

IRA Account Application



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

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

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

We cannot process your application if the information requested below is not provided. Homestead Funds does not accept accounts registered to foreign individuals, including foreign correspondent accounts.

Be sure to sign your completed form (Section 13).

First Name Middle Initial Last Name

Social Security Number Date of Birth (mm/dd/yyyy) / /

Check one:

U.S. Citizen U.S. Resident

Daytime Telephone Number (in case we have questions)

- -

◆ **If the account owner is a minor, we need identification information for the parent or guardian.**

Parent/Guardian's First Name Middle Initial Last Name

Social Security Number Date of Birth (mm/dd/yyyy) / /

Check one:

U.S. Citizen U.S. Resident

Daytime Telephone Number (in case we have questions)

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2. Address

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 you want account correspondence sent to an address other than your street address

Mailing Address (Your mailing address may be a P.O. Box)

City State Zip Code

3. Account Type

Check one:

- Traditional IRA
- Roth IRA
- SEP IRA
- Inherited Traditional IRA (make sure to include decedent's information)

Decedent's Name

Date of Birth (mm/dd/yyyy) / / Date of Death (mm/dd/yyyy) / /

- Inherited Roth IRA (make sure to include decedent's information)

Decedent's Name

Date of Birth (mm/dd/yyyy) / / Date of Death (mm/dd/yyyy) / /

Please note that beneficiary rules can be complex. Generally, non-spouse beneficiaries must set up inherited IRAs to receive the assets. Spouses have more flexibility to set up an IRA in their name.

Please see your tax advisor for guidance specific to your situation if you are establishing this account due to inheriting assets.

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**

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4. Funding Source

Check and complete one:

Annual Contributions. Annual contributions to Roth/Traditional IRAs are limited to \$5,500. If you are age 50 or above, you may make an additional contribution of \$1,000 for a total of \$6,500.

Total Dollars (\$200 minimum) \$

Indicate whether this is a contribution for the prior or current tax year. If no tax year is specified, your contribution will be deemed a current-year contribution.

Prior-year contribution tax year (yyyy) (Not an option for SEP IRAs)
You have until the tax-filing deadline to make a prior year contribution.

Current-year contribution tax year (yyyy)

Indicate method of investment.

By check.

By ACH transfer. Upon receipt of this application, we will initiate an electronic funds transfer from the account you indicate in **Section 12**.

Direct rollover of a distribution from an employer-sponsored retirement plan.

Check enclosed from plan administrator (must be made payable to Homestead Funds)

Plan administrator is sending assets directly, no check is enclosed.

Indirect rollover of a distribution from an employer sponsored retirement plan.

Total Dollars (\$200 minimum) \$ (check enclosed)

Transfer from existing IRA custodian. Also complete an IRA and ESA Transfer Form.

Beneficiary of a pre-existing Homestead Funds IRA. Also complete the IRA Beneficiary Claim Request Form.

If sending a 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).

If you are funding your account only by establishing the Automatic Investing Program, you may skip Sections 4 and 5.

5. Fund Selections

Indicate how the amount in **Section 4** should be allocated. **Choose one of two options below.**

If you choose *this option you 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 your assets while your asset allocation plan is completed. Generally you would indicate your full dollar amount for investment or 100%

Daily Income Fund (168) \$ or %

If you are funding your new account only by establishing the Automatic Investing Program, you may skip to Section 6.

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5. Fund Selections (continued)

This option is for shareholders who are making their own fund selection. By choosing this option, you acknowledge that you have not received any investment recommendations or advice from Homestead Funds or any of its representatives, and are making these fund selections purely on the basis of your own independent research and decision making process.

If you are funding this account with NRECA RS and 401(k) Plan dollars using different allocations for each, skip this section and complete the IRA Rollover Form.

Fund Name	Investment Allocation		
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"/> %
Total (Must match amount from Section 4)	\$	<input type="text"/>	or 100 %

6. Automatic Investing Program

In addition to or instead of providing an initial investment in **Section 4**, you may elect to fund your account by making regular investments transferred directly from your bank account (complete **Section A**) or paycheck (complete **Section B**).

