

Transaction Request Form



Homestead
Funds

Use this form to request a transaction on your account.

Return your completed form to:

Regular Mail

Homestead Funds
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Mail

Homestead Funds
225 Pictoria Drive
Suite 450
Cincinnati, OH 45246

Fax

877-513-0756

Note: Forms requiring a Medallion Signature Guarantee must be returned by mail for processing.

If you have a question, 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 currently registered and provide your account number.

Owner/Minor's First Name Middle Initial Last Name

Social Security Number Account Number (s)

Daytime Telephone Number (in case we have questions)
 - -

◆ **If a Joint or Minor's Account**

Joint/Custodian's First Name Middle Initial Last Name

Social Security Number Daytime Telephone Number (in case we have questions)
 - -

Joint/Custodian's First Name Middle Initial Last Name

Social Security Number Daytime Telephone Number (in case we have questions)
 - -

2. Beneficiary/Executor/Personal Representative Information

If the account owner has passed away provide the information requested below.

Beneficiary/Executor/Personal Representative Name

Relationship to Account Owner Date of Death (mm/dd/yyyy) / /

Correspondence Reference Number (if applicable) Daytime Telephone Number (in case we have questions)
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Be sure to sign your completed form (Section 4).

Make sure to complete the deceased shareholder's information in Section 1.

