

# Entity Account Application



Use this form to open an entity account with Homestead Funds.

Return your completed application to Homestead Funds using the postage-paid envelope provided, or mail to:

**Regular Mail**

Homestead Funds  
P.O. Box 219486  
Kansas City, MO 64121-9486

**Overnight Mail**

Homestead Funds  
330 W. 9th Street, 1st Floor  
Kansas City, MO 64105-1514

Before completing this application, see the prospectus, which is available at [homesteadfunds.com](http://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. Account Type

Homestead Funds does not accept accounts registered to foreign entities, including foreign correspondent accounts.

Name of Entity

Tax Identification Number

Daytime Telephone Number (in case we have questions)

 -  - 

**Type of Entity (select one):**

Corporation  
Attach a copy of the certified Articles of Incorporation or Corporate Resolution or a copy of the corporation's business license

**If a Corporation check one:**  S Corporation  C Corporation

Limited Liability Company  
Attach a copy of the Articles of Incorporation or Corporate Resolution.

Partnership  
Attach a copy of the partnership agreement.

Tax-Exempt Organization  
Attach a copy of the Articles of Incorporation or Corporate Resolution.

Other (includes Hospitals, Cemeteries/Funeral Homes, Unions, Charitable Organizations, Religious Institutions, Colleges/Universities, Clubs/Fraternal Organizations, Investment Clubs, School Districts, Other Exempt Organizations, Foundations)

Organization Description

Attach a copy of the Articles of Incorporation or other official document listing your entity's name, address and Tax Identification Number.

Indicate if this entity is also a government agency or municipality

Please attach requested documentation based on the account type being established. Missing documentation may delay the establishment of the account.

# Entity Account Application



## 2. Beneficial Ownership

In order to help the government fight financial crime, financial institutions are required to obtain, verify, and record information about the beneficial owners of legal entity customers. Beneficial owners are defined as:

- a. Owner – Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer.
- b. Control – An individual with significant responsibility for managing the legal entity customer (e.g. a Chief Executive Officer, Chief Financial Officer, Chief Operation Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

**You must list all Owners (if any) that meet the 25 percent criteria. You must list at least one Control. If one Individual satisfies Control and Ownership criteria, select Both in the boxes below.**

Name and Title	Date of Birth (mm/dd/yyyy)				
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Address (Residential or Business Street Address)					
<input type="text"/>					
Social Security Number	Owner	Control	Both		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-Resident Alien			

Name and Title	Date of Birth (mm/dd/yyyy)				
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Address (Residential or Business Street Address)					
<input type="text"/>					
Social Security Number	Owner	Control	Both		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-Resident Alien			



# Entity Account Application



## 3. Authorized Agents

Tell us who is authorized to make investment decisions and transactions for this account.

Agent's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Agent's Signature	
<input type="text"/>	<input type="text"/>	

Agent's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Agent's Signature	
<input type="text"/>	<input type="text"/>	

Agent's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Agent's Signature	
<input type="text"/>	<input type="text"/>	

Don't forget each agent must sign this section. In order to establish the account, at least one agent must be listed in this section and must sign the application again in **Section 12**.

If there are multiple agents, attach a list of names and provide all of the information requested here for each person.

## 4. Address

Provide the entity's residential street address.

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

Provide a mailing address if you want account correspondence sent to an address other than the entity's street address.

Mailing Address (Your mailing address may be a P.O. Box)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

# Entity Account Application



## 5. Investment Amount

Write in the amount of your initial investment.

Total Dollars (\$500 minimum)

\$

Indicate method of investment. Check one:

- By check  
We accept checks with preprinted name and address made payable directly to Homestead Funds. We do not accept third-party checks, credit card convenience checks, bank account starter checks, cash or cash equivalents (including money orders, traveler's checks, or bearer bonds).
- By ACH transfer  
Upon receipt of this application, we will initiate an electronic funds transfer from the account you indicate in Section 11.
- By wire transfer  
Call us at 800.258.3030 for transfer instructions.

If you are opening your new account with a check, wire or ACH transfer, complete this section. If you are funding your account only by establishing the Automatic Investing Program, you may skip to Section 7.

## 6. Fund Selections

Indicate how the amount in Section 5 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"/>	%
<b>Total</b> (Must match amount from Section 5)	\$ <input type="text"/>	or	100	%

If you are opening your new account with a check, wire or ACH transfer, complete this section. If you are funding your new account only by establishing the Automatic Investing Program, you may skip to Section 7.

### Need Help?

Homestead Funds Client Service Representatives are available on business days from 8:30 a.m. to 5:00 p.m. E.T.

Call **1.800.258.3030**

# Entity Account Application



## 7. Automatic Investing Program

In addition to or instead of providing an initial investment in **Section 5**, you may elect to fund your account by making regular investments transferred directly from your bank account. Complete this section to establish that service.

Amount to transfer

\$

Transfer frequency:

Monthly     Quarterly     Semi-annually     Annually

**First Purchase (mm/dd/yyyy)** — Your automatic purchases will continue on the day you list for first purchase, or the next business day if the market is closed on your specified day. If you select the 29th, 30th or 31st, for any month without that many days, the system will schedule the last business day of the month for your purchase.