By choosing your fund selection, you acknowledge that you have not received any investment recommendations or advice from Homestead Funds or any of its representatives, and are making these fund selections purely on the basis of your own independent research and decision making process.

A. ACH transfer from Bank Account

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

Monthly
 Quarterly
 Semi-annually
 Annually

First Purchase (mm/yyyy)

/

Indicate how much you want to automatically purchase into each fund.

Daily Income Fund (168)	\$	<input type="text"/>
Short-Term Government Securities Fund (170)	\$	<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"/>

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 12**.

Contributions made automatically are considered current-year contributions for the year in which they are received. **It is your responsibility to not exceed your annual IRA contribution limit.**

Total \$

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B. Payroll Deduction

Select the funds you will be investing in. You do not need to indicate investment amount at this time.

- | | |
|--|--|
| <input type="checkbox"/> Daily Income Fund (168) | <input type="checkbox"/> Value Fund (176) |
| <input type="checkbox"/> Short-Term Government Securities Fund (170) | <input type="checkbox"/> Small-Company Stock Fund (178) |
| <input type="checkbox"/> Short-Term Bond Fund (172) | <input type="checkbox"/> International Equity Fund (180) |
| <input type="checkbox"/> Stock Index Fund (174) | <input type="checkbox"/> Growth Fund (182) |

Complete this section to set up an account for receipt of payroll deductions to be sent by your employer. We will mail your new account numbers and other information you will need to provide to your payroll office to initiate deposits.

7. Dividends and Capital Gains

All distributions will be automatically reinvested in your fund account unless you make a different election here. For most IRAs distributions paid to you are taxable as income. Income tax will not be automatically withheld.

- | | |
|--|--|
| Dividends and Short-Term Capital Gains: | Long-Term Capital Gains: |
| <input type="checkbox"/> Pay by Check Sent to Address of Record | <input type="checkbox"/> Pay by Check Sent to Address of Record |
| <input type="checkbox"/> Pay by Direct Deposit to Bank Account
You must also complete Section 12. | <input type="checkbox"/> Pay by Direct Deposit to Bank Account
You must also complete Section 12. |

To elect this option this account must be an inherited IRA or you must be 59 ½ or older.

8. Telephone and Internet Services

We will act on your instructions to buy, exchange or sell shares by phone and/or online, unless you check the boxes below to opt out of those services. Online distributions are not available for IRA accounts. 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 **distributions** by phone.

Please note that for phone and online purchases we must have bank instructions on file. Complete Section 12.

9. Electronic Delivery

If you consent, an e-mail will be sent each time your fund materials are available for viewing online. Instructions for accessing your materials will be provided in the e-mail. You may revoke e-delivery consent at any time allowing you to receive printed materials.

I elect to receive notification of the following checked fund documents electronically to the e-mail address provided below:

- Account Statements Prospectus & Shareholder Reports

E-mail address

Please note: no confidential information will be sent over the Internet and confirmation statements confirming individual transactions are not able to be sent electronically at this time.

10. 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 UMB Bank, n.a., Custodian, as amended from time to time and subject to the conditions printed in the Homestead Funds prospectus.

Print the Owner's Name Signature

This service is available only to Daily Income Fund investors age 59 ½ and older. There is a \$100 per check minimum. Federal income tax cannot be automatically withheld from check amounts. This account will be charged a nominal fee for checkbooks.

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11. Beneficiary Designation

Designate who should receive account assets upon your death.

Your spouse does not default as a beneficiary. If you want your spouse to be a beneficiary you must list them in this section.

A. Primary Beneficiaries

Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	

Upon your death, beneficiaries listed on this form will have claim to the assets in the accounts you list in Section 1 regardless of any will, trust or any other document you execute. Assets are divided among primary beneficiaries first. If all primary beneficiaries predecease the shareholder, assets are divided among secondary beneficiaries.

Attach a separate sheet if you have more than four beneficiaries, and provide all of the information requested here for each beneficiary.

