephone or online at www.statefarm529.com.

- We are required to file IRS Form 1099-Q if you take a withdrawal from your State Farm Plan Account.
- A contribution must be invested with the State Farm Plan for a period of five (5) business days prior to withdrawal.
- If the Account Owner or address on your Account has changed within the last ten (10) business days, this Withdrawal Request Form must be Medallion Signature Guaranteed in **Section 5**.
- 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**

1. Account information

Account Number

Account Owner Social Security Number or Taxpayer Identification Number **(Required)**

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

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

Name of Beneficiary *(first, middle initial, last)*

Beneficiary Social Security Number or Taxpayer Identification Number **(Required)**

Mailing Address

City

State

Zip Code



* STATE FARM 529 WITHDRAW *

2. Reason for withdrawal *(Choose only one of the following six options.)*

A. **Qualified Withdrawal to the Account Owner, Parent/Guardian or Custodian.** My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses, as defined in the Program Disclosure Statement. *(You will receive a check at your address of record.)*

B. **Qualified Withdrawal to the Bank Account of the Account Owner, Parent/Guardian or Custodian.** My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses, as defined in the Program Disclosure Statement. My withdrawal should be sent via Electronic Fund Transfer (EFT) using banking instructions on file with the State Farm Plan. *(You cannot change or add banking instructions at the same time of the withdrawal request via EFT.)*

C. **Qualified Withdrawal to the Beneficiary.** My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses. *(The Beneficiary will receive a check at the Beneficiary's address of record.)*

D. **Qualified Withdrawal to an eligible college or university.** *(Provide the exact school address below.)*

Name of School *(Complete only if the withdrawal is to be sent directly to the school.)*

Department/Office/Contact Name

Beneficiary's Student ID

Mailing Address

City

State

Zip Code

E. **Indirect rollover.** I will invest my withdrawal in another qualified 529 plan within the next 60 days. *(You will receive a check at your address of record.)*

F. **Non-Qualified Withdrawal to the Account Owner.** My withdrawal will not be used to pay for the Beneficiary's Qualified Higher Education Expenses. *(You will receive a check at your address of record.)*

G. **Non-Qualified Withdrawal to the Beneficiary.** My withdrawal will not be used to pay for the Beneficiary's Qualified Higher Education Expenses. *(The Beneficiary will receive a check at the Beneficiary's address of record.)*



3. Amount of withdrawal *(Choose one.)*

A. **Full balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Automatic Investment Plan (AIP) *(if applicable)*, and close this Account.

Important: If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

B. **Partial amount of \$** , . .

Withdraw this amount proportionately from among my current Investment Options. If the amount you indicate exceeds the amount available, State Farm 529 Savings Plan will liquidate the entire balance, discontinue your AIP, and close your Account.

C. **Partial amount as follows.**

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

Name of Investment Option	Dollar amount <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the Program Disclosure Statement and understand the rules and regulations governing withdrawals from my State Farm Plan Account. I also certify that the information provided on this form is accurate and hereby instruct the State Farm Plan to distribute my Account as I have indicated.
- By signing below, I authorize the Program Manager or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address or the Account Owner, I cannot withdraw funds within ten (10) business days of the change without the Medallion Signature Guarantee.
- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal income tax and an additional 10% federal tax, and may be subject to state income tax. I understand that Non-Qualified Withdrawals due to the death, disability, or scholarship awarded to the Beneficiary (up to the scholarship amount) may not be subject to an additional 10% federal tax. Further, I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year the Non-Qualified Withdrawal was made.
- I understand that if I had taken a state income tax deduction or credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- 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 Minor-Owned or is funded with UGMA/UTMA assets, I further certify that I am the Parent/Guardian/Custodian of the Account in question, and that this request is in the best interest of the Beneficiary.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

If this form requires a Medallion Signature Guarantee, proceed to Section 5.

5. Medallion Signature Guarantee — REQUIRED IF ACCOUNT OWNER OR ADDRESS HAS CHANGED WITHIN THE LAST 10 BUSINESS DAYS AND YOU WOULD LIKE TO WAIVE THE 10 BUSINESS DAY HOLD PERIOD FOR THIS WITHDRAWAL REQUEST.

- 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

Signature Guarantor

Title

Name of Institution

Name of Institution

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

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.



Nebraska State Treasurer, Trustee

1 First National Bank Omaha

Program Manager