

Account Distribution Request Form

! Be sure to sign your completed form (Section 5).

1. Account Information

Account Owner/Custodian First Name	Middle Initial	Last Name
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Account Owner Social Security Number

If a Joint Account, Joint Owner's First Name	Middle Initial	Last Name
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Joint Owner's Social Security Number

Address of Record

City	State	ZIP
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Daytime phone (In case we have a question about your request.)

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2. Account Type

Regular Account

Education Savings Account

IRA Account

(Distribution must begin by April 1 of the year following the year you become age 70½. Does not apply to Roth IRA.)

Check one:

Normal Distribution: You are over age 59½. When requesting normal distributions (after age 59½) from your retirement account, you may use any of the distribution methods outlined in Section 3 of this form.

Premature Distribution: You are under age 59½ and you acknowledge the tax consequences and penalties. Consult a tax advisor if you think you qualify for an exception.

3. Distribution Instructions

Signature guarantee required in Section 6 if redeeming \$50,000 or more from any one fund in any one account.

I hereby direct the following distribution from

Account Number

- Total Distribution/Account Termination (Will redeem 100% of account.)
- Partial Distribution

Redeem from:

- Daily Income (168) \$ _____ or _____%
- Short-Term Gov. (170).... \$ _____ or _____%
- Short-Term Bond (172)... \$ _____ or _____%
- Stock Index (174) \$ _____ or _____%
- Value (176)..... \$ _____ or _____%
- Small-Company (178)... \$ _____ or _____%
- International Value (180) \$ _____ or _____%
- Growth (182) \$ _____ or _____%

Tell us whether you want federal income tax withheld from your IRA account redemption amount—IRA accounts only. (Default is 10% if not checked.)

Check one:

- I do not wish to have federal income tax withheld from IRA account redemption proceeds.
- Please withhold federal income tax of _____% from IRA account proceeds (Indicate percentage of at least 10%.)

4. Payee Information

Please send distribution to: (Check one)

- Address on Record
- Bank Account on Record (Default is ACH transfer.)
- Special payee—other ACH/wire instructions **(Signature guarantee required in Section 6.)**

Name or Institution

Routing Number

ABA Number

Account Number

- Special payee—other mailing address **(Signature guarantee required in Section 6.)**

Name or Institution

Address

City

State

ZIP

Need help?

Homestead Funds client service associates are available on weekdays from 8:30 a.m. to 5:00 p.m., ET.

Call **1-800-258-3030**

