

# Regular Account Transfer Form



Use this form to move regular (taxable) account assets now held at a different financial institution to Homestead Funds. **If you are transferring assets to a new Homestead Funds account, also complete and return an account application.** Please print neatly in blue or black ink. If you have a question about the Transfer Form, call us at **1-800-258-3030**.

Mail your completed Transfer Form 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 5).**

## 1. Account Information

Tell us how the account you are transferring from is registered. The account you are transferring to must be registered to the same individual (same name and Social Security Number) and classified as the same account type as the account you are transferring from.

Owner/Trustee/Custodian First Name	Middle Initial	Owner/Trustee/Custodian Last Name
Social Security Number		
(if applicable) Joint Owner/Co-Trustee/Minor First Name	Middle Initial	Joint Owner/Co-Trustee/Minor Last Name
(if applicable) Joint Owner/Co-Trustee/Minor Social Security Number		
Street Address		
City	State	ZIP
Account Number (if a Certificate of Deposit, also write in maturity date)		

**Account type.** Check one:

- |   |   |
|---|---|
| <input type="checkbox"/> Individual or Joint            | <input type="checkbox"/> Partnership                      |
| <input type="checkbox"/> Uniform Gift/Transfer to Minor | <input type="checkbox"/> Plan Sponsor or Broker Dealer    |
| <input type="checkbox"/> Corporation                    | <input type="checkbox"/> Other Type of Organization _____ |
| <input type="checkbox"/> Trust                          |   |

## 2. Current Financial Institution

Tell us the name of the mutual fund company, bank, savings and loan or other entity now holding this account.

Mutual Fund or Other Financial Institution Company Name		
Street Address		
City	State	ZIP
Phone Number (if known)	Account Representative or Broker (if known)	

## 3. Transfer Amount

Write in the amount you are transferring from your current account to your Homestead Funds account.

**Check one:**

- All
- Portion: \$ \_\_\_\_\_ or \_\_\_\_\_%
- Transfer in kind. Not common. These are transfers to/from omnibus accounts to/from individual or joint accounts already invested in Homestead Funds. If you check this box, skip section 4. Your current investment allocations will be preserved.

Indicate whether you want your current financial institution to sell Certificates of Deposit (CDs) now or at maturity.

**Check one (if applicable):**

- Liquidate immediately (for CDs only).** If transferring CDs prior to maturity, you may incur a penalty for early withdrawal.
- Liquidate at maturity (for CDs only).** If transferring CDs at maturity, maturity date must be within 60 days of this request. If maturity date is less than 15 days, you may also want to contact your current financial institution to prevent automatic reinvestment of the account.

## 4. Fund Selections

Tell us how the amount you are transferring should be allocated by fund. If transferring to a new account, write "NEW" under the heading Account Number and return your Transfer Form with a completed account application.

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 _____%
<b>Total .....</b>		<b>\$ _____</b>	<b>or 100%</b>



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

### 5. Signature

I authorize the transfer of assets to a Homestead Funds account and authorize Homestead Funds and State Street Bank and Trust Company to process this request on my behalf. **Please check with your current custodian to see if a signature guarantee is required. If so, see section 6.**

▶ **X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Account Owner (Parent or Guardian if a Minor)

▶ **X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Joint Account Owner (Required if a joint account.)

### 6. Medallion Stamp Signature Guarantee

Medallion Stamp Signature Guarantees are required for some types of financial transactions. We do not require a signature guarantee if transferring assets to Homestead Funds; however, the releasing custodian may. This stamp can be obtained from any eligible guarantor, including banks, broker/dealers and credit unions.

Financial Institution: Affix stamp here.

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## Instructions for Resigning Financial Institution

Please prepare a check, made payable to Homestead Funds, FBO (shareholder's name and account number) for the liquidation amount requested. Please mail a copy of this Transfer Form with the check.

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

Overnight deliveries to: Homestead Funds  
c/o BFDS  
330 W. 9th Street, 1st Floor  
Kansas City, MO 64105-1514