

# Entity Authorization Update 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

If you have a question about this form 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. Ownership

Name of Entity

Tax Identification Number

Account Number

Daytime Telephone Number (in case we have questions)

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## 2. Update Agents with Inquiry Only Access

**Tell us who is authorized to request information for this account.** The individuals named below will have the right to request account information verbally but cannot make changes to an account or request trades.

Agent's First Name

Middle Initial

Last Name

Agent's First Name

Middle Initial

Last Name

Agent's First Name

Middle Initial

Last Name

Agent's First Name

Middle Initial

Last Name

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

**A Full Access Agent that is already on file or an agent listed in Section 3 must sign Section 4. If you are completing Section 4, your signature must be notarized in Section 5.**

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## 3. Update Agents with Full Account Access

Tell us who is authorized to make investment decisions and transactions for this account. The individuals named below will have the right to request account information, make trades, and update account settings.

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"/>	

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 this account, at least one agent must be listed in this section and must sign form again in Section 5.

If there are multiple agents, attach a list of names and provide all of the information requested here for each person. Any agents listed in this section will replace any agents currently on file.

## 4. Signature

The form must be signed by an already named Full Access Agent (authorized trader) on file or one named in Section 3.

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

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## 5. Notary Acknowledgement

**Your signature on this form must be notarized if you are updating Full Access Agents (Section 3).**

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