

FAS 106 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

1. Ownership

NRECA Member/Employer Name

Account Number(s)

Tax ID

State

2. Update Main Contact

This may be either a Trustee or other individual at the coop. Statements and Tax Forms will be mailed to their attention and they will serve as a contact for questions on the Account. If not also a named Trustee, then access will be limited to account inquiries only.

First Name

Middle Initial

Last Name

Phone number

3. Update Address

You may update either or both of the following addresses.

The USA Patriot Act requires financial services companies to obtain and verify customers' street addresses. **A P.O. Box will not be accepted as a new street address. A rural route, APO or FPO address will be accepted as a new street address.**

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

New Street Address

City

State

ZIP

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

Mailing Address

City

State

ZIP

4. Telephone Options

If these services are authorized then we will act on Trustee instructions to buy, exchange or sell shares by phone.

Check to Opt In or Out:

We DO DO NOT want to be able to make purchases by phone. (Homestead must have Bank information on file in order to make purchases by phone.)

We DO DO NOT want to be able to make exchanges between identically registered accounts by phone.

We DO DO NOT want to be able to make redemptions by phone.

5. Bank Information

Complete this section to modify the bank information we now have on file. Your signature must be authenticated. See section 8.

Add or update. Check one: This bank information replaces any prior bank information on file.

This bank information should be added to any prior bank information on file.

Please attach a voided check or deposit slip below. Your check must be preprinted with name and account information (no starter checks or cashier's checks).

Tape a voided blank check or deposit slip here.

6. Add Checkwriting

This Service is available only to Daily Income investors. There is a \$100 per check minimum. Our Transfer Agent charges a nominal fee for checkbooks. Sign the signature card as you will sign your checks. In signing this signature card, you agree to be subject to the rules and regulations of the State Street Bank and Trust Company as amended from time to time and subject to the conditions printed in the Homestead Fund prospectus. **All Authorized Traders who will be using checks must sign below.** Only one signature is needed when you write a check.

_____ Printed Name	X _____ Signature
_____ Printed Name	X _____ Signature
_____ Printed Name	X _____ Signature

