

Contribution Remittance

State Farm Mutual Funds® SEP IRA or SIMPLE IRA Plan

This form is used by an employer to submit contributions to a SEP IRA or SIMPLE IRA. The Plan Sponsor website provides you with a simple and convenient way to submit contributions electronically for your participant's retirement accounts - no checks, paperwork or mailing is required. It also provides you the ability to obtain information regarding your retirement plan. If you currently utilize a third party (such as a third party administrator or payroll service) to submit contributions for your retirement plan, you may choose to provide that party with access to your Plan Sponsor website.

You may also choose to submit contributions to your participants' retirement accounts by check or ACH. Please make copies of this form for future contributions and keep a copy of the completed form for your records.

If you have any questions or need additional information before completing this form, please call State Farm Mutual Funds Retirement Plan Services at **1-800-447-4930**.

1 EMPLOYER INFORMATION

Employer Name	Plan Type <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	Plan Number
Plan Contact Name	Daytime Telephone Number	
Contributions should be applied to the _____ tax year. If no tax year is indicated, contributions will be applied to the year received.		

2 CONTRIBUTION INFORMATION

If the employee is a **new** participant, an *Application* completed by the new participant **must** be submitted prior to the first contribution. Please use the add, change, or delete fields to indicate the changes that are needed for each participant. These fields are to be completed for systematic ACH updates only.

Important Notice: Allocation Changes – Purchases will be made for each participant in the funds he/she previously chose unless otherwise instructed. The *Allocation and Exchange* form is used to exchange existing amounts between funds within your account, or to change your investment allocations for one-time contributions or future contributions.

If an Allocation/Exchange form is included with this remittance please mark this box.

A - Add C - Change D - Delete	Employee Name**	Social Security Number (last 4 digits)	SIMPLE IRA Employee Deferral	SEP/SIMPLE IRA Employer Contribution or Match	TOTAL
Total Submitted					

Please verify the information submitted is accurate. If this form contains incomplete information or if the contribution total does not match the payment amount, the Contribution Remittance Form and payment may be returned to you to correct and re-submit.

**If there are more than 10 plan participants the Employer may submit the Contribution Remittance Form using a copy of this form or a different format as long as all of the required information is provided along with the Employer's signature and the current date.

3 CONTRIBUTION OPTIONS (Please select one option.)

A. Establish Plan Sponsor Web Site

- Plan Sponsor Web – State Farm’s Plan Sponsor website at statefarm.com® allows contributions to be submitted electronically by the Plan Administrator. Section 4, Banking Information must be completed. We will provide you with an Operator ID and Password to access your site upon receipt of this form. Please provide an email address for a convenient way to receive log in information: _____

B. Contribution by ACH

ACH allows you to submit contributions to your plan through an electronic transfer of funds from your bank account. You must complete Section 4, Banking Information to remit by ACH.

- One time use only (initiated on day this form is received in good order by 3:00 p.m. CST). You must re-submit all employee information each time a contribution is submitted.
- ACH - Systematic contributions at selected frequency. This systematic contribution will remain in effect until changed or revoked by you. Indicate frequency below.

Unless specified below, systematic contributions will be made on the 5th calendar day of the month (5th and 20th if semi-monthly). If the 5th or the 20th (or day you select) is a holiday or weekend, investments will be made the previous business day. This systematic contribution will be made according to the information provided in Section 2.

Frequency (choose one)	Day(s) of the month to invest	Month to begin investment
<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	_____	_____

C. Contribution by check

- Make checks payable to State Farm Mutual Funds. You must resubmit all employee information each time a contribution by check is made.

If choosing this pay option, proceed to Section 5, Signature.

4 BANKING INFORMATION (Required for Electronic Transfer of Funds)

Checking accounts only.

Please attach a voided check on page 2. This allows you to have money electronically transferred from your checking account. Your financial institution may charge a fee for electronic transfers.

By signing this form, Employer authorizes State Farm Investment Management Corp. (“SFIMC”), on behalf of State Farm Bank® to initiate transfers and authorizes Employer’s Bank/Credit Union (hereafter “Depository”) to accept debit entries to Employer’s Depository account. SFIMC on behalf of State Farm Bank is authorized to make follow-up attempts in retrieving debit entries that are denied due to insufficient funds and may correct any transaction error with a debit or credit to Employer’s Depository account and/or any mutual fund account(s) in the above referenced Plan. This authorization shall remain in effect until either a Depository account owner or the Employer provides SFIMC on behalf of State Farm Bank written notification of its revocation at a time that affords SFIMC on behalf of State Farm Bank a reasonable opportunity to implement the request, or until cancelled by SFIMC on behalf of State Farm Bank or Depository.

***Note:** If the Mutual Fund Account owner(s) and the Depository account owner(s) are different, please have each Mutual Fund account owner and at least one Depository account owner sign below and have all signatures notarized; otherwise, the Applicant’s/Mutual fund account owner’s signature at the end of this form authorizes the EFT.

Please tape (do not staple) voided check here.

Mutual Fund Account Owner's Signature

Depository Account Owner's Signature

Mutual Fund Account Owner's Signature

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, _____
Month Year

Notary Public

My Commission Expires: _____
Month, Day Year

5 SIGNATURE

The Employer/Plan Sponsor, its/their agents and assigns (each an "Indemnifying Party") agree to jointly and severally indemnify and hold harmless State Farm Bank, State Farm Investment Management Corp., State Farm VP Management Corp., State Farm Mutual Fund Trust, State Farm Associates' Funds Trust, State Farm Variable Product Trust, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any claim, liability, expense, tax ramification or loss incurred by a third party which in any way arises out of an Indemnifying Party's misrepresentation, negligent or intentional act, or omission in any way connected with this Account.

The Employer/Plan Sponsor, its/their agents and assigns (each a "Releasor") agree to release and discharge State Farm Bank, State Farm Investment Management Corp., State Farm VP Management Corp., State Farm Mutual Fund Trust, State Farm Associates' Funds Trust, State Farm Variable Product Trust, all affiliated companies, all assigns, and their officers, directors, representatives, employees and agents from and against any and all claims of any kind whatsoever a Releasor has which in any way arises out of a Releasor's misrepresentation, negligent or intentional act, or omission in any way connected with this Account.

Employer Signature

Date

Please retain a copy for your records.

Note: Forms containing notarized signatures must be mailed.

Mail completed form and check (if applicable) or fax to:

**State Farm Mutual Funds
P.O. Box 219548
Kansas City, Missouri 64121-9548
Fax 1-816-471-4832**

Securities through registered representatives of State Farm VP Management Corp., One State Farm Plaza, Bloomington, Illinois 61710-0001, 1-800-447-4930. **Securities products are not FDIC insured, are not guaranteed by State Farm Bank and are subject to investment risk, including possible loss of principal.**

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