

# Group Purchase Form: Deferred Compensation Plan Accounts



**Homestead**  
Funds

**Employer:** Submit a completed form each time you send payroll deductions by check or Fedwire to be invested in Deferred Compensation accounts.

**If investing by Fedwire:** Fax this completed form to 877-513-0756 on the same day you send us the Fedwire.

**If investing by check:** Send this completed form with a check drawn on the employer's account and made payable to "Homestead Funds." Mail your check to:

First National Bank of Omaha  
Omaha, NE  
ABA# 104000016  
DDA# 731851735  
For Credit to Homestead Funds  
From (Employer Name)

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

## 1. Employer Information

Please identify the cooperative or other NRECA member system that owns this account and tell us who we should call if we have questions about this Group Purchase Form.

Employer Name	Benefit Administrator Name	Daytime Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

## 2. Purchase Allocation Instructions

Indicate the amount to be invested in each fund and account. Please let us know if this is a new or changed investment by placing a checkmark in the first column of each new/changed entry.

### Fund Number List

- |   |   |
|---|---|
| 168 – Daily Income Fund                     | 180 – International Equity Fund   |
| 170 – Short-Term Government Securities Fund | 182 – Growth Fund   |
| 171 – Intermediate Bond Fund                | 414 – Rural America Growth and Income Fund  |
| 172 – Short-Term Bond Fund                  | 555 – Asset Allocation Model  |
| 174 – Stock Index Fund                      | <b>Only use 555 Asset Allocation Model if the employee has established an Asset Allocation Model in their account prior to the employer submitting money.</b> |
| 176 – Value Fund                            |   |
| 178 – Small-Company Stock Fund              |   |

New/ Changed	Employee Name	Fund Number (see list)	Account Number	Investment Amount
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Make sure to include page 4, showing the Total Amount, even if you don't need to use the entire form.**

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Homestead  
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## 2. Purchase Allocation Instructions (continued)

New/ Changed	Employee Name	Fund Number (see list)	Account Number	Investment Amount
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**Total Amount** (must match amount of check or wire)

### 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**