

IRA Beneficiary Claim Request Form



Use this form to claim assets if you are a beneficiary of a Homestead Funds IRA account and the account owner is deceased.

Each beneficiary must complete a separate request and have their signature authenticated in **Section 10**.

Return your completed form to Homestead Funds using the postage-paid envelope provided, or mail 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. Deceased Shareholder Information

Please provide information for the deceased shareholder:

Deceased's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Deceased's Date of Birth (mm/dd/yyyy)	Deceased's Date of Death (mm/dd/yyyy)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Deceased's Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. Claiming Assets

As a duly designated beneficiary (named beneficiary, trust or estate) on the accounts for the deceased shareholder listed in **Section 1**, I am requesting transfer of ownership of the assets that I am entitled to as follows:

Check one:

I would like to claim my portion of the assets for **all** IRA's under the Social Security Number listed in **Section 1**.

I would like to claim my portion of the assets for only the deceased shareholder's IRA accounts listed below.

Account Number	<input type="text"/>	Account Number	<input type="text"/>
Account Number	<input type="text"/>	Account Number	<input type="text"/>
Account Number	<input type="text"/>	Account Number	<input type="text"/>
Account Number	<input type="text"/>	Account Number	<input type="text"/>
Account Number	<input type="text"/>	Account Number	<input type="text"/>

This form can only be used to claim IRA assets.

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3. Beneficiary Information

For unique circumstances please contact us.

You must complete Section A or B completely. Complete **Section A** if you are a listed beneficiary. Complete **Section B** if there were no beneficiaries listed on the account, a Trust or Estate was listed as a beneficiary, or if all non-LDPS (Lineal Descendant Per Stirpes) primary and secondary beneficiaries predeceased the shareholder. Complete **Section C** if you are aware of any other beneficiaries that have predeceased the shareholder. If you are a secondary beneficiary you must complete Section C with the information of the primary beneficiary(s).

A. Named Beneficiary

If you are a secondary beneficiary you must complete **Section C** with the information of the primary beneficiary(s).

Beneficiary's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary's Social Security Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Beneficiary's relationship to the IRA owner: Spouse Non-spouse

Residential Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone Number (in case we have questions)
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B. Trust/Estate Beneficiary

Name of Trustee or Personal Representative	Date of Trust (if applicable)(mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Taxpayer Identification Number	Daytime Telephone Number (in case we have questions)
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Residential Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Deceased Beneficiary Information (if applicable)

Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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4. Beneficiary Distribution Instructions

Complete **Section A** if you are a spouse. Complete **Section B** if you are not the deceased shareholder's spouse.

A. Spousal Beneficiary

Check one of the options below:

Transfer assets to an IRA in my name (only available for a spouse).

Indicate whether assets will transfer to a new or existing account.

New IRA Account. You will also need to complete an IRA Account Application.

Existing IRA Account Number. Shares will be transferred in kind.

Transfer assets to a Beneficiary IRA. You will also need to complete an IRA Account Application.

Transfer and distribute 100% of the account balance. **(Skip Sections 5 and 6).**

You will also need to provide a completed **IRS Form W-9**, and, if required by the respective state of the deceased shareholder's residence, an **Inheritance Tax Waiver** (please check with your tax advisor to determine if this is required).

Distributions from IRAs are a taxable event. For more information please consult a tax advisor.

B. Non-Spousal/Trust/Estate Beneficiary

Check one of the options below:

Transfer assets to a Beneficiary IRA. You will also need to complete an IRA Account Application.

Transfer and distribute 100% of the account balance. **(Skip Sections 5 and 6).**

You will also need to provide a completed **IRS Form W-9**, and, if required by the respective state of the deceased shareholder's residence, an **Inheritance Tax Waiver** (please check with your tax advisor to determine if this is required).

Distributions from IRAs are a taxable event. For more information please consult a tax advisor.

5. Complete this Section if the Deceased Shareholder was Over Age 70 ½

If the deceased shareholder was 70 ½ or older, passed away in the current year, and was not in a Roth IRA, tell us how to handle the Required Minimum Distribution (RMD). If the deceased shareholder passed away in a prior year, contact your tax advisor for guidance.

It is your responsibility to determine if the RMD has been previously satisfied. Please consult a tax advisor with any questions.

Check one:

Calculate and distribute the RMD immediately for **all** applicable IRA accounts for the deceased shareholder:

Complete Section 7 to tell us how you want to receive your distribution payment(s).

