

Transfer-on-Death (TOD) Beneficiary Claim Request Form



Use this form to claim assets if you are a beneficiary of a Transfer-on-Death (TOD) account and the account owner(s) is deceased. Your signature on this form must be authenticated, see Section 6.

If you have a question about this form, call us at 800.258.3030.

Return your completed form to Homestead Funds using the postage-paid envelope provided, or mail to:

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.

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

1. Deceased Shareholder's Information

Please provide information for the deceased shareholder:

Deceased's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Deceased's Date of Birth (mm/dd/yyyy)	Deceased's Date of Death (mm/dd/yyyy)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Deceased's Social Security Number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

2. Claiming Assets

As a duly designated beneficiary (named beneficiary, trust or estate) on the accounts for the deceased shareholder listed in Section 1, I am requesting transfer of ownership of the assets that I am entitled to as follows:

Check one:

- I would like to claim my portion of the assets for **all** TOD accounts under the Social Security Number listed in Section 1.
- I would like to claim my portion of the assets for only the deceased shareholder's TOD accounts listed below.

This form can only be used to claim Transfer-on-Death (TOD) account assets for which you are a listed beneficiary.

Account Number	Account Number
<input type="text"/>	<input type="text"/>
Account Number	Account Number
<input type="text"/>	<input type="text"/>
Account Number	Account Number
<input type="text"/>	<input type="text"/>
Account Number	Account Number
<input type="text"/>	<input type="text"/>
Account Number	Account Number
<input type="text"/>	<input type="text"/>

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3. Beneficiary Information

You must complete Section A or B completely. Complete **Section A** if you are a listed beneficiary. Complete **Section B** if a Trust or Estate was listed as a beneficiary. Complete **Section C** if you are aware of any other beneficiaries that have predeceased the shareholder. If you are a secondary beneficiary you must complete **Section C** with the information of the primary beneficiary(s).

A. Named Beneficiary

Beneficiary's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary's Social Security Number	Date of Birth (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Beneficiary's relationship to the deceased shareholder: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse		
Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone Number (in case we have questions)		
<input type="text"/> - <input type="text"/> - <input type="text"/>		

If you are a secondary beneficiary you must complete **Section C** with the information of the primary beneficiary(s).

B. Trust/Estate Beneficiary

Name of Trustee or Personal Representative	Date of Trust (if applicable)(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Taxpayer Identification Number	Daytime Telephone Number (in case we have questions)	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Deceased Beneficiary Information (if applicable)

Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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4. Beneficiary Distribution Instructions

You must complete this section to tell us how you want us to distribute your portion of the assets.

A. Distribution Options (Mandatory)

Check one of the options below:

Transfer assets to a taxable account in my name.

Indicate whether assets will transfer to a new or existing account.

New taxable Account. You will also need to complete the appropriate account application.

Existing account Number. Shares will be transferred in kind.

Distribute 100% of my portion of the account assets. **(Complete Section B).**

You will also need to provide a completed **IRS Form W-9**, and, if required by the respective state of the deceased shareholder's residence, an **Inheritance Tax Waiver** (please check with your tax advisor to determine if this is required).

For unique circumstances please contact us.

B. Payment Instructions (if applicable)

Only complete this section if you chose to distribute 100% of your portion of the account assets in **Section A.**

Tell us how you would like to receive your distribution proceeds.

Check one:

Send check payable to the TOD beneficiary and address listed in **Section 3.**

Send proceeds by ACH transfer to my bank account. (You must include a voided check below.)

Account type. Check one: Checking Savings



Attach voided check here.

Checks must be preprinted with your name and address. We do not accept starter checks. If you do not have a preprinted check please include a letter from your bank, on their letterhead, confirming your bank account registration, account number and routing number.

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5. Signature and Affirmation

I affirm that there are no known disputes or competing claims that would affect the transfer of ownership I have requested. In consideration for processing this request, I agree to indemnify Homestead Funds, Inc., RE Advisers Corporation, RE Investment Corporation, Boston Financial Data Services, Inc., and State Street Bank and Trust Company and each such party's successors and assigns with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

Under penalty of perjury, I hereby attest the above facts are true and correct.

Signature of Beneficiary/Trustee/Personal Representative

Capacity (example: Trustee/Personal Representative/Beneficiary)

Date (mm/dd/yyyy)

 / /

Be sure to sign this form. We cannot act on your instruction without your signature. This form must have a Medallion Signature Guarantee Stamp in Section 6 in order to be processed.

6. Medallion Signature Guarantee (MSG) Stamp

Homestead Funds requires a special type of signature guarantee called a Medallion Signature Guarantee (MSG) Stamp. Some financial institutions such as banks, broker-dealers, and credit unions issue them and typically charge a nominal fee for this service. We understand that obtaining a MSG Stamp is sometimes inconvenient. However, it is an important way for us to protect you against fraud.

The surety-value of the MSG Stamp amount must be equal to or greater than the amount of your requested transaction. **We will not accept a guarantee from a notary.**

Financial Institution: Affix medallion stamp here.