



**State Farm® Authorized Agreement for Direct Deposit RETIREMENT FORM #4**  
**for Retirement Plan, Employees' & Agents' Deferred Compensation,**  
**Non Qualified Retirement Plan(s), Survivor, and/or Miscellaneous Payments**

**Please provide the following information:**

Name	Social Security Number or Tax Identification	
Street Address		
City	State	ZIP Code
Work Phone	Home Phone	

I hereby authorize State Farm Mutual Automobile Insurance Company, its affiliates and subsidiaries ("State Farm") to initiate credit entries and to initiate, if necessary, adjustments for any credit entries made in error to my account for Retirement Plan, Employees' & Agents' Deferred Compensation, Supplemental, Survivor, and/or Miscellaneous Payments.

**Select One:**

- THIS AUTHORIZATION APPLIES TO ALL APPLICABLE PAYMENTS MENTIONED ABOVE
- THIS AUTHORIZATION APPLIES TO THE FOLLOWING APPLICABLE PAYMENTS:
  - Retirement Plan       Deferred Compensation       Non Qualified Retirement Plan(s)
  - Survivor Payments       Miscellaneous Payments

This authority is to remain in effect until State Farm has received written notification from me of its termination in such time and in such manner as to afford State Farm and the financial institution a reasonable opportunity to act on it or until I have received written notification of the cancellation of direct deposit offered by State Farm or the depository institution.

**Please provide the following information:**

Financial Institution Name	Phone	
City	State	ZIP Code

**Select One:**     Checking Account\*    or     Savings Account

Routing Number (1st 9 positions on bottom of check)	Account Number
---	----------------

**\* For deposit to a checking account, please submit a voided or photocopied check with this authorization. A deposit slip is NOT acceptable.**

**Select One:**     First Time Direct Deposit    or     Change of Financial Institution or Account Number

\_\_\_\_\_ *Participant's Signature* \_\_\_\_\_ *(MM/DD/YYYY)*

\_\_\_\_\_ *Officer of Corporation Signature (for incorporated agents)*

<b>FOR OFFICE USE ONLY</b>	01	02	03	07
Routing Number	Process			
Account Number	Date		Initials	

## Direct Deposit Information

- This Direct Deposit Authorization applies to all payments from the following plans unless otherwise specified:
  1. State Farm Insurance Companies Retirement Plan for United States Employees
  2. Employees' and Agents' Compensation
  3. Non Qualified Retirement Plan(s)
  4. Survivor Payments
  5. Miscellaneous Payments
- Direct Deposit at State Farm is accomplished through a national network of banking institutions known as the National Automated Clearing House Association (NACHA). The Association is made up of Member Banks, Savings and Loan Associations, Credit Unions, etc.
- The financial institution (including any State Farm Credit Union) to which you deposit must be a member of the Federal Reserve or have some means of receiving Direct Deposit from the Federal Reserve. Ask your financial institution if they can receive Direct Deposit entries from the Federal Reserve System.
- You should receive credit to your bank account on the payment date. On rare occasions, it may be necessary to issue your payment by check. If this should occur, you will be notified.
- You will receive a Recap of Payment. This Recap will indicate the payment was deposited to your bank account, the net payment, and any taxes withheld.
- If you change bank accounts, please notify Accounting Benefits or the Human Resources Services Center, immediately.

### Accounting Benefits

State Farm  
3 State Farm Plaza South  
Bloomington, Illinois 61710-0002

Phone: 800-586-2725  
309-766-8431  
Fax: 309-766-1897

### Human Resources Services Center

Retirement Plan  
State Farm  
3 State Farm Plaza South  
Bloomington, Illinois 61791-0002

Phone: 877-272-1999  
Fax: 309-735-3493