The RMD has already been satisfied, therefore do not distribute this year's RMD.

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6. Establish Automatic RMD Payments for Current and Future Years (optional)

Complete this section to establish automatic distributions for your Required Minimum Distribution (RMD). When establishing automatic calculation and payment of RMDs for future years, Homestead Funds is currently only able to pay the RMD on a pro rata basis.

If you elected to transfer assets to a Beneficiary IRA in **Section 4** you most likely will be required to take RMD payments. If you are a spouse and elected in **Section 4** to transfer assets to an IRA in your name the account is not considered a Beneficiary IRA so do not complete this section unless you are 70 ½ or older. Please consult your tax advisor for your distribution options.

I wish Homestead Funds to calculate the RMD for the current year and future years. I understand that the RMD will be calculated for the account in which the inherited assets are transferred and paid pro rata from each Fund with the frequency I choose below. I understand that these instructions will remain in effect until I contact Homestead Funds with different instructions.

Frequency (check one):

Monthly Quarterly Semi-annually Annually

Start month: _____

Distributions will be made on or about the 20th of the month. You must indicate the start month. If this form is not received in time to process for the start month indicated above, it will begin the next month.

Complete Section 7 to tell us how you want to receive your distribution payment(s).

7. Payment Instructions for Distributions

Tell us how you would like to receive distribution proceeds (one-time payment of account assets or periodic RMD payments).

Check one:

Send check payable to IRA beneficiary. Check will be mailed to the address in **Section 3**.

Send proceeds by ACH transfer to bank account. You must include a voided check below.

Account type. Check one: Checking Savings

Completing Section 6 will only establish Required Minimum Distribution (RMD) payments for the IRA in which the inherited assets are transferred. If you have additional IRA accounts with Homestead Funds that require RMD payments, you must request to establish RMD payments from those accounts separately using the Traditional IRA Required Minimum Distribution Form.



Attach voided check here.

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. 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.

If you are not taking a 100% distribution, these bank instructions will be added to the IRA account that receives the remaining assets.

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8. Tax Withholding

Complete this section if you elected a distribution of account assets, either by redeeming 100% of the account or by establishing RMD payments.

Federal Income Tax Withholding

Federal income tax will automatically be withheld from IRA distributions at the rate of 10% unless you check one of the boxes below. We encourage you to consult your tax advisor regarding your IRA distributions. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution.

If you do not check a box for tax withholding, we will withhold 10% as the default.

Check one:

I do not wish to have federal income tax withheld.

Withhold federal income tax at the rate of _____% (minimum 10%)

State Income Tax Withholding

Mandatory:

We will withhold state tax in accordance with the respective state's rules if, at the time of the distribution, your address of record is within a mandatory withholding state and you have federal income tax withheld, or if the state's requirement is independent of federal withholding. Contact your tax advisor for the withholding amount, or see your state's website for more information.

9. Signature and Affirmation

I affirm that there are no known disputes or competing claims that would affect the transfer of ownership I have requested. In consideration for processing this request, I agree to indemnify Homestead Funds, Inc., RE Advisers Corporation, RE Investment Corporation, Boston Financial Data Services, Inc., and UMB Bank, n.a. and each such party's successors and assigns with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

Be sure to sign this form. We cannot act on your instruction without your signature. This form must have a Medallion Signature Guarantee Stamp in Section 10 in order to be processed.

Under penalty of perjury, I hereby attest the above facts are true and correct.

Signature of Beneficiary/Trustee/Personal Representative

Capacity (example: Trustee/Personal Representative/Beneficiary)

Date (mm/dd/yyyy)

 / /

10. Medallion Signature Guarantee (MSG) Stamp

Homestead Funds requires a special type of signature guarantee called a Medallion Signature Guarantee (MSG) Stamp. Some financial institutions such as banks, broker-dealers, and credit unions issue them and typically charge a nominal fee for this service. We understand that obtaining a MSG Stamp is sometimes inconvenient. However, it is an important way for us to protect you against fraud.

We cannot process your request unless you sign Section 9 and have your signature guaranteed by a Medallion Signature Guarantee Stamp in Section 10.

The surety-value of the MSG Stamp amount must be equal to or greater than the amount of your requested transaction. **We will not accept a guarantee from a notary.**

Financial Institution: Affix medallion stamp here.