

IRA Revocation 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

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. IRA Owner Information

Account Number Social Security Number
First Name Middle Initial Last Name
Residential Street Address
City State Zip Code
Daytime Telephone Number (in case we have questions) - -

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

2. Revocation Information

You are allowed, under federal regulations, to revoke your IRA within seven calendar days from the date you establish your IRA. The date of the IRA is established is considered the date the IRA account is opened.

Date IRA Established (mm/dd/yyyy)
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3. Signature

By signing below, I am electing to revoke my IRA. A revocation entitles an IRA owner to a full return of their contribution. Homestead Funds will return all contributions without charging a penalty, service charge or administrative expenses. The amount of the deposit will be recorded on IRS Form 5498. As a result of this revocation, Homestead Funds will issue IRS Form 1099-R.

IRA Owner's Signature Date (mm/dd/yyyy) / /