

Deposit Form

Please print neatly in blue or black ink.

If you have a question about your deposit form, call us at **1-800-258-3030**.

Make all checks payable to Homestead Funds and mail to:

REGULAR MAIL

Homestead Funds
c/o BFDS
P.O. Box 219486
Kansas City, MO 64121-9486

OVERNIGHT MAIL

Homestead Funds
c/o BFDS
330 W. 9th Street, 1st Floor
Kansas City, MO 64105-1514
Attn: Shareholder Services

 **Be sure to sign your completed form (section 4).**

1. Personal Information

First Name

Middle Initial

Last Name

Social Security Number

Phone Number

If an Entity, Entity Name

Entity Tax Identification Number

2. Contributions

Please include your account number and, if contributing to an IRA or Coverdell ESA, the tax year of the contribution on the memo section of your check. If no tax year is indicated, your contribution will be reported as a current-year contribution.

Account Number

Amount

Tax Year if Contributing to an IRA or Coverdell ESA

Account type. Check one:

- Traditional IRA
- Roth IRA
- Coverdell ESA
- Regular Account
- UGMA/UTMA

3. Select Your Funds

Indicate how the amount on the first page should be allocated by fund.

Fund Name	Account Number	Investment Allocation	
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 _____ %
	Total.....	\$ _____	or 100%

 **Be sure to sign this form. We cannot act on your instructions without your signature.**

4. Signature

By my signature below, I certify that the information and instructions provided, and the elections made by and through this Deposit Slip, are true and correct. Homestead Funds may justifiably rely upon the instructions and elections made herein and is authorized to deposit the funds in the manner provided by this Deposit Slip.

▶ **X** _____
 Signature of Account Owner Date

OR

▶ **X** _____
 Signature of Depositor Date

I certify that I am legally able to make deposits for the owner's benefit.