

Account Services Form



Use this form to complete one or more of the following:

- Change your name
- Change your address or phone number
- Change your telephone and internet options
- Change your dividend and capital gains options
- Change your cost basis elections
- Add or update your bank information

Dependent upon the change(s) you are making on your account, some Sections may not apply. However, Sections 1 and 9 must always be completed.

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, call us at **800.258.3030**. For complete information about Homestead Funds and services, see the prospectus, which is available at homesteadfunds.com or by calling the above toll-free number.

1. Ownership

Tell us how your account is currently registered.

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

Social Security Number	Account Number (s)
<input type="text"/>	<input type="text"/>

Daytime Telephone Number (in case we have questions)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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◆ **If a Joint or Minor's Account**

Joint Owner/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"/>

Joint Owner'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. Change Name

Complete this section to change your name. Your signature must be notarized. See **Section 10**.

Print OLD Name: First	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Print NEW Name: First	Middle Initial	Last Name
<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.

To change your name complete Sections 1, 2, 8 and 9.

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3. Change Address

Owner/Minor's Residential Street Address

City

State

Zip Code

◆ If you want account correspondence sent to an address other than the Owner/Minor's residential street address, provide a mailing address below.

New Mailing Address (Your mailing address may be a P.O. Box)

City

State

Zip Code

4. Change Dividends and Capital Gains Options

Dividends and capital gains are automatically reinvested in your account unless you make a different election.

Dividends and Short-Term Capital Gains:

- Reinvest in same Fund Account
Default option
- Pay by Check Sent to Address of Record
Not available for IRA investors below 59 ½ unless this is an inherited IRA.
- Pay by Direct Deposit to Bank Account
Not available for IRA investors below 59 ½ unless this is an inherited IRA.

Long-Term Capital Gains:

- Reinvest in same Fund Account
Default option
- Pay by Check Sent to Address of Record
Not available for IRA investors below 59 ½ unless this is an inherited IRA.
- Pay by Direct Deposit to Bank Account
Not available for IRA investors below 59 ½ unless this is an inherited IRA.

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

Income tax will not be automatically withheld from IRA account distributions.

If you want payments by direct deposit you must also complete Sections 7 and 9 unless you already have bank information on file.

5. Change Telephone and Internet Services

If you authorize these services, we will act on your instructions to buy, exchange or sell shares by phone and/or online.

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

Check to Opt In or Opt Out:

- I DO I DO NOT want to make **purchases** by phone or online. You must have bank instructions on file to add this option. If not, complete **Section 7** also.
- I DO I DO NOT want to make **exchanges** between identically registered accounts by phone or online.
- I DO I DO NOT want to make **distributions** by phone or online.

6. Change Cost Basis Election – Taxable Accounts Only

If you would like to change your cost basis method for your taxable account, please choose another method below. Any changes here will replace your current accounting method for all covered shares in your account.

Please consult your tax advisor to determine which cost basis accounting method best suits your individual tax situation.

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 distributions and in cases where the lots you designate are insufficient or unavailable.

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

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**

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. Add or Update Bank Information

Complete this section to add or update the bank information attached to your Homestead Funds account. Your signature must be notarized in **Section 9**.

To add or update bank information complete **Sections 1, 7, 8 and 9**.

If you have an existing systematic purchase/distribution program and would like this to continue from the new bank information attached, please check here.

Add or update. Check one: This bank information replaces any prior bank information on file.
 This bank information should be added in addition to any prior information on file.

Account type. Check one: Checking Savings.



Attach voided check here.

Checks must be preprinted with your name and address. At least one common name must match exactly between your Homestead Funds and Bank accounts. We do not accept starter checks. If you do not have a preprinted check please include a letter from your bank, on their letterhead, confirming your bank account registration, account number and routing number.

You must sign Section 8 on the next page. If you completed Section 2 and/or Section 7, your signature must be notarized in Section 9.

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8. Signature

See **Section 9**, Notary Acknowledgement, to determine if your signature needs to be notarized before you sign this form.

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

Each person named in the registration must sign below.

Owner/Custodian's Signature	Title (if applicable)	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Owner's Signature (required if a joint account)	Title (if applicable)	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Owner's Signature (required if a joint account)	Title (if applicable)	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

9. Notary Acknowledgement

Your signature on this form must be notarized if you are making any of the following account changes:

- Changing your name (**Section 2**)
- Adding or updating bank information (**Section 7**)

State of _____

County of _____

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.

Notary Public

My commission expires: _____

Notary: Affix stamp here