

Power Of Attorney (POA) Form



State Street Bank and Trust Company/Boston Financial Data Services, Inc. Indemnification Agreement For Power Of Attorney Registration

Use this form to update or to give financial power of attorney to someone you trust who will be able to manage your Homestead Funds account should you become incapacitated.

Throughout this form, "shareholder" is the same person as "Grantor of Power Of Attorney" and "the undersigned". Also throughout this form, "Power of Attorney" is the same person as "Attorney-in-Fact" and "Agent".

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 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. Grantor of Power Of Attorney (Shareholder) Information

The shareholder must complete this section and list all account numbers they wish to grant the attorney-in-fact (POA) permission to act upon. If an account is jointly held, each shareholder must complete a separate *Power Of Attorney (POA) Form* appointing the same POA.

Grantor of Power of Attorney's (Shareholder) Full Name

Social Security Number

Date of Birth (mm/dd/yyyy)

Account Number

Account Number

Account Number

Account Number

Account Number

Account Number

Account Number

Account Number

Daytime Telephone Number (in case we have questions)

Residential Street Address (A P.O. Box is not acceptable)

City

State

Zip Code

All sections must be completed in their entirety by the Grantor of Power of Attorney (shareholder) and the Attorney-in-Fact (Power of Attorney) and both of their signatures must be notarized.

Power of Attorney will only be added to the account numbers that are listed in this section.

A P.O. Box is not acceptable, except for APO/FPO/DPO addresses for those in military service.

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2. Designation of Attorney-in-Fact (Power of Attorney)

This section must be signed by the shareholder (Grantor of Power of Attorney) listed in **Section 1** and their signature must be notarized.

By signing below:

- a) I constitute and appoint the Attorney-in-Fact listed in **Section 3** of this form, my true and lawful attorney or agent (“Agent”) for me and in my name, place and stead:
 - (1) To transmit to the transfer agent State Street Bank and Trust Company (“State Street”) or Boston Financial Data Services, Inc. (“Boston Financial”) either orally or in writing in accordance with procedures established by either State Street or Boston Financial from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with the Homestead Funds;
 - (2) To make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with Homestead Funds; and
 - (3) To enter into all other lawful transactions with respect to any of my Homestead Funds account(s) listed in **Section 1**.
- b) I hereby agree to indemnify and hold State Street, Boston Financial, and Homestead Funds harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with Homestead Funds.
- c) I acknowledge that this authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned’s heirs, executors, successes, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to Boston Financial and delivered to its main office, such revocation shall not affect any liability in any way resulting from transactions initiated prior to Boston Financial acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and State Street, Boston Financial, and Homestead Funds shall not be responsible for any action taken on the basis of this authorization until Boston Financial has received written notice thereof addressed to Boston Financial and delivered to its main office.

Signature of Shareholder (Grantor of Power of Attorney)

Date (mm/dd/yyyy)

 / /

◆ **The signature of the shareholder (Grantor of Power of Attorney) must be notarized below.**

State of _____

County of _____

On this _____ day of _____, 20 _____, before me personally appeared _____, to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he executed the same.

Notary Public

My commission expires: _____

Notary: Affix stamp here

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3. Attorney-in-Fact (Power of Attorney) Information

This Section should be completed by the Attorney-in-Fact (Power of Attorney).

Attorney-in-Fact's (Power of Attorney) Full Name

Attorney-in-Fact's (Power of Attorney) Residential Street Address (A P.O. Box is not acceptable)

City

State

Zip Code

POA Date of Birth (mm/dd/yyyy)

 / /

POA Social Security Number

4. Affidavit of Attorney-in-Fact (Power of Attorney)

This section must be signed by the Attorney-in-Fact (Power of Attorney) listed in **Section 3** and their signature must be notarized.

Being duly sworn and deposed, by signing below I affirm that:

- a) The Grantor of Power of Attorney listed in **Section 1** did appoint me their true and lawful attorney by the foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the personal information I have provided in **Section 3** is true and accurate.
- b) I am not involved in any money laundering schemes, and the source of this investment is not derived from any criminal activities, the information provided on this form and documents submitted are true, correct and complete and are provided with the intent that they will be relied upon to verify my identity.

Signature of Attorney-in-Fact (Power of Attorney)

Date (mm/dd/yyyy)

 / /

◆ **The signature of the Attorney-in-Fact (Power of Attorney) must be notarized below.**

State of _____

County of _____

On this _____ day of _____, 20____, before me personally appeared

_____, to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he executed the same.

Notary Public

My commission expires: _____

Notary: Affix stamp here