

Deferred Compensation Plan Distribution Form



Homestead
Funds

Use this form to request a distribution of assets invested in Homestead Funds.

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

Sending forms to NRECA will delay processing. Return your completed form to:

Regular Mail

Homestead Funds
c/o of Ultimus Fund Solutions, LLC
P.O. Box 46707
Cincinnati, OH 45246

Overnight Mail

Homestead Funds
c/o of Ultimus Fund Solutions, LLC
225 Pictoria Drive
Suite 450
Cincinnati, OH 45246

Fax

877-513-0756

Note: Distributions over \$500,000 must be returned by mail for processing.

If you have a question about the form, call us at 800.258.3030.

For information about Homestead Funds or a particular account contact us at the toll-free number above.

1. Account Registration

Complete Section A and B in their entirety.

A. Cooperative/Employer's Information

Section A needs to be completed with the Cooperative/Employer's information only.

Cooperative/Employer's Name

Tax Identification Number

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

Contact Phone Number

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B. Plan Participant's Information

Section B needs to be completed with the Plan Participant's information.

Plan Participant's First Name

Middle Initial

Last Name

Plan Participant's Account Number (Mandatory)

Social Security Number

We must receive the original signed form if the distribution amount is over \$500,000.

Keep a copy for your employer's records.

Distribution requests received in good order will be processed. Homestead Funds is not responsible for checking separation dates or distribution eligibility. It is the responsibility of the cooperative as plan administrator to ensure the participant is eligible to take the distribution requested.

Need Help?

Homestead Funds client service associates are available on weekdays from 8:30 a.m. to 5:00 p.m. E.T.

Call 1.800.258.3030

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2. Distribution Instructions

Check one distribution option:

- ☐ **Total distribution sent immediately.** 100% of the account will be distributed immediately.
- ☐ **Total distribution payment deferred until** ____/____/____ **(month/day/year).**
100% of the account will be distributed at the date listed above. The deferral date entered above must be within the next 12 months from today.
- ☐ **Installment payments. A series of** ____ ☐ **annual** ☐ **quarterly** ☐ **monthly installments beginning** ____/____/____ **(month/day/year).**
Installment payments are processed as substantially equal distributions from all funds in which the account is currently invested. Any new funds purchased by exchange after Homestead Funds processes this distribution form will be automatically included in the installment payment calculation. The deferral date entered above must be within the next 12 months from today.
- ☐ **Partial Distribution payment sent immediately.**
This option is most often used for Required Minimum Distributions (RMD) or corrective processing while the participant is active with the cooperative/employer. The partial distribution will be distributed upon receipt of this form in good order.

Redeem From:

Daily Income Fund (168)	\$	<input type="text"/>	or	<input type="text"/>	shares
Short-Term Government Securities Fund (170)	\$	<input type="text"/>	or	<input type="text"/>	shares
Intermediate Bond Fund (171)	\$	<input type="text"/>	or	<input type="text"/>	shares
Short-Term Bond Fund (172)	\$	<input type="text"/>	or	<input type="text"/>	shares
Stock Index Fund (174)	\$	<input type="text"/>	or	<input type="text"/>	shares
Value Fund (176)	\$	<input type="text"/>	or	<input type="text"/>	shares
Small-Company Stock Fund (178)	\$	<input type="text"/>	or	<input type="text"/>	shares
International Equity Fund (180)	\$	<input type="text"/>	or	<input type="text"/>	shares
Growth Fund (182)	\$	<input type="text"/>	or	<input type="text"/>	shares
Rural America Growth and Income Fund (414)	\$	<input type="text"/>	or	<input type="text"/>	shares

◆ Remaining Account Balance Instructions

- ☐ I will submit a new distribution form to provide instructions for the remaining account balance at a later date. (default)
- ☐ I want the remainder of the account balance to be distributed in a series of ____
☐ **annual** ☐ **quarterly** ☐ **monthly installments beginning** ____/____/____
(month/day/year).

- ☐ **Split Distribution.** Use this option to redeem a portion of the account to the cooperative and purchase the remaining balance into a Homestead Funds account established in the participant's name.

You must complete both instructions below:

Distribute ____ % from the account and send the distribution proceeds to the cooperative.
The distribution should be taken proportionately from the current account allocations.

Purchase the remaining account balance into the participant's Homestead Funds account
_____. The purchases should keep the same allocation as the current account.

Homestead Funds will process all requests received in good order and is not responsible for checking plan eligibility, distribution eligibility, separation dates, or any other plan administration related information. Consult your plan documents to ensure compliance with your plan's requirements.

Installment payments and payment deferrals are processed on or about the 20th of the month.

To process this option the participant must have an existing Homestead Funds account in their name. If they do not have an account, please have them establish an account prior to submitting the distribution paperwork. If they need assistance establishing an account, they can receive assistance at 800.258.3030, option 2.

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3. Distribution Payment Instructions

Tell us how to process the distribution. For all options in **Section 2** the distribution proceeds are made payable to the cooperative/employer and mailed to the cooperative/employer's address or sent by ACH if the cooperative/employer's bank instructions are on file. For the split distribution option in **Section 2**, the account percentage specified will be sent to the cooperative/employer and the remaining account balance will be purchased into a Homestead Funds account in the participant's name. The cooperative/employer is responsible for any tax withholding and reporting.

Check one distribution method:

☐

Send proceeds by check to cooperative/employer.

☐

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

4. Authorized Cooperative/Employer Representative Signature

By signing this form, I certify that:

- I am an Authorized Cooperative/Employer Representative and I have the full right, power and authority to request this plan distribution.
- I understand that it is the cooperative/employer's responsibility to determine that all transaction requests are in compliance with the plan's provisions.
- I understand that I cannot authorize distributions on accounts for which I am the beneficiary.
- The cooperative/employer's Taxpayer Identification Number and plan type is correct.
- I understand that it is the cooperative/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.

This form must be signed by one of the Authorized Cooperative/Employer Representatives on file with Homestead Funds.

Signature of Authorized Cooperative/Employer Representative

Title

Print Name

Date (mm/dd/yyyy)

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