Asset Allocation Model Form



This form is used to create an asset allocation model on deferred compensation accounts. The model will be used to direct payroll allocations into a participant's deferred compensation account.

Please have the participant complete and sign the form and provide to the cooperative. Once the cooperative's Authorized Employer Representative has also signed the form it can be mailed or faxed to the locations below.

The cooperative will receive written notification when the asset allocation model has been added to the account. After the model has been added, send future payroll allocations to the Fund Name Asset Allocation Model (555) using one of the funding methods provided in the Employer Instructions to Submit Funds.

Return your completed form to:

Regular Mail
Homestead Funds
c/o of Ultimus Fund Solutions, LLC
P.O. Box 46707
Cincinnati, OH 45246

Overnight Mail

Homestead Funds c/o of Ultimus Fund Solutions, LLC 225 Pictoria Drive Suite 450 Cincinnati, OH 45246 Fax

877-513-0756

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. Account Registration

Complete Section A and B in their entirety.

A. Cooperative/Employer's I	nformation			
Section A needs to be completed with t	he Cooperative/Emp	loyer's information only.		
Cooperative/Employer's Name				
Tax Identification Number				
Contact Name (in case we have questions ab	Contact Phone Number			
B. Plan Participant's Inform	ation			
Section B needs to be completed with the Plan Participant's information.				
Plan Participant's First Name	Middle Initial	Last Name		
Plan Participant's Account Number (Mandatory)		Social Security Number		

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2. Asset Allocation Model and Rebalan	nce Instructions (Participant to complete)	
Check one:		
	pply to future payroll purchases and erform one-time account rebalance.	
Fund Name	Percentage	
Daily Income Fund (168)	%	
Short-Term Government Securities Fund (170)	%	
Intermediate Bond Fund (171)	%	
Short-Term Bond Fund (172)	%	
Stock Index Fund (174)	%	
Value Fund (176)	%	
Small-Company Stock Fund (178)	%	
International Equity Fund (180)	%	
Growth Fund (182)	%	
Total	% (Percentages must total 100%)	
3. Signatures		The Asset Allocation Model can be modified by the
Employee Signature	Date (mm/dd/yyyy) / / /	participant when logged into their account at www. homesteadfunds.com or by
Print Employee Name		speaking with a Homestead Funds representative at 800-258-3030. Edits to the
Authorized Cooperative/		allocation model do not need
Employer Representative Title	Date (mm/dd/yyyy)	to be communicated to the employer unless the model is discontinued.
Print Employer Representative		If the model is discontinued the participant must notify the employer.

Neither asset allocation nor diversification guarantees a profit or protects against a loss in a declining market. They are methods used to help manage investment risk.

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