

IRA and ESA Beneficiary Designation Form



Use this form to add or update beneficiary records for an existing IRA or ESA account.

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

If you have a question about the 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. Ownership

Tell us how your account is registered and provide your account number.

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

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

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

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

If we do not already have this phone number on file we will add it to your contact information.

If multiple accounts are listed, the same beneficiary designations will apply to all.

2. Beneficiary Designation

Designate who should receive account assets upon your death.

A. Primary Beneficiaries

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

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

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

Your most current beneficiary designations replace any previous instructions we have on file.

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A. Primary Beneficiaries (continued)

Name	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/> %
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
(Percentages listed for Primary Beneficiaries in Section 2A. must total 100%)		Total 100 %

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

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

B. Secondary Beneficiaries

Name	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/> %
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Name	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/> %
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Name	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/> %
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Name	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/> %
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
(Percentages listed for Secondary Beneficiaries in Section 2B. must total 100%)		Total 100 %

For IRA account owners: if you are married and reside in a community property or marital 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.

3. Signature

The account owner as named in the registration must sign below. If the account owner is a minor under the laws of the minor's state of residence, a parent or guardian must sign.

Signature of Account Owner	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of Parent or Guardian (if applicable)	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Be sure to sign this section. We cannot act on your instruction without your signature.