

Group Purchase Form



Employer: Submit a completed form each time you send payroll deductions by check or Fedwire to be invested in multiple Homestead Funds accounts.

If investing by Fedwire: Fax this completed form to (816) 421-0588 on the same day you send us the Fedwire.

If investing by check: Send this completed form with a check drawn on the employer's account and made payable to "Homestead Funds." Mail your check to:

State Street Bank and Trust Company
 Boston, MA
 ABA# 0110-0002-8
 DDA# 99057358
 For Credit to Homestead Funds
 From (Employer Name)

Homestead Funds
 c/o BFDS
 P.O. Box 219486
 Kansas City, MO 64121-9486
 Attn: Listbill

1. Employer Information

Please identify the employer submitting the deposit and tell us who we should call if we have questions about this Group Purchase Form.

Employer Name	Benefit Administrator Name	Daytime Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

2. Purchase Allocation Instructions

Indicate the amount to be invested in each fund and account. If the name of the account owner is different from the employee name, please enter that in the fifth column. Please let us know if this is a new or changed investment by placing a checkmark in the first column of each new/changed entry.

Fund Number List

- | | |
|---|---------------------------------|
| 168 – Daily Income Fund | 176 – Value Fund |
| 170 – Short-Term Government Securities Fund | 178 – Small-Company Stock Fund |
| 172 – Short-Term Bond Fund | 180 – International Equity Fund |
| 174 – Stock Index Fund | 182 – Growth Fund |

New/ Changed	Employee Name	Fund Number (see list)	Account Number	Account Owner Name (if different from employee name)	Investment Amount
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Make sure to include page 4, showing the Total Amount, even if you don't need to use the entire form.

