

Deferred Compensation Plan Authorized Employer Representative Form



Employer: Use this form to designate which individuals are authorized to act on the employer's behalf. Homestead Funds will act on transaction and maintenance instructions only when they are signed for by the authorized employer representative listed on this form. (The one exception is for the phone exchange option that many cooperatives have elected. This option allows both participants and authorized employer representatives to exchange shares between identically registered accounts over the phone.) If multiple representatives are listed, only one signature is required to act.

Typically, employers designate the benefits administrator as an authorized employer representative; however, some cooperatives may choose to designate additional representatives, such as a treasurer or another financial officer. If you are unsure who should have signing rights and responsibilities for your cooperative, please discuss this with your general manager.

Return the 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

Sending forms to NRECA will slow down processing.

We must receive the original signed document for signature verification. Keep a copy for the employer's records.

If you need help completing this form, or if you have a question about Homestead Funds or a participant account, call **1-800-258-3030**.

 Be sure to sign this completed form (sections 2 and 3).

1. Account Registration

Tell us how your account is registered.

NRECA Member/Employer Name

Employer's Tax Identification Number

Phone Number

Employer's Street Address/Rural Route

City

State

ZIP

2. Employer Signatures

By signing this form, I certify that

- I have received, read and agree to the terms of the prospectus for the funds in which the employer is investing. I have the authority and legal capacity to purchase mutual fund shares on behalf of my employer and am of legal age in my state and believe such investment is suitable for my organization.
- The employer has received, read and completed an applicable deferred compensation program plan document and election form, which set forth the terms and conditions of the employer's participation in the deferred compensation program.
- I understand that it is the employer's responsibility to determine that all requests are in compliance with the plan's provisions.
- I understand that it is the employer's responsibility to keep the list of authorized employer representatives current.
- I understand that I may not authorize requests on accounts for which I am the beneficiary (except phone exchanges).
- The employer authorizes Homestead Funds, BFDS, their agents and affiliates to act on any instructions believed to be genuine for any service authorized by the employer on this form and agrees that they will not be liable for any resulting loss or expense to the employer resulting from such reliance.
- The employer authorizes Homestead Funds to provide account information to NRECA if electing Administrative Services.
- The tax identification number shown in section 1 of this form is correct.

▶ **X**

Signature of Authorized Employer Representative Title Date

Print Name

▶ **X**

Signature of Authorized Employer Representative Title Date

Print Name

▶ **X**

Signature of Authorized Employer Representative Title Date

Print Name

3. Cooperative Authority

▶ **X** _____
Signature of General Manager, CEO or Title Date
other Cooperative Authority

Print Name

4. Notary Acknowledgement

The signature of cooperative authority on this form must be notarized.

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.