/  /

Complete this section to sign up for the Automatic Investing Program and have money moved regularly from your bank account to your fund account. You must also complete **Section 11**.

**Indicate how the amount above should be allocated by fund.**

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"/> %
<b>Total</b>	\$ <input type="text"/>	or	100 %

## 8. Dividends and Capital Gains

**All distributions will be automatically reinvested in your fund account unless you make a different election here.**

Dividends and Short-Term Capital Gains:

Pay by Check Sent to Address of Record  
 Pay by Direct Deposit to Bank Account  
 You must also complete **Section 11**.

Long-Term Capital Gains:

Pay by Check Sent to Address of Record  
 Pay by Direct Deposit to Bank Account  
 You must also complete **Section 11**.

# Entity Account Application



## 9. 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 new account. 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**

If you are a C Corporation or Tax-Exempt Organization you do not need to complete this section.

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

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

### Need Help?

Homestead Funds Client Service Representatives are available on business days from 8:30 a.m. to 5:00 p.m. E.T.

Call **1.800.258.3030**

# Entity Account Application



## 10. Telephone and Internet Services

We will act on Agent instructions to buy, exchange or sell shares by phone and/or online (if available for the entity type) unless you check the boxes below to opt out of those services.

**Neither Homestead Funds nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine.**

**Check to Opt Out:**

- I DO NOT want to be able to authorize **purchases** by phone or online
- I DO NOT want to be able to authorize **exchanges** between identically registered accounts by phone or online
- I DO NOT want to be able to authorize **redemptions** by phone or online

Please note that for phone and online purchases we must have bank instructions on file. Complete Section 11. These services may not be available for all account types.

If you opt out of phone options, written requests may require a Medallion Signature Guarantee Stamp.

## 11. Bank Information

By completing this section, you authorize Homestead Funds to deduct money from the entity's bank account via ACH to purchase shares into the entity's Homestead Funds account and to send redemption proceeds via wire or ACH to the bank account of record.

**Be sure to complete this section if you:**

- Elected to send the entity's investment by ACH transfer (**Section 5**)
- Signed up for the Automatic Investing Plan and chose to have money moved by ACH transfer from the entity's bank account (**Section 7**)
- Elected to have distributions deposited directly in the entity's bank account (**Section 8**)
- Want the option of having redemption proceeds deposited directly in the entity's bank account

Your request cannot be processed without a voided check or deposit slip for the account you wish to designate as your bank account of record unless you opt for us to use your initial purchase check.

**Account type. Check one:**

- Checking
- Savings

John Q. Smith  
123 Main Street  
Anytown, USA 12345-6789

0102

VOID

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Message \_\_\_\_\_ Signature \_\_\_\_\_

⑆01246678⑆ 22253456089012445⑆ 0102

**Attach voided check here.**

Check this box if you wish to use your attached purchase check to establish banking instructions instead of including an additional voided check.

Checks must be preprinted with your name and address. At least one common name must match exactly between your Homestead Funds and bank account. We do not accept starter checks.



# Entity Account Application



## 12. Certifications and Signatures

By signing this application, I represent and warrant that:

- (a) I have the full right, power and authority to make the investment applied for and I am of legal age in my state of residence. I certify that the Taxpayer Identification Number and tax status set forth in the application are correct.
- (b) I have read the Homestead Funds prospectus and this application and agree to the terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Funds' prospectus as revised from time to time. The Homestead Funds prospectus is available at **homesteadfunds.com** or by calling **800.258.3030**.
- (c) I acknowledge that under certain circumstances, if no activity occurs in an account within a time period specified by state law, my shares in Homestead Funds may be transferred to the state (i.e. escheated). I may consult my state's website or call my state government's escheatment customer service number for more details.
- (d) I am a U.S. citizen or resident, or a representative of a U.S. entity, and 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 Services 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)
- (e) I hereby certify, to the best of my knowledge, that the beneficial owner information provided on this application is complete and correct.

Be sure to sign this form. We cannot act on your instruction without your signature.

**At least one Agent named in Section 3 must sign below.**

Agent's Signature <input type="text"/>	Title <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
Agent's Signature <input type="text"/>	Title <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
Agent's Signature <input type="text"/>	Title <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>

## 13. Daily Income Fund Checkwriting (Optional)

Sign the signature card as you will sign your checks. In signing this signature card, you agree to be subject to the rules and regulations of State Street Bank, as amended from time to time and subject to the conditions printed in the Homestead Funds prospectus. Only one signature is required when you write the check, but each Agent that needs the ability to sign checks must sign below.

This service is available only to Daily Income Fund investors. There is a \$100 per check minimum. This account will be charged a nominal fee for checkbooks.

Print the Agent's Name <input type="text"/>	Signature <input type="text"/>
Print the Agent's Name <input type="text"/>	Signature <input type="text"/>
Print the Agent's Name <input type="text"/>	Signature <input type="text"/>