

FAS 106 Account Application



Homestead
Funds

Use this form to establish a new account. Include a copy of the first page (not cover page) and signature page of the trust agreement.

Return your completed form to:

Regular Mail

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

Overnight Mail

Homestead Funds
225 Pictoria Drive
Suite 450
Cincinnati, OH 45246

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. Ownership

Cooperative/Organization's Name

Trust Tax Identification Number

State

Date of Trust Agreement (mm/dd/yyyy)

 / /

Be sure to sign the completed form (Section 12).

2. Main Contact

Provide the name of the cooperative/organization representative to whose attention account statements and tax forms should be mailed. This may be either a Trustee or other individual at the cooperative/organization. If the person named below is not also a Trustee named in **Section 12**, then their access will be limited to account inquiries only.

First Name

Middle Initial

Last Name

Daytime Telephone Number (in case we have questions)

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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. Address

The USA Patriot Act requires financial services companies to obtain and verify customers' residential street addresses.

Cooperative/Organization's Residential Street Address

City

State

Zip Code

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/organization has a different mailing address

Complete below if you want account correspondence sent to an address other than the cooperative/organization's residential street address. The mailing address may be a P.O. Box.

Cooperative/Organization's Mailing Address

City

State

Zip Code

4. Duplicate Statements

Use this section to request duplicate statement mailings to a third party (such as an auditor). Please mail duplicate statements to:

Interested Party's Name

Interested Party's Street Address

City

State

Zip Code

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 Investment Plan, you may skip to **Section 7**.

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6. Fund Selections

Indicate how the amount in Section 5 should be allocated. Choose one of two options below.

If you choose *this option the cooperative must be working with a Homestead Funds representative* on an asset allocation plan and have or will be receiving the Asset Allocation Questionnaire. This fund selection is not meant to be a long-term strategy. It is meant to be a holding place for the assets while the asset allocation plan is completed. Generally you would indicate your full dollar amount for investment or 100%

Daily Income Fund (168) \$ or %

This option is for cooperatives that are making their own fund selection. By choosing this option, the cooperative acknowledges that it has not received any investment recommendations or advice from Homestead Funds or any of its representatives, and is making these fund selections purely on the basis of its own independent research and decision making process.

Daily Income Fund (168) \$ or %

Short-Term Government Securities Fund (170) \$ or %

Intermediate Bond Fund (171) \$ or %

Short-Term Bond Fund (172) \$ or %

Stock Index Fund (174) \$ or %

Value Fund (176) \$ or %

Small-Company Stock Fund (178) \$ or %

International Equity Fund (180) \$ or %

Growth Fund (182) \$ or %

Rural America Growth and Income Fund (414) \$ or %

Total (Must match amount from **Section 5**) \$ or 100%

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7. Automatic Investment Plan

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 (Transfers will be made on or about the 20th of the month):

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

First Purchase (mm/yyyy)

/ (Mandatory)

Last Purchase (mm/yyyy)

/ (Optional)

(You must provide a First Purchase date. If Last Purchase date is left blank we will continue drafts until contacted by a Trustee to stop.)

Complete this section to sign up for the Automatic Investment Plan 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.

Daily Income Fund (168)	\$ <input type="text"/>
Short-Term Government Securities Fund (170)	\$ <input type="text"/>
Intermediate Bond Fund (171)	\$ <input type="text"/>
Short-Term Bond Fund (172)	\$ <input type="text"/>
Stock Index Fund (174)	\$ <input type="text"/>
Value Fund (176)	\$ <input type="text"/>
Small-Company Stock Fund (178)	\$ <input type="text"/>
International Equity Fund (180)	\$ <input type="text"/>
Growth Fund (182)	\$ <input type="text"/>
Rural America Growth and Income Fund (414)	\$ <input type="text"/>

Total dollars \$

By choosing the fund selection, the cooperative acknowledges that it has not received any investment recommendations or advice from Homestead Funds or any of its representatives, and is making these fund selections purely on the basis of its own independent research and decision making process.

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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**.

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
- ☐ **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
- ☐ **Specific Lot Identification** — depletes shares according to the lots chosen by the shareholder. FIFO will be used for shares withdrawn due to a systematic withdrawal plan and in cases where the lots you designate are insufficient or unavailable.

Please consult your tax advisor to determine which cost basis accounting method best suits your tax situation.

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

10. Phone Services

We will act on your instructions to buy, exchange or sell shares by phone unless you check the box to opt out of those services below.

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 make **purchases, exchanges** and **distributions** by phone. You must have bank instructions on file to make purchases by phone. If you do not have bank instructions on file, complete **Section 11** also.

Please note that for phone purchases we must have bank instructions on file. Complete **Section 11**.

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11. Bank Information

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

Be sure to complete this section if you:

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

Account type. Check one: ☐ Checking ☐ Savings

Unless you opted to use the initial purchase check, we cannot add bank instructions to the account without an attached voided check or deposit slip.



Attach voided check here.

☐ Check this box if you wish to use the initial purchase check enclosed with this application 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 accounts. We do not accept starter checks.

You Must Sign the Next Page in Section 12.

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12. Trustees (Authorized Traders) Certifications and Signatures

Trustees are authorized to make investment decisions and transactions for this account. 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 Trust is investing. The Homestead Funds prospectus is available at **homesteadfunds.com** or by calling **800.258.3030**.
- I have been granted the authority and have the legal capacity to purchase mutual fund shares on behalf of the Trust. I am of legal age in my state and believe such an investment is suitable for the Trust.
- I understand that it is my responsibility as a Trustee to determine that all requests are in compliance with the Trust's provisions.
- I understand that it is my responsibility as a Trustee to keep the list of Trustees/Authorized Traders current and to promptly notify Homestead Funds when this list has changed.
- I, as a Trustee, authorize Homestead Funds, Ultimus Fund Solutions, their agents and affiliates to act on any instructions believed to be genuine for any service authorized by any of the Trustees on this form and agree that such parties will not be liable for any resulting loss or expense to the Trust resulting from such reliance.
- I, as a Trustee, authorize Homestead Funds to provide account information to NRECA as necessary for IRS filings done on behalf of the plan.
- I acknowledge that Homestead Funds has not provided any advice regarding whether I should open a FAS 106 account with Homestead Funds.

All Trustees listed in this section must sign the application. We cannot act on your instructions without your signatures.

Each trustee must sign below.

☐ Check this box to confirm that you have included the first page (not coversheet) and signature page of the trust agreement.

Trustee's Signature

Date (mm/dd/yyyy)

 / /

Printed First Name

Middle Initial

Last Name

Trustee's Signature

Date (mm/dd/yyyy)

 / /

Printed First Name

Middle Initial

Last Name

Trustee's Signature

Date (mm/dd/yyyy)

 / /

Printed First Name

Middle Initial

Last Name

If there are more than three Trustees, attach a list of names and provide all of the information requested here and the signature for each person.