

# Deferred Compensation Account Maintenance Form



Homestead  
Funds

Use this form to update your account records.

Return your completed form to:

**Regular Mail**

Homestead Funds  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Mail**

Homestead Funds  
225 Pictoria Drive  
Suite 450  
Cincinnati, OH 45246

**Fax**

877-513-0756

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](http://homesteadfunds.com) or by calling the above toll-free number.

## 1. Plan Ownership

This section needs to be completed with the Cooperative/Employer's information only.

Cooperative/Employer's Name

Tax Identification Number

Daytime Telephone Number (in case we have questions)

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Cooperative/Employer's Residential Street Address

City

State

Zip Code

## 2. Update Attention Line

Provide the name of the plan representative to whose attention plan statements and tax forms (if applicable) should be mailed.

Plan Representative's First Name

Middle Initial

Last Name

## 3. Update Cooperative Address

You may update either or both of the following addresses.

The cooperative's new residential street address is:

Cooperative/Employer's Residential Street Address

City

State

Zip Code

The cooperative's new mailing address is:

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

City

State

Zip Code

A P.O. Box will not be accepted as a residential street address. A rural route, APO or FPO address will be accepted.

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## 4. Request Duplicate Statements For a Plan Participant

Complete this section, if you want account statements sent to the plan participant in addition to the cooperative/employer's address or if you need to update a plan participant's address that is already receiving duplicate statements.

If you want to request duplicate statements for multiple participants, you will need to complete separate forms for each participant.

Plan Participant's Name

Account Number

Plan Participant's Mailing Address

City

State

Zip Code

## 5. Update Phone Exchange Options

The cooperative/employer can allow Authorized Cooperative/Employer Representatives (on all accounts under the cooperative/employer's tax identification number) and plan participants (on accounts for their benefit) to exchange shares between identically registered accounts. Updated phone options will apply to **all** deferred compensation accounts under the cooperative/employer's tax identification number. If you want to authorize different phone options for specific deferred compensation accounts, do not complete this section. Instead contact us for instructions.

Phone options chosen in this section will apply to all deferred compensation plan types and accounts under the cooperative/employer's tax identification number. If you want to authorize different phone options for specific deferred compensation accounts contact us for instructions.

### Check One:

This plan **does** allow all plan participants and Authorized Cooperative/Employer Representatives to make fund exchanges by telephone.

This plan **does not** allow all plan participants and Authorized Cooperative/Employer Representatives to make fund exchanges by telephone.

## 6. Cooperative/Employer Taxability

Homestead Funds only produces tax forms for deferred compensation plan accounts of taxable organizations. If your organization's tax status has changed, please complete this section.

It is the responsibility of the cooperative/employer to notify Homestead Funds of cooperative/employer taxability and to provide notification of any changes to the cooperative/employer's tax status in the future.

### Check one:

**Non-Taxable Cooperative/Employer** — the organization is a non-taxable entity and should not have tax forms created for existing deferred compensation accounts with Homestead Funds.

**Taxable Cooperative/Employer** — the organization is a taxable entity and should have tax forms created for existing deferred compensation accounts with Homestead Funds. Also indicate the cost basis method you elect for distributions in **Section 7**.

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## 7. Cost Basis Election

Homestead Funds will report cost basis information to both shareholders and the Internal Revenue Service (IRS) on mutual fund shares acquired and subsequently redeemed after January 1, 2012. In order to deliver this service to you, we ask that you select a cost basis accounting method for your accounts. If you do not elect a method, our default method of Average Cost will be used.

**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
- Specific Lot Identification** — depletes shares according to the lots chosen by the shareholder. FIFO will be used for shares withdrawn due to a systematic withdrawal plan and in cases where the lots you designate are insufficient or unavailable.

Only complete Section 7 if your organization is a taxable cooperative/employer. If you complete this section and you are listed in our system as non-taxable we will ignore your selection unless you changed your tax status to taxable in Section 6.

If we cannot determine your election method, you will be defaulted to Average Cost.

**You must sign Section 9 on the next page.**

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## 8. Add or Update Bank Information

Complete this section to add the cooperative/employer's bank information to all deferred compensation accounts under the cooperative/employer's tax identification number or to modify the bank information currently on file.

**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

To add or update bank information complete **Sections 1, 8 and 9**. You must wait 15 days after the instructions have been added to your account before you can process a distribution to the new bank instructions.

Please contact us for instructions to apply your bank information to existing systematic redemptions.



**Attach voided check here.**  
Checks must be preprinted with the cooperative/employer's name and address. We do not accept starter checks.

## 9. Signature

Signature of Authorized Cooperative/Employer Representative

Title

Print Name

Date (mm/dd/yyyy)

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To add or update bank information complete **Sections 1, 8 and 9**. You must wait 15 days after the instructions have been added to your account before you can process a distribution to the new bank instructions.