

Automatic Transactions Sign-Up Form



Use this form to begin a program of systematic investments, exchanges or redemptions made to, within, or from an existing Homestead Funds account.

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 with Section 9 completed cannot be faxed.

If you have a question about the 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.

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

1. Ownership

Tell us how your account is currently registered and provide your account number.

Account Owner/Minor's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Account Number	
<input type="text"/>	<input type="text"/>	
Daytime Telephone Number (in case we have questions)		
<input type="text"/> - <input type="text"/> - <input type="text"/>		

If we do not already have your 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"/>
Daytime Telephone Number (in case we have questions)		
<input type="text"/> - <input type="text"/> - <input type="text"/>		
Joint/Custodian's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone Number (in case we have questions)		
<input type="text"/> - <input type="text"/> - <input type="text"/>		

◆ **If an Entity, Trust, or Estate Account**

Entity/Trust/Estate Name	Account Number
<input type="text"/>	<input type="text"/>
Printed Name of Agent Signing Section 8	Tax Identification Number
<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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2. Begin Automatic Investing Program

Complete this section to begin a program of regular purchases with money moved directly from your bank account (Section A) or paycheck (Section B) to your Homestead Funds account.

A. ACH Transfer From Bank Account

Transfer frequency (Transfers will be made on or about the 20th of the month):

Monthly
 Quarterly
 Semi-annually
 Annually

First Purchase (mm/yyyy)

/20/
(Mandatory. You must provide a First Purchase date)

Last Exchange (mm/yyyy)

/20/
(Optional. If no date is provided purchases will continue until we receive different instructions from you.)

If this is an IRA or ESA account all automatic purchases will be processed as current-year contributions. **It is your responsibility to ensure your total contributions do not exceed annual contribution limits.**

Complete this section to sign up for the Automatic Investing Program and have money moved regularly from your bank account to your fund account. If we do not already have bank information on file you must also complete **Sections 7 and 9.**

Indicate how the amount above should be allocated.

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

B. Payroll Deduction

Select the funds you will be investing in. You do not need to indicate the investment amount at this time.

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

Complete this section to set up an account for receipt of payroll deductions to be sent by your employer. We will mail your new account numbers and other information you will need to provide to your payroll office to initiate deposits.

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3. Begin Automatic Exchange Program

Complete this section to begin a program of automatic exchanges made from one fund within your account to another. An exchange is a distribution followed by a subsequent purchase. For investors in regular (nonretirement) accounts, it is a taxable event.

A. Exchange Amount/Fund Details

Complete this section in its entirety to tell us which fund you want to exchange from and the dollar amount you want to exchange into each fund.

Exchange from (Fund Name):

Exchange to:

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

If exchanging to a new fund, your existing account registration (account number, ownership information and account type) will be preserved.

B. Exchange Frequency

Complete this section to tell us how often you would like your exchange to occur and when you want it to start.

Exchange frequency:

Monthly Quarterly Semi-annually Annually

First Exchange (mm/yyyy)

/20/ (Mandatory. You must provide a First Exchange date)

Last Exchange (mm/yyyy)

/20/ (Optional. If no date is provided exchanges will continue until source Fund is depleted or until we receive different instructions from you.)

Exchanges will be made on or about the 20th of the month. You must indicate the start month. If this form is not received in time to process for the start month indicated, it will begin the next month.

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4. Begin Automatic Distribution Program

Complete **Sections A, B,** and **C** to begin a program of regular distributions from your account.

A. Distribution Amount

Complete this section to tell us the amount you want to distribute from each fund.

Distribute from:

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

If this is an IRA account, you may use this form to set up automatic distributions. If you are under age 59 ½ the distributions will be considered premature distributions and will be reported to the IRS as such. Please consult a tax advisor before establishing premature distributions. Also, complete **Section 5** for tax withholding.

B. Distribution Frequency

Complete this section to tell us how often you would like your distribution to occur and when you want it to start.

Distribution frequency

Monthly Quarterly Semi-annually Annually

First Distribution (mm/yyyy)

/ (**Mandatory.** You must provide a First Distribution date)

Last Distribution (mm/yyyy)

/ (**Optional.** If no date is provided distributions will continue until source Fund is depleted or until we receive different instructions from you.)

Exchanges will be made on our about the 20th of the month. You must indicate the start month. If this form is not received in time to process for the start month indicated, it will begin the next month.

C. Payment Method

Complete this section to tell us how to send your distribution proceeds.

Must check one:

ACH transfer to bank of record. If bank information is not already on file, you must also complete **Sections 7 and 9.**

Check mailed to address of record.

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

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.

6. Cost Basis Election – Taxable Accounts Only

If you are setting up systematic redemptions from a non-retirement account all redemptions will be reported using the cost basis election currently on your account. If you want to change your current cost basis election please call a Homestead Funds client service representative at 800.258.3030 for instructions. Homestead Funds will report cost basis information to both shareholders and the Internal Revenue Services (IRS) on mutual fund shares acquired and subsequently redeemed after January 1, 2012.

Need Help?

Homestead Funds client service associates are available on weekdays from 8:30 a.m. to 5:00 p.m. E.T.

Call **1.800.258.3030**

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7. Bank Information

Be sure to complete this section if we do not currently have bank information on file and you:

- Signed up for the Automatic Investing Program and chose to have money moved by ACH transfer from your bank account (**Section 2**)
- Signed up for the Automatic Distribution Program and chose to have distribution proceeds deposited directly to your bank account (**Section 4**)

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

By completing this section, you authorize Homestead Funds to deduct money from your bank account via ACH to purchase shares into your Homestead Funds account and to send distribution proceeds via wire or ACH to your bank account of record. Your signature must be notarized in Section 9.

John Q. Smith
 123 Main Street
 Anytown, USA 12345-6789

0102

VOID

Pay to the Order of _____ \$ _____

_____ Dollars

Message _____

Signature _____

⑆011246678⑆ 22253456089012445⑆ 0402

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.

8. Signature

If this is a joint account all account owners must sign below. If this is a minor account the custodian must sign below. If this is an Entity, Trust, or Estate account the signer must provide their title below. See **Section 9**, Notary Acknowledgement, before signing this form.

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

Signature	Title (if an Entity/Trust/Estate Account)	Date (mm/dd/yyyy)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	
Signature	Title (if an Entity/Trust/Estate Account)	Date (mm/dd/yyyy)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	
Signature	Title (if an Entity/Trust/Estate Account)	Date (mm/dd/yyyy)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>	

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9. Notary Acknowledgement

Your signature on this form must be notarized if you completed **Section 7** to add bank information that we did not previously have on file.

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