

Automatic Payroll Deduction Form



Use this form to tell your employer's payroll department how you would like your contributions deducted from your wages and invested in Homestead Funds.

This form is intended to serve as record for your employer's payroll department of changes to your elections. Complete this form and provide the completed form to your employer. Do not return this form to Homestead Funds.

Note to employers. You have several choices to submit funds – direct ACH, FedWire, or check. To learn more, please read the **Employer Instructions to Submit Funds** document available at homesteadfunds.com

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 or by calling the above toll-free number.

1. Payroll Instructions

Check one:

New/change deduction Stop deduction (skip to signature)

Account Type:

IRA or ESA
 Non-retirement (including UGMA/UTMA, Corporate and Deferred Compensation)

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

Effective Date (mm/dd/yyyy)
 / / (Indicate when your payroll deductions should start, change, or stop.)

2. Signatures

Employee Signature Date (mm/dd/yyyy) / /

Print Employee Name

Employer Acknowledgement Date (mm/dd/yyyy) / /

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