

Deferred Compensation Plan Participant Enrollment Form

(for Employers Electing NRECA's Administrative Services)



Employer: Use this form to enroll a new participant in your organization's deferred compensation program and, if desired, submit an initial salary deferral. Please print neatly in blue or black ink. To send subsequent salary deferrals, complete a Homestead Funds Group Purchase Form.

It is the employer's responsibility as plan administrator to verify plan and participant eligibility.

Return this completed form along with a check drawn on the employer's account for the amount of the salary deferral 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.

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

 Be sure to sign this completed form (section 4).

1. Plan Ownership and Type

Tell us how your plan is registered.

NRECA Member/Employer Name

Employer's Tax Identification Number

Plan Type. Check one:

- 1 Executive Compensation Plan For Employees of Tax-Exempt Employers
- 2 Executive Compensation Plan for Directors of Tax-Exempt Employers
- 3 Top Hat Plan for Employees of Taxable Employers
- 4 Top Hat Plan for Directors of Taxable Employers
- 5 Incentive 457(f) Deferred Compensation Plan
- 6 Global Executive Compensation Plan for Employees
- 7 Global Executive Compensation Plan for Directors
- 8 Governmental Deferred Compensation Plan
- 9 Pension Restoration Plan for Tax-Exempt Employers
- 10 Pension Restoration Plan for Taxable Employers
- 11 Global Pension Restoration Plan

Participant Exchange Options. Check One:

- This plan **does not** allow participants and authorized employer representatives to make fund exchanges by telephone.
- This plan **does** allow participants and authorized employer representatives to make fund exchanges by telephone.

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

4. Employer Signature

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. The Homestead Funds prospectus is available at www.homesteadfunds.com or by calling **1-800-258-3030**. 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 a deferred compensation program Plan Document, and a deferred compensation program 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 if Homestead Funds is directed to close this account after it has been established, any shares will be redeemed at the then current price and the proceeds will be returned to the employer. This may result in a gain or loss from the original investment.
- The employer understands that all shares will be purchased at the net asset value next determined after receipt by BFDS of deposits in good order, as described in the prospectus.
- 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.
- I understand that I cannot authorize my own enrollment.
- The tax identification number shown in section 1 of this form is correct.

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

Print Name