

Account Services Form



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

- Add checkwriting or update your signature card
- 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
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

Fax

703-907-5606

Note: Forms requesting checkwriting or with **Section 10** completed cannot be faxed.

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"/>

Be sure to sign your completed form (Section 9).

◆ **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"/>	
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"/>	

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

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"/>

To change your name complete Sections 1, 2, 9 and 10.

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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 8 and 10 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 8** 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. If this is an IRA or ESA account, online distributions are not permitted.

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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.

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**

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

7. Add Daily Income Fund Checkwriting or Update Signature Card

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 UMB Bank, n.a., Custodian, as amended from time to time and subject to the conditions printed in the Homestead Funds prospectus. All account owners (including a power of attorney (POA) listed on your account) must sign below. Only one signature is required when you write the check.

This service is available only to Daily Income Fund investors. There is a \$100 per check minimum. This account will be charged a nominal fee for checkbooks. Minors may not sign checks.

Print the Owner/Custodian's Name	Signature
<input type="text"/>	<input type="text"/>
Print the POA/Joint Owner's Name (if applicable)	Signature
<input type="text"/>	<input type="text"/>
Print the Joint Owner's Name (if applicable)	Signature
<input type="text"/>	<input type="text"/>

To write checks on an IRA account it must be an inherited IRA or the shareholder must be 59 ½ or older. Federal income tax cannot be withheld from check amounts.

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9. Signature

See **Section 10**, 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 <input type="text"/>	Title (if applicable) <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
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Owner's Signature (required if a joint account) <input type="text"/>	Title (if applicable) <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
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Owner's Signature (required if a joint account) <input type="text"/>	Title (if applicable) <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
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10. 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 8**)

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