

FAS 106 Account Maintenance 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

Fax

703-907-5606

Note: Any forms requesting checkwriting or that require a notary cannot be faxed.

If you have a question, 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.

Be sure this sign this form in **Section 7**.

1. Ownership

Tell us how the account is currently registered.

Cooperative/Organization Name

State

Account Number

Trust Tax Identification Number

Daytime Telephone Number (in case we have questions)

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2. Update Main Contact

This may be either a Trustee or other individual at the cooperative/organization. Statements and tax forms will be mailed to their attention and they will serve as the contact for questions on the account. If the main contact is not a Trustee, 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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3. Update Cooperative/Organization Address

The cooperative/organization's **new residential street address** is:

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. The mailing address may be a P.O. Box.

The cooperative/organization's **new mailing address** is:

Mailing Address

City

State

Zip Code

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4. Update Telephone Options

Complete this section to update telephone options on the account.

Check to Opt In or Out:

We DO DO NOT want to be able to make purchases by phone. (Homestead must have bank information on file in order to make purchases by phone.)

We DO DO NOT want to be able to make exchanges between identically registered accounts by phone.

We DO DO NOT want to be able to make distributions by phone.

5. Add or Update Bank Information

Complete this section to add or update the bank information we have on file. Your signature must be notarized in **Section 8**.

- Add or update. Check one:** This bank information replaces any prior bank information on file.
 This bank information should be added in addition to any prior information on file.

Account type. Check one: Checking Savings

Your signature must be notarized in **Section 8** when adding or updating bank information.

John Q. Smith
123 Main Street
Anytown, USA 12345-6789 0102

VOID

Pay to the Order of _____ \$ _____ Dollars

Message _____ Signature _____

⑆01⑆246678⑆ 22253456089012445⑆ 0102

Attach voided check here.
Checks must be preprinted with the name, address and account information. We do not accept starter checks.

6. Add Daily Income Fund Checkwriting

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 and Trust Company as amended from time to time and subject to the conditions printed in the Homestead Funds prospectus. **All Trustees who will be using checkwriting must sign below.** Only one signature is required when you write the check.

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 Trustee's Name	Signature
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Print the Trustee's Name	Signature
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Print the Trustee's Name	Signature
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

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7. Signatures and Certifications and/or Update Trustees

Use this section to update Trustees and/or to authorize account updates requested in sections 2-6.

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.
- 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 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 Trusts provisions.
- I understand that it is my responsibility as a Trustee to keep the list of Trustees (Authorized Traders) current.
- I, as a Trustee, authorize Homestead Funds, BFDS, 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 Trustee, authorize Homestead Funds to provide account information to NRECA as necessary for IRS filings done on behalf of the plan.

Check one:

- We are updating the Trustees** (Authorized Traders) on file with Homestead Funds. These instructions will replace prior Trustees on file. All Trustees to act on the account must sign below and have their signatures authenticated in **Section 8 on the next page**.
- We are not updating Trustees.** We are only requesting account updates as specified in Sections 2-6 of this form. Only one Trustee needs to sign below. If you are updating or adding bank information (**Section 5**) you must have your signature authenticated in **Section 8 on the next page**.

Be sure to sign this form. Signatures must be notarized in **Section 8** on the next page if you are adding bank instructions or updating Trustees.

Trustee updates will replace existing Trustees on file with Homestead Funds. When updating Trustees, all Trustees to act on this account must sign and have their signatures authenticated in **Section 8** on the next page.

Trustee's Signature		Date (mm/dd/yyyy)
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>
Printed First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trustee's Signature		Date (mm/dd/yyyy)
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>
Printed First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trustee's Signature		Date (mm/dd/yyyy)
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>
Printed First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

The Signatures above must be notarized in Section 8 on next page, if you are adding bank instructions or updating Trustees.

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8. Notary Acknowledgement

The signature of the Trustee(s) in **Section 7** must be notarized if the cooperative is adding or updating bank instructions (**Section 5**) or if you are updating the Trustees on file with Homestead Funds.

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