

Deferred Compensation Account Maintenance Form



Use this form to update your account records. Please print neatly in blue or black ink. If you have a question, call us at **1-800-258-3030**. For complete information about Homestead Funds and services, see the prospectus.

Return your completed 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

FAX TO:
703-907-5606

Note: Any forms with a notary or Medallion Stamp Signature Guarantee cannot be faxed.

Sending this form to NRECA will slow down processing.

! Be sure to sign your completed form (section 7) and obtain notary acknowledgment if necessary.

1. Ownership

Tell us how your account is currently registered.

NRECA Member/Employer Name

Employer's Tax Identification Number

Employer's Street Address/Rural Route

City

State

ZIP

Phone Number

2. Update Attention Line

Tell us to whose attention at the cooperative all statements and tax forms should be mailed.

New Benefits Administrator First Name

Middle Initial

Last

Phone

3. Update Address

You may update either or both of the following addresses.

The cooperative's new **permanent** address is:

Employer's Street Address / Rural Route

City

State

ZIP

The cooperative's new **mailing** address is:

Employer's Street Address / Rural Route

City

State

ZIP

4. Duplicate Statements

Use this section to update duplicate statement mailings. If updating for multiple individual participants, one form per participant is required.

Please mail duplicate statements for:

All accounts

Interested Party's Name

Interested Party's Street Address / Rural Route

City

State

ZIP

Or

Individual participant's account

Name

Account number

Participant's Street Address / Rural Route

City

State

ZIP

5. Phone Options

The cooperative can allow Authorized Employer Representatives (on all accounts under the cooperative's tax identification number) and participants (on accounts for their benefit) to exchange shares between identically registered accounts. To update this setting on all accounts check a box below.

Phone exchange:

YES

NO

6. Bank Information

Homestead Funds can link a cooperative's local checking account to all deferred compensation accounts under the cooperative's tax identification number. If you would like Homestead Funds to send redemption proceeds via ACH transfer rather than paper check mailed to the cooperative, please attach a voided check or deposit slip below.

You can also use this section to update bank instructions currently on file.

Note: Some banks use different wire instructions for Fedwires versus ACH transfers. If requesting a Fedwire, please check with your bank to ensure the bank instructions on file with Homestead Funds are correct.

Account type (Check one):

Checking

Saving

Tape a voided blank check or bank deposit slip to this application. Your check or deposit slip must be preprinted with name and account information (no starter checks or cashier's checks).



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

7. Signature

Please sign below. Also, if you are adding or updating bank information (Section 6), then complete this section in front of the notary as we will need signature authentication.

▶ **X** _____
Signature of Authorized Employer Representative Title Date

Print Name

8. Notary Acknowledgement

STATE OF _____

COUNTY OF _____ S.S.: _____

On this _____ day of _____, 20_____, before me personally appeared _____, to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he executed the same.

▶ **X** _____
Notary Public

My commission expires: _____

Notary: Affix stamp here.