

IRA Rollover Form NRECA 401(k) and/or RS Plan Assets to Homestead Funds



Homestead Funds is not providing any advice regarding whether the account holder should open an IRA with Homestead Funds.

Use this form to:

- Move NRECA 401(k) **and/or** RS Plan assets to an existing account at Homestead Funds
- Move NRECA 401(k) **and** RS Plan assets to the same new or existing account at Homestead Funds with different fund selections for each

If you are moving assets to a new Homestead Funds account, also complete and mail the IRA Account Application which can be found at homesteadfunds.com. Return your completed form(s) to Homestead Funds at:

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** and say “representative” at the first menu. 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. Account Information

First Name Middle Initial Last Name

Social Security Number

Residential Street Address

City State Zip Code

Daytime Telephone Number (in case we have questions)
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Be sure to sign your completed form (Section 3).

Indicate whether this rollover is to a new or existing account.

New
(Make sure you complete the IRA Account Application and return it with this form.)

Existing
(Make sure to provide your account number in Section 2.)

Note: If you are rolling over Roth 401(k) assets or are rolling over non-taxable assets to a Regular Account, call us at **800.258.3030** for instructions.

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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2. Fund Selections

Tell us how your dollars should be allocated by fund. If rolling over to a new account, write "NEW" under the heading Account Number and return your IRA Rollover Form with a completed IRA Account Application.

If you write "NEW," you must include a completed IRA Account Application.

Investment Direction for your 401(k) Plan Assets. 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%

	Account Number	Investment Allocation
Daily Income Fund (168)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %

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.

Fund Name	Account Number	Investment Allocation
Daily Income Fund (168)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Short-Term Government Securities Fund (170)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Short-Term Bond Fund (172)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Stock Index Fund (174)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Value Fund (176)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Small-Company Stock Fund (178)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
International Equity Fund (180)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Growth Fund (182)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Total		\$ <input type="text"/> or 100 %

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2. Fund Selections (continued)

Investment Direction for your RS Plan Assets. 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%

	Account Number	Investment Allocation
Daily Income Fund (168)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %

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.

Fund Name	Account Number	Investment Allocation
Daily Income Fund (168)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Short-Term Government Securities Fund (170)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Short-Term Bond Fund (172)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Stock Index Fund (174)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Value Fund (176)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Small-Company Stock Fund (178)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
International Equity Fund (180)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %
Growth Fund (182)	<input type="text"/>	\$ <input type="text"/> or <input type="text"/> %

Total	\$ <input type="text"/> or 100 %
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3. Signature

I authorize the rollover of assets to a Homestead Funds IRA and authorize Homestead Funds and UMB Bank, n.a., Custodian, to process this request on my behalf.

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

Signature of Account Owner	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>