

Deferred Compensation Participant Enrollment Form

(for Employers NOT Electing NRECA's Administrative Services)



Use this form to enroll a new plan participant in your organization's deferred compensation program.

It is the cooperative/employer's responsibility as plan administrator to verify plan and participant eligibility.

Sending forms to NRECA will delay processing. 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

Before completing this application, see the prospectus, which is available at homesteadfunds.com. If you have any questions, call us at 800.258.3030.

Important Notice — The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

1. Plan Ownership

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

Cooperative/Employer's Name

Tax Identification Number

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Be sure to sign the completed form (Section 7).

2. Telephone Exchange Options

Exchange Options. Check One:

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

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

If no option is elected, the account default is to **not** allow fund exchanges by phone.

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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3. Cooperative/Employer's Address

Provide the name of the plan representative to whose attention plan statements and tax forms (if applicable) should be mailed and provide your organization's residential street address. The plan representative may be a different person than the Authorized Cooperative/Employer Representative signing the application in **Section 7**.

Plan Representative'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"/>
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Cooperative/Employer's Residential Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

◆ If the cooperative/employer has a different mailing address

Complete below if you want account correspondence sent to an address other than the cooperative/employer's residential street address.

Cooperative/Employer's Mailing Address (Your mailing address may be a P.O. Box)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Cooperative/Employer's Taxability and Cost Basis Election

Homestead Funds only produces tax forms for deferred compensation plan accounts of taxable cooperatives. The default is to list your organization as non-taxable and **not** to produce tax forms for the deferred compensation plan accounts.

If your organization is taxable and should have tax forms produced, complete the Deferred Compensation Account Maintenance Form available at homesteadfunds.com to update the organization's tax status and indicate the cost basis method elected for distributions. **It is the responsibility of the cooperative/employer to notify Homestead Funds of the cooperative/employer's taxability and to provide notification of any changes to the cooperative/employer's tax status in the future.**

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5. Plan Participant Information

Tell us the plan participant's name and identifying information.

Plan Participant's First Name Middle Initial Last Name

Social Security Number Date of Birth (mm/dd/yyyy) / /

◆ Duplicate Mailing Address

If you want account statements sent to the plan participant in addition to the cooperative/employer's address in Section 3, provide the plan participant's address below.

Plan Participant's Mailing Address

City State Zip Code

6. Fund Selections

Indicate how this account is being funded.

A check is enclosed with this enrollment form for \$

Indicate how the amount above should be allocated.

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

Total \$ or 100%

No funding is included. The account will be funded within 3 months by check, ACH or wire. You must select the fund(s) you will be investing in below:

- | | |
|--|--|
| <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) |

If you are including an initial salary deferral from the cooperative/employer's account, please make the check payable to Homestead Funds.

Future salary deferrals may be submitted by check, ACH or Wire. Please review the Employer Instructions to Submit Funds, which is available at homesteadfunds.com for instructions or call us at 800.258.3030.

You must indicate at least one fund in this section or we are unable to establish the account.

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7. Certifications and Signatures

By signing this form, I certify that:

- I have received, read and agree to the terms of the prospectus for the funds in which the cooperative/ employer is investing. The Homestead Funds prospectus is available at **homesteadfunds.com** or by calling **800.258.3030**.
- I have the authority and legal capacity to purchase mutual fund shares on behalf of my cooperative/ employer and am of legal age in my state and believe such investment is suitable for my organization.
- The cooperative/employer has received, read and completed a deferred compensation program Plan Document, and a deferred compensation plan Election Form, which set forth the terms and conditions of the cooperative/employer's participation in the deferred compensation program.
- I understand that it is the cooperative/employer's responsibility to determine that all requests are in compliance with the plan's provisions.
- I understand that if Homestead Funds is directed to close this account after it has been established, any shares will be redeemed at the then current price and the proceeds will be returned to the cooperative/employer. This may result in a gain or loss from the original investment.
- The cooperative/employer understands that all shares will be purchased at the net asset value next determined after receipt by BFDS of deposits in good order, as described in the prospectus.
- The cooperative/employer authorizes Homestead Funds, BFDS, their agents and affiliates to act on any instructions believed to be genuine for any service authorized by the cooperative/employer on this form and agrees that they will not be liable for any resulting loss or expense to the cooperative/ employer resulting from such reliance.
- I am a U.S. citizen or resident, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
 - (1) The Social Security or Employer Identification Number shown on this form is my correct Taxpayer Identification Number.
 - (2) I am not subject to backup withholding because:
 - I am exempt from backup withholding, OR
 - I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend, OR
 - The Internal Revenue Service has notified me that I am no longer subject to backup withholding (Strike out this item (2) if you have been notified that you are subject to backup withholding)
- I understand that I cannot authorize my own enrollment.
- The tax identification number shown in Section 1 of this form is correct.

Be sure to sign this section. We cannot act on your instruction without your signature. The form must be signed by one of the Plan's Authorized Cooperative/ Employer Representatives on file with Homestead Funds.

Signature of Authorized Employer Representative

Title

Print Name

Date (mm/dd/yyyy)
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