

If you have a question

about this form, call us

at 800.258.3030. For

Homestead Funds and

which is available at

number.

complete information about

services, see the prospectus,

homesteadfunds.com or by calling the above toll-free

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. It is your responsibility to provide this form to your employer's payroll department promptly so we can allocate your contributions according to your selections.

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 do not indicate Fund 555 for an employee that has established an Asset Allocation Model, that employee's payroll deductions will not be allocated according to that employee's chosen Asset Allocation Model.

Payroll Instructions 1.

Check one:

New/change deduction

Stop deduction (skip to signature)

Account Type (choose one):

IRA or ESA

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

Fund Name		Account Number	Investment Amount
Daily Income Fund (168)	168-		\$
Short-Term Government Securities Fund (170)	170-		\$
Intermediate Bond Fund (171)	171-		\$
Short-Term Bond Fund (172)	172-		\$
Stock Index Fund (174)	174-		\$
Value Fund (176)	176-		\$
Small-Company Stock Fund (178)	178-		\$
International Equity Fund (180)	180-		\$
Growth Fund (182)	182-		\$
Rural America Growth and Income Fund (414)	414-		\$
Asset Allocation Model (555)	555-		\$
		Total	\$

Only choose 555 Asset Allocation Model if you have established an Asset Allocation Model in your account online or with a phone representative prior to submitting this form to your payroll department.

Effective Date (mm/dd/yyyy)

(Indicate when your payroll deductions should start, change, or stop.)

Automatic Payroll Deduction Form



2. Signatures		This form is intended to serve as a record for
Employee Signature Print Employee Name	Date (mm/dd/yyyy)	your employer's payroll department. Do not return this form to Homestead Funds.
Employer Acknowledgement	Date (mm/dd/yyyy)	