



## State Farm® 529 Savings Plan Limited 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 limited authority to transact business with your State Farm Plan Account(s). To grant an agent complete powers to act on your State Farm Plan Account(s), please complete the **Power of Attorney Form**.
- You may only designate one level of authorization in **Section 3** for the Account(s) listed on this form. To grant a different level of authorization for your other Account(s), please complete a separate form.
- This **Limited 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 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**

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 LIMITED POWER OF ATTORNEY (AGENT) THE POWER TO TAKE CERTAIN ACTIONS IN CONNECTION WITH THE STATE FARM PLAN FOR YOU WITHOUT YOUR FURTHER CONSENT. THE POWERS GRANTED ARE SIGNIFICANT 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") THE POWERS DESIGNATED HEREIN TO TRANSACT BUSINESS WITH THE STATE FARM PLAN, WHICH INCLUDES POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE STATE FARM 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 L P O A \*



### 3. Authorization level

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2** as my agent. *Please initial the appropriate level of access that applies to the Account(s) listed in **Section 1**.*

**Note:** If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

Initial

**Level 1— Account Inquiry Access.** To obtain information about my Account(s), and receive duplicate Account statements from the State Farm Plan.\*

Initial

**Level 2— Account Inquiry Access, Contributions, and Investment Option Changes.** To obtain information about my Account(s), and receive duplicate Account statements from the State Farm Plan. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).\*

Initial

**Level 3— Account Inquiry Access, Contributions, Investment Option Changes, and Qualified Withdrawals.** To obtain information about my Account(s), and receive duplicate Account statements from the State Farm Plan. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s). To make qualified withdrawals, now or in the future, from the above-referenced Account(s).\*

\* The authority granted in Level 1, 2 or 3 Access is limited to the level of authority specified above. My agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Beneficiary,
- Signing or e-signing an Enrollment Form or otherwise opening a new Account on my behalf, or
- Transferring assets to a new Account.

