

# FAS 106 Account Application



Use this form to establish a new account. 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, which is available at [www.homesteadfunds.com](http://www.homesteadfunds.com) or by calling the above toll-free number.

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

**!** Be sure to sign your completed form (section 11).

## 1. Ownership

NRECA Member/Employer Name

Trust Tax ID

State

Date of Trust Agreement (mm/dd/yyyy)

## 2. 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 Trustee named in Section 11, then access will be limited to account inquiries only.

First Name

Middle Initial

Last Name

Phone number

## 3. Address

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 street address. A rural route, APO or FPO address will be accepted as a street address.**

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

Street Address

City

State

ZIP

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

Mailing Address

City

State

ZIP

#### 4. Duplicate Statements

Use this section to request duplicate statement mailings to a third party (such as an auditor). Please mail duplicate statements to:

Interested Party's Name

Interested Party's Street Address / Rural Route

City

State

ZIP

#### 5. Investment Amount

Write in the amount of your initial investment. If you are opening your new account with a check, wire or ACH transfer, complete this section. If you are funding your new account only by establishing the Automatic Investing Plan, you may skip to section 7.

**Total dollars \$** \_\_\_\_\_ (**\$500 minimum**)

**Indicate method of investment.** Check one:

- By check.** We accept checks with preprinted name and address made payable directly to Homestead Funds. **We do not accept third-party checks, credit card convenience checks, bank account starter checks, cash or cash equivalents (including money orders, traveler's checks, cashier's checks or bearer bonds).** All purchases must be in U.S. dollars.
- By ACH transfer.** Upon receipt of this application, we will initiate an electronic funds transfer from the account you indicate in section 10, Bank Information.
- By wire transfer.** Call us at 1-800-258-3030 for transfer instructions. You must also complete section 10, Bank Information.

#### 6. Fund Selections

Indicate how the amount above should be allocated by fund. If you are opening your new account with a check, wire or ACH transfer, complete this section. If you are funding your new account only by establishing the Automatic Investing Plan, you may skip to section 7.

Daily Income (168) .....	\$ _____	or _____%	Value (176) .....	\$ _____	or _____%
Short-Term Gov. (170)..	\$ _____	or _____%	Small-Company (178) .....	\$ _____	or _____%
Short-Term Bond (172)	\$ _____	or _____%	International Value (180)	\$ _____	or _____%
Stock Index (174).....	\$ _____	or _____%	Growth (182).....	\$ _____	or _____%
				<b>Total .....</b>	<b>\$ _____ or 100%</b>
(Must match amount from section 5.)					

## 7. Automatic Investing Plan

In addition to or instead of sending a check with this application, you may elect to fund your account by making regular investments transferred directly from your bank account. Complete this section to establish that service. You must also complete Section 10, Bank Information.

**Amount to transfer** \$ \_\_\_\_\_

**Transfer frequency**

Check one:  monthly  quarterly  
 semi-annually  annually

Transfers will be made on or about the 20th of the month.

**First purchase** (mm/yyyy) \_\_\_\_\_

**Last purchase** (mm/yyyy) \_\_\_\_\_

(If left blank we will continue drafts until contacted by a Trustee to stop.)

Indicate how each amount transferred should be allocated by fund.

Daily Income (168) .....	\$ _____
Short-Term Gov. (170).....	\$ _____
Short-Term Bond (172) .....	\$ _____
Stock Index (174).....	\$ _____
Value (176) .....	\$ _____
Small-Company (178) .....	\$ _____
International Value (180).....	\$ _____
Growth (182) .....	\$ _____
<b>Total dollars</b> .....	<b>\$ _____</b>

## 8. Dividends and Capital Gains

All distributions will be automatically reinvested in your fund account unless you make a different election here.

**Dividends**

- Pay by Check Sent to Address of Record
- Pay by Direct Deposit to Bank Account (You must also complete section 10, Bank Information.)
- Reinvest in Different Fund Account (Accounts must be identically registered.)

\_\_\_\_\_  
Fund Name and Account Number

**Capital Gains**

- Pay by Check Sent to Address of Record
- Pay by Direct Deposit to Bank Account (You must also complete section 10, Bank Information.)
- Reinvest in Different Fund Account (Accounts must be identically registered.)

\_\_\_\_\_  
Fund Name and Account Number

## 9. Telephone

We will act on Trustee instructions to buy, exchange or sell shares by phone, unless you check the boxes below to opt out of those services.

Neither Homestead Funds nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine.

**Check to Opt Out:**

- I DO NOT want to be able to authorize **purchases** by phone or online.
- I DO NOT want to be able to authorize **exchanges** between identically registered accounts by phone or online.
- I DO NOT want to be able to authorize **redemptions** by phone or online.

