

Deferred Compensation Plan Distribution Form



Use this form to request a distribution of assets invested in Homestead Funds.
It is the cooperative/employer's responsibility as plan administrator to verify distribution 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

If you have a question about the form, call us at 800.258.3030. For information about Homestead Funds or a particular account contact us at the toll-free number above.

1. Account Registration

Complete Section A and B in their entirety.

A. Cooperative/Employer's Information

Section A needs to be completed with the Cooperative/Employer's information only.

Cooperative/Employer's Name

Tax Identification Number

Contact Name (in case we have questions about this request)

Contact Phone Number

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B. Plan Participant's Information

Section B needs to be completed with the Plan Participant's information.

Plan Participant's First Name

Middle Initial

Last Name

Plan Participant's Account Number (Mandatory)

Social Security Number

Plan Participant's Separation Date (mm/dd/yyyy)

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We must receive the original signed form for signature verification. Keep a copy for your employer's records.

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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2. Distribution Instructions

Installment payments and payment deferrals are processed on or about the 20th of the month.

Check one distribution option:

- Total distribution sent immediately.**
100% of the account will be distributed immediately.
- Total distribution payment deferred until ____/20/____ (month/day/year).**
100% of the account will be distributed at the date listed above. The deferral date entered above must be within the next 12 months from today.
- Installment payments. A series of ____ annual quarterly monthly installments beginning ____/20/____ (month/day/year).**
Installment payments are processed as substantially equal distributions from all funds in which the account is currently invested. Any new funds purchased by exchange after Homestead Funds processes this distribution form will be automatically included in the installment payment calculation. The deferral date entered above must be within the next 12 months from today.
- Partial Distribution payment sent immediately.**
This option is most often used for Required Minimum Distributions (RMD) or corrective processing while the participant is active with the cooperative/employer. The partial distribution will be distributed upon receipt of this form in good order.

Redeem From:

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

Homestead Funds will process all requests received in good order and is not responsible for checking plan eligibility, distribution eligibility, separation dates, or any other plan administration related information. Consult your plan documents to ensure compliance with your plan's requirements.

◆ **Remaining Account Balance Instructions**

- I will submit a new distribution form to provide instructions for the remaining account balance at a later date. (default)
- I want the remainder of the account balance to be distributed in a series of ____ annual quarterly monthly installments beginning ____/20/____ (month/day/year).
- Transfer-in-kind to a Homestead Funds account established in the participant's name.**
If choosing this option, call Homestead Funds at **800.258.3030** and say 'representative' at the prompt to request further instruction.

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3. Distribution Payment Instructions

Tell us how to process the distribution. For all options in **Section 2**, except transfer-in-kind, distribution proceeds are made payable to the cooperative/employer and mailed to the cooperative/employer's address or sent by ACH if the cooperative/employer's bank instructions are on file. The cooperative/employer is responsible for any tax withholding and reporting.

Check one distribution method:

Send proceeds by check to cooperative/employer.

Send proceeds by ACH transfer to cooperative/employer (must have bank instructions on file).

4. Authorized Cooperative/Employer Representative Signature

See **Section 5**, Notary Acknowledgement, before signing this form and sign this form in front of the notary. By signing this form, I certify that:

- I am an Authorized Cooperative/Employer Representative and I have the full right, power and authority to request this plan distribution.
- I understand that it is the cooperative/employer's responsibility to determine that all transaction requests are in compliance with the plan's provisions.
- I understand that I cannot authorize distributions on accounts for which I am the beneficiary.
- The cooperative/employer's Taxpayer Identification Number and plan type is correct.
- I understand that it is the cooperative/employer's responsibility to issue any Internal Revenue Service tax forms related to deferred compensation plan distributions.
- I understand that these accounts may be subject to the Internal Revenue Service's required minimum distribution rules.
- I authorize Homestead Funds to provide account information to NRECA if the cooperative uses NRECA Administrative Services.

This form must be signed by one of the Authorized Cooperative/Employer Representatives on file with Homestead Funds and notarized.

Signature of Authorized Cooperative/Employer Representative

Title

Print Name

Date (mm/dd/yyyy)

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5. Notary Acknowledgement

The signature of the plan's Authorized Cooperative/Employer Representative in **Section 4** of this form must be notarized.

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