

# Account Distribution Request Form



Use this form to take a withdrawal from your Homestead Funds account.

Return your completed form to:

**Regular Mail**

Homestead Funds  
P.O. Box 219486  
Kansas City, MO 64121-9486

**Overnight Mail**

Homestead Funds  
430 W. 7th Street  
Suite 219486  
Kansas City, MO 64105-1407

If you have a question about this form, call us at **800.258.3030**. For complete information about Homestead Funds and services, see the prospectus, which is available at [homesteadfunds.com](http://homesteadfunds.com) or by calling the above toll-free number.

## 1. Ownership

|                                  |                      |                      |
|----------------------------------|----------------------|----------------------|
| Account Owner/Minor's First Name | Middle Initial       | Last Name            |
| <input type="text"/>             | <input type="text"/> | <input type="text"/> |

|                        |                                                                    |
|------------------------|--------------------------------------------------------------------|
| Social Security Number | Daytime Telephone Number (in case we have questions)               |
| <input type="text"/>   | <input type="text"/> - <input type="text"/> - <input type="text"/> |

Address of Record

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City                 | State                | Zip Code             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Be sure to sign your completed form (**Section 8**).

If we do not already have this phone number on file we will add it to your contact information.

◆ **If a Joint or Minor's Account**

|                              |                      |                      |
|------------------------------|----------------------|----------------------|
| Joint/Custodian's First Name | Middle Initial       | Last Name            |
| <input type="text"/>         | <input type="text"/> | <input type="text"/> |

|                        |                                                                    |
|------------------------|--------------------------------------------------------------------|
| Social Security Number | Daytime Telephone Number (in case we have questions)               |
| <input type="text"/>   | <input type="text"/> - <input type="text"/> - <input type="text"/> |

## 2. Account Type

**Check one:**

- Regular Account
- Education Savings Account
- IRA Account  
(Distribution must begin by April 1 of the year following the year you become 70 ½. Does not apply to Roth IRA.)

**Check one:**

- Normal Distribution: You are over age 59 ½.
- Premature Distribution: You are under age 59 ½ and you acknowledge the tax consequences and penalties. Consult a tax advisor if you think you qualify for an exception.

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## 3. Distribution Instructions

I hereby direct the following distribution from:

Account Number

Check one:

Total Distribution/Account Termination (will distribute 100% of account.)

Pro Rata Partial Distribution of \$

Taken proportionately from all of my funds within this account number. The amount to distribute from each fund is estimated based on the number of shares held at prior night's close.

Partial Distribution

**Distribute from:**

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

A Medallion Signature Guarantee is required in Section 9 if you are redeeming more than \$50,000 from any one fund in any one account. The surety value of the guarantee must meet or exceed the amount of the total distribution.

**You must have your signature in Section 8 guaranteed in Section 9 if you are:**

- **Distributing more than \$50,000 per fund, or**
- **Requesting the distribution to be sent to a bank account, person, or an address not on file.**

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## 4. Payment Method

Complete **Section A** if you want your distribution to be mailed to you by check. Complete **Section B** if you want your distribution to be electronically transferred to your bank account.

### A. Paper Check

Regular mail to address of record (default option)

Expedited mail to address of record  
A \$13 fee is applied to the redemption. Typically takes 2-3 business days from your request.

Special Payee  
Check to be sent to mailing address not on file and/or check not made payable to account registration. Instructions cannot be faxed. A Medallion Signature Guarantee with sufficient surety value is required in **Section 9**.

Regular Mail     Expedited Mail

Name of Special Payee

Address

City

State

Zip Code

If you choose "Special Payee" in Section A or B you must have your signature guaranteed by a Medallion Signature Guarantee (MSG) Stamp in **Section 9**.

### B. Bank Transfer

ACH transfer to bank account on record  
Typically takes 3 business days to receive your money.

Fed Wire transfer to bank account on record  
A \$10 fee is applied to each Fund being withdrawn from. Check with your financial institution for any incoming wire fees they may charge you.

Special Payee – other ACH/Fed Wire instructions not currently on file  
Instructions cannot be faxed. A Medallion Signature Guarantee with sufficient surety value is required in **Section 9**.

ACH     Fed Wire

Name of Financial Institution

Name on Account

Routing/ABA Number

Account/DDA Number

If you choose "Special Payee" in Section A or B you must have your signature guaranteed by a Medallion Signature Guarantee (MSG) Stamp in **Section 9**.

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## 5. Tax Withholding – IRA Accounts Only (Excluding Roth IRA)

### Federal Income Tax Withholding

Federal income tax will automatically be withheld from IRA distributions at the rate of 10% unless you check one of the boxes below. We encourage you to consult your tax advisor regarding your IRA distributions. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution.

**Check one:**

I do not wish to have federal income tax withheld.

Withhold federal income tax at the rate of  % (minimum 10%).

### State Income Tax Withholding

**Mandatory:**

We will withhold state tax in accordance with the respective state's rules if, at the time of the distribution, your address of record is within a mandatory withholding state and you have federal income tax withheld, or if the state's requirement is independent of federal withholding. Contact your tax advisor for the withholding amount, or see your state's website for more information.

If the account listed in Section 3 is not an IRA account do not complete this section as it is not applicable.

## 6. Add Telephone and Internet Distribution Options

If you want the option of requesting distributions by phone and/or online in the future complete this section.

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

I want to add telephone/internet distribution options to my account.

### Need Help?

Homestead Funds Client Service Representatives are available on business days from 8:30 a.m. to 5:00 p.m. E.T.

Call **1.800.258.3030**

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## 7. Cost Basis Election – Taxable Accounts Only

Complete this section if you want to change your cost basis method.

**Please choose one of the following available methods:**

- Average Cost** — the purchase price of all covered shares in the account are averaged
- First In, First Out** — depletes shares beginning with the earliest acquisition date
- Last In, First Out** — depletes shares beginning with the most recent acquisition date
- High Cost** — depletes shares beginning with the most expensive shares
- Low Cost** — depletes shares beginning with the least expensive shares
- Loss/Gain Utilization** — depletes shares in the following order: short term losses, long term losses, break even shares, long-term gains, short-term gains
- Specific Lot Identification** — depletes shares according to the lots chosen by the shareholder

### ◆ If Specific Lot Identification

You will need to select a secondary method to be used for systematic redemptions and in cases where the lots you designate are insufficient or unavailable.

**Please select a secondary cost basis accounting method:**

- First In, First Out**  
Default if no election is made.
- Last In, First Out**
- High Cost**
- Low Cost**
- Loss/Gain Utilization**

Any changes made here will replace your current accounting method for all covered shares in your account.

Only choose a secondary cost basis method if you choose Specific Lot Identification as your primary method.

## 8. Signature

|                                                       |                                                                    |
|-------------------------------------------------------|--------------------------------------------------------------------|
| Owner/Custodian's Signature                           | Date (mm/dd/yyyy)                                                  |
| <input type="text"/>                                  | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Joint Owner's Signature (Required if a joint account) | Date (mm/dd/yyyy)                                                  |
| <input type="text"/>                                  | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Be sure to sign this section. We cannot act on your instructions without your signature.

## 9. Medallion Signature Guarantee (MSG) Stamp

For some transactions, Homestead Funds requires a special type of signature guarantee called a "medallion stamp." Most financial institutions such as banks and credit union issue them and typically charge a nominal fee for this service. We understand that obtaining a signature guarantee is sometimes inconvenient. However, it is an important way for us to protect you against fraud.

Financial Institution: Affix medallion stamp here.

The surety value of the signature guarantee must be equal or greater than the amount of your requested transaction. **We will not accept a guarantee from a notary.**