(Percentages listed in **Section 11A**. Primary Beneficiaries must total 100%) **Total 100 %**

B. Secondary Beneficiaries

Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	

If you are married and reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your account. See your lawyer or other tax professional for additional information and advice.

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B. Secondary Beneficiaries (continued)

Name	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
		Total 100 %

(Percentages listed in **Section 11B**. Secondary Beneficiaries must total 100%)

Please be aware that confirmation statements may not show all beneficiary information due to system formatting constraints.

12. Bank Information

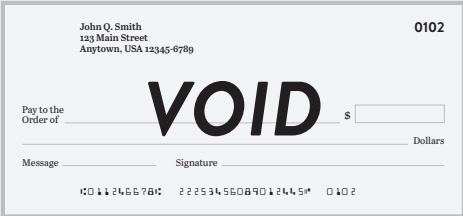
By completing this section, you authorize Homestead Funds to deduct money from your bank account via ACH to purchase shares into your Homestead Funds account and to send distribution proceeds via wire or ACH to your bank account of record.

Be sure to complete this section if you:

- Elected to send your investment by wire or ACH transfer (**Section 4**)
- Signed up for the Automatic Investing Plan and chose to have money moved by ACH transfer from your bank account (**Section 6**)
- Elected to have distributions deposited directly in your bank account (**Section 7**)
- Want the option of having distribution proceeds deposited directly in your bank account

Account type. Check one: Checking Savings

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.



Attach voided check here.

Check this box if you wish to use your 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 account. We do not accept starter checks. If you do not have a preprinted check please include a letter from your bank, on their letterhead, confirming your bank account registration, account number and routing number.

You must sign this form in Section 13 on the next page in order to establish your account.

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13. Certifications and Signatures

By signing this application, I represent that:

- (1) I have received, read and agree to the terms of the Homestead Funds' prospectus and the Information Kit for Individual Retirement Accounts (available at homesteadfunds.com or by calling **800.258.3030**). This application incorporates by reference the Information Kit for Individual Retirement Accounts.
- (2) I am a U.S. citizen or resident, and that the Social Security Number provided in Section 1 of this application is correct.
- (3) If I have indicated a direct rollover or an indirect rollover, that the depositor has not made another rollover within the one-year period immediately preceding this rollover (if the distribution is from another Traditional IRA); that such distribution was received within 60 days of making the rollover to this account; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules or a hardship distribution from an employer qualified plan or eligible 457 plan.
- (4) I acknowledge that Homestead Funds has not provided any advice regarding whether I should open an IRA with Homestead Funds.
- (5) 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.
- (6) I acknowledge that it is my responsibility to report all contributions to or withdrawals from the account on my tax returns and to keep necessary records of my IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the custodian and dated and signed by the depositor.

Depositor Signature

Date (mm/dd/yyyy)

 / /

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

If the depositor is a minor under the laws of the depositor's state of residence, a parent or guardian must sign the application. Until the depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the depositor.

Parent/Guardian's Signature

Relationship to Minor

(a legal guardian must provide a copy of the court appointment documents authorizing him or her to act on behalf of the minor)

Custodian Acceptance:

UMB Bank, n.a. will accept appointment as custodian of the depositor's account. However, this application is not binding upon the custodian until the depositor has received a statement confirming the initial transaction for the account. Receipt by the depositor of a confirmation of the purchase of fund shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment as custodian of the depositor's account.

UMB Bank, n.a., CUSTODIAN

REVOCAION OF ACCOUNT

The depositor may revoke this account at any time within seven days after they have established the account. Upon revocation, Homestead Funds will return to them the entire amount contributed to the account without penalty, service charge, administrative expense or other deduction. To revoke the account, mail the form entitled "IRA Revocation Form" to Homestead Funds within seven days of establishing the account. The law considers notice of revocation mailed on the date of the postmark (or on the date of certification or registration if sent by certified or registered mail) provided they deposit the form in the United States mail in an envelope or other appropriate wrapper, first class postage prepaid, properly addressed to Homestead Funds.