

Deferred Compensation Account Maintenance Form



Use this form to update your account records.

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: Any forms with a notary 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. 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
Default if no election is made.
- 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 redemptions 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 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.

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

**You must sign Section 9 on the next page.
If you are adding or changing bank information in Section 8 then
your signature will also need to be notarized in Section 10.**

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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

Your signature must be notarized in **Section 10** when adding or updating bank information.



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

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

9. Signature

Signature of Authorized Cooperative/Employer Representative Title
Print Name Date (mm/dd/yyyy) / /

10. Notary Acknowledgement

The signature of the Plan's Authorized Cooperative/Employer Representative in **Section 9** of this form must be notarized if the cooperative/employer is 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