

FAS 106 Distribution Request Form



Use this form to request a distribution of assets invested in Homestead Funds.

Return your completed form to:

Regular Mail

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

Overnight Mail

Homestead Funds
430 W. 7th Street
Suite 219486
Kansas City, MO 64105-1407

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 5**. Your signature must be authenticated in either **Section 6** or **Section 7**. We must receive the original signed form for signature verification.

1. Ownership

Tell us how the account is currently registered.

Cooperative/Organization Name State

Trust Tax Identification Number Daytime Telephone Number (in case we have questions) - -

2. Distribution Instructions

I hereby direct the following distribution from:

Account Number

Check one:

Total Distribution/Account Termination (will distribute 100% of account.)

Pro Rata Partial Distribution of \$

Taken proportionately from the funds within this account number. The amount to distribute from each fund is estimated based on the number of shares held at prior night's close.

Partial Distribution

Distribute from:

Daily Income Fund (168)	\$	<input type="text"/>	or	<input type="text"/>	%
Short-Term Government Securities Fund (170)	\$	<input type="text"/>	or	<input type="text"/>	%
Intermediate Bond Fund (171)	\$	<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"/>	%
Rural America Growth and Income Fund (414)	\$	<input type="text"/>	or	<input type="text"/>	%

FAS 106 Distribution Request Form



3. Payment Method

Complete **Section A** if you want your distribution to be mailed to you by check. Complete **Section B** if you want your distribution to be electronically transferred to your bank account.

A. Paper Check

- Regular mail to address of record (default option)
- Expedited mail to address of record
A \$13 fee is withheld from the requested distribution amount. Typically takes 2-3 business days from your request.

B. Bank Transfer

- ACH transfer to bank account on record
Typically takes 3 business days to receive your money.
- Fed Wire transfer to bank account on record
A \$10 fee is withheld from the distribution amount requested from each Fund. Check with your financial institution for any incoming wire fees they may charge you.
- ACH or Fed Wire to cooperative's/organization's bank account not currently on file
Instructions cannot be faxed. A Medallion Signature Guarantee with sufficient surety value is **required** in **Section 7**.

ACH Fed Wire

Name of Financial Institution

Name on Account

Routing/ABA Number

Account/DDA Number

If you choose to have your distribution sent to a bank account that we do not already have on file this form cannot be faxed and you must have your signature guaranteed by a Medallion Signature Guarantee (MSG) Stamp in **Section 7**. The surety value of the MSG must be sufficient to cover the requested distribution amount.

FAS 106 Distribution Request Form



4. Cost Basis Election – Taxable Accounts Only

Complete this section if you want to change your cost basis method.

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
- 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

Any changes made here will replace your current accounting method for all covered shares in your account.

◆ 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**

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**

FAS 106 Distribution Request Form



5. Trustee Signature

Your signature must be notarized in **Section 6** unless you have chosen to send proceeds to an address, party, or bank account we do not have on file in which case your signature must be Medallion Signature Guaranteed in **Section 7**. By signing this form, I certify that:

- I am a Trustee and I have the full right, power and authority to request this plan distribution.
- I understand that it is the cooperative's/organization's responsibility to determine that all transaction requests are in compliance with the trust's provisions.
- The cooperative's/organization's Taxpayer Identification Number is correct.

Signature of Trustee

Print Name

Date (mm/dd/yyyy)

 / /

This form must be signed by one of the Trustee's on file with Homestead Funds and notarized.

6. Notary Acknowledgement

The signature of the Trustee in **Section 5** of this form must be notarized unless you are asking us to send proceeds to an address, party, or bank account that we do not have on file in which case your signature must be Medallion Signature Guaranteed in **Section 7**.

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

7. Medallion Signature Guarantee (MSG) Stamp

For some transactions, Homestead Funds requires a special type of signature guarantee called a "medallion stamp." Most financial institutions such as banks and credit union issue them and typically charge a nominal fee for this service. We understand that obtaining a signature guarantee is sometimes inconvenient. However, it is an important way for us to protect you against fraud.

Financial Institution: Affix medallion stamp here.

The surety value of the signature guarantee must be equal to or greater than the amount of your requested transaction. **We will not accept a guarantee from a notary when you are asking us to send proceeds to a bank account that we do not already have on file.** Distributions will only be made payable to the cooperative/organization or sent to a bank account registered to the cooperative/organization.