

Traditional IRA Required Minimum Distribution Form



If you are age 70 ½ or older, use this form to request the calculation of the required minimum distribution for your Homestead Funds Traditional IRA accounts, including IRA rollover accounts. Please print neatly in blue or black ink.

If you previously instructed us to process required minimum distributions over the life of your account or accounts, you do not need to complete this form again. If you have a question about your distribution requirement or this form, call us at **1-800-258-3030**.

Return your completed form to Homestead Funds using the postage-paid envelope provided, or 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 6).

1. Ownership

Tell us how your accounts are registered and provide your account numbers. If multiple accounts are listed, the instructions you provide in sections 2, 3, 4 and 5 will be applied to each account.

First Name	Middle Initial	Last Name
Social Security Number		Birth Date (mm/dd/yyyy)
Traditional IRA Account Number	Traditional IRA Account Number	
Check one: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA	Check one: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA	
Traditional IRA Account Number	Traditional IRA Account Number	
Check one: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA	Check one: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA	

2. Calculation Information

All of the funds in which your Traditional IRA accounts are invested will be included in the calculation.

Check one:

- Calculate the required minimum distribution amount **for the current year only**.
We will not calculate or make a required minimum distribution in future years unless we receive additional instructions from you. Be sure to complete sections 3 and 4 below.
- Calculate the required minimum distribution amount **for the current year and in future years** until this account is depleted.
The same redemption and payment instructions you provide in sections 3 and 4 will apply in future years unless we receive different instructions from you.

If your spouse is your sole beneficiary and is more than 10 years younger than you, also provide the following information. (Note: Does not apply to Inherited IRAs.)

Spouse's First Name	Middle Initial	Last Name
Spouse's Social Security Number		Spouse's Birth Date (mm/dd/yyyy)

3. Redemption Frequency

To redeem your distribution amount, check a frequency and indicate a beginning month below. If selecting an option other than annually, please call us at **1-800-258-3030** to make sure you can meet your RMD obligations with the frequency you have chosen.

Frequency (check one): Monthly Quarterly Semi-annually Annually

Redemptions will be made on or about the 20th of the month.

Start month: _____

To begin payments on the month indicated, this form must be received at least one week prior to the first day distributions are to begin.

IMPORTANT: We will divide your annual distribution amount **equally across all funds**. (If you prefer another distribution method, call a client service representative at **1-800-258-3030** for further instructions.)

4. Payment Instructions

Tell us how you would like to receive redemption proceeds. Your signature on this form must be guaranteed if the amount of any single redemption payment from any one fund in any one account is \$50,000 or more or if you are exchanging to an existing nonretirement account that you do not own.

Check one:

- Send check payable to IRA account holder mailed to address of record.
- Send proceeds by ACH transfer to bank account of record.
If we do not yet have bank information on file, also complete an Account Services Form (available at www.homesteadfunds.com).
- Deposit proceeds in an **existing** non-retirement Homestead Funds account. (You must be an account owner or have a Medallion Stamp Signature Guarantee. See section 7.)

_____ Account Number

_____ Fund Name

- Deposit proceeds in a **new** nonretirement Homestead Funds account.
A completed Regular Account Application (available at www.homesteadfunds.com) must accompany this form.

5. Federal Income Tax Withholding

If you do not check a box below, IRS regulations require us to withhold 10% of your distribution for payment of federal income tax. We encourage you to consult your accountant or tax adviser regarding your IRA distributions. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate.

Check one:

- I elect not to have income tax withheld from each distribution.
- I elect to have 10% income tax withheld from each distribution.
- I want this amount withheld from each distribution payment: _____ %.
Select a percentage of at least 10%. If you indicated in section 2 that your redemption and payment instructions apply to future years, the withholding election provided here will apply in future years unless we receive different instructions from you.

