

Use this form to establish an automatic investment plan, systematic exchanges, or a systematic withdrawal plan, made to, or from an existing Homestead Funds Account. Please Note that systematic withdrawal plans for IRA accounts must be requested on the IRA Distribution Request Form. Your completed form must be received 15 days in advance of your requested automatic investment plan, systematic exchange or systematic withdrawal plan date to allow time for processing. If the form is received after the requested processing date then the beginning date will move to the next eligible frequency you have requested.

Return your completed form to:

Regular Mail

Cincinnati, OH 45246

Overnight Mail Fax

Homestead Funds Homestead Funds 877-513-0756 c/o of Ultimus Fund Solutions, LLC c/o of Ultimus Fund Solutions, LLC P.O. Box 46707

225 Pictoria Drive

Cincinnati OH 45246

Suite 450

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

For complete information about Homestead Funds and services, see the prospectus, which is available at homesteadadvisers.com or by calling the above toll-free number.

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1. Ownership			
Tell us how your account is currently registered and provide your account number.			Be sure to sign your completed form (Section 7).
Account Owner/Minor's First Name	Middle Initial	Last Name	completed form (Section 7).
Social Security Number	Account Number		
Daytime Telephone Number (in case we — — — — — — — — — — — — If a Joint or Minor's Account	have questions)		If we do not already have your phone number on file we will add it to your contact information.
Joint/Custodian's First Name	Middle Initial	Last Name	
John Castodians First Name		Lust Humo	
Daytime Telephone Number (in case we	have questions)		
Joint/Custodian's First Name	Middle Initial	Last Name	
Daytime Telephone Number (in case we — — — — — — — — — — — — If an Entity, Trust, or Estate Accord			
Entity/Trust/Estate Name	Account Number		
Printed Name of Agent Signing Section	n 7	Tax Identification Number	
Daytime Telephone Number (in case we	have questions)		

FRMAUTOSIUP 01/2025 Page 1 of 6



2. Begin Automatic Investment Plan

Complete this section to begin a program of regular purchases with money moved directly from your bank account (Section A) or paycheck (Section B) to your Homestead Funds account.

A. ACH Transfer From Bank Account					
Transfer frequency: Monthly Quarterly Semi-annually	y Annually				
First Purchase (mm/dd/yyyy) — Your automatic purchases next business day if the market is closed on your specified day. I many days, the system will schedule the last business day of the	If you select the 29th, 30th or 31st, for any month without th				
/ (Optional. If no date is provided purchases will continue until we receive different instructions from you.)					
Indicate how the amount above should be allocated.					
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)	\$				
Asset Allocation Model (555)	\$				
Only choose 555 Asset Allocation Model if you have established an Asset Allