

Deferred Compensation Plan Redemption Form

(for Employers Electing NRECA's Administrative Services)

Employer: Use this form to request a distribution of assets invested in Homestead Funds. Please print neatly in blue or black ink.

Generally, distributions from deferred compensation plans are allowed only in the case of a participant's separation of service, death or certain unforeseen emergencies.

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

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 the form to NRECA will slow down processing.

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

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 3).

1. Account Registration

Tell us how your plan is registered.

NRECA Member/Employer Name State Employer's Tax Identification Number

Participant's First Name Middle Initial Last Name

Participant's Account Number Participant's Separation Date (mm/dd/yyyy)

Plan Type. Check one:

- Executive Compensation Plan For Employees of Tax-Exempt Employers
- Executive Compensation Plan for Directors of Tax-Exempt Employers
- Top Hat Plan for Employees of Taxable Employers
- Top Hat Plan for Directors of Taxable Employers
- Incentive 457(f) Deferred Compensation Plan
- Global Executive Compensation Plan for Employees
- Global Executive Compensation Plan for Directors
- Governmental Deferred Compensation Plan
- Pension Restoration Plan for Tax-Exempt Employers
- Pension Restoration Plan for Taxable Employers
- Global Pension Restoration Plan

Contact Name (in case we have questions on this request)

Contact Phone Number

2. Distribution Instructions

Tell us how to process the distribution. For all options below except transfer-in-kind, redemption proceeds are sent by check made payable to the employer and mailed to the employer's address of record or by ACH transfer if the employer's bank instructions are on file. The employer is responsible for any tax reporting. **Installment payments and payment deferrals are processed on or about the 20th of the month.**

Check one:

- Send proceeds by check to employer.
- Send proceeds by ACH transfer to employer (must have bank instructions on file).

Check one:

- Single-sum payment sent immediately.
- Partial Redemption of \$ _____ or _____ shares from the _____ Fund.
This option is most often used for corrective processing or RMD while the participant is active with the Employer.
- Single-sum payment deferred until ____ / 20 / ____ (Month/Day/Year). *Deferral date entered above can be no longer than one year from Homestead Funds' receipt of this form.*
- Installment payments. A series of _____ annual quarterly monthly installments (check one) beginning ____ / 20 / ____ (Month/Day/Year). *This distribution option is not available for Incentive 457(f) Deferred Compensation Plans.*

Installment payments are processed as substantially equal redemptions from any and all funds in which the account is currently invested. Any new funds purchased by exchange after Homestead Funds' processes this redemption form will be automatically included in the installment payment calculation.

- Combination single-sum payment and annual installments.** *This distribution option is not available for plans adopted before 12/31/2004 or for Incentive 457(f) Deferred Compensation Plans.*

\$ _____ or _____ % of account balance to distribute as a single-sum payment.

- Single payment sent immediately. —or—
- Single payment deferred until ____ / 20 / ____ (Month/Day/Year).

Deferral date entered above can be no longer than one year from Homestead Funds' receipt of this form.

Remainder of account balance to be distributed in a series of
_____ annual quarterly monthly installments (check one)
beginning ____ / 20 / ____ (Month/Day/Year).

Installment payments are processed as substantially equal redemptions from any and all funds in which the account is currently invested. Any new funds purchased by exchange after Homestead Funds' processes this redemption form will be automatically included in the installment payment calculation.

- Transfer-in-kind to a regular Homestead Funds account established in the participant's name.**
If checking this option, call Homestead Funds at (800) 258-3030 and say "representative" at the prompt to review first. To process we will need attached to this form a detailed letter of instruction and if necessary a new regular account application.



Be sure to sign this form on the next page. We cannot act on your instructions without a notarized signature.

3. Employer Signature

See section 4, Notary Acknowledgement, before signing this form and sign this section in front of the notary. By signing this form, I certify that

- I am an authorized employer representative and have the full right, power and authority to request this plan distribution.
- I understand that it is the employer's responsibility to determine that all transaction requests are in compliance with the plan's provisions.
- I understand that I cannot authorize redemptions on accounts for which I am the beneficiary.
- The employer's Taxpayer Identification Number and plan type is correct.
- I understand that it is the employer's responsibility to issue any Internal Revenue Service tax forms related to deferred compensation plan distributions.
- I understand that these accounts may be subject to the Internal Revenue Service's required minimum distribution rules.
- I authorize Homestead Funds to provide account information to NRECA.

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

Print Name

4. Notary Acknowledgement

The signature of authorized employer representative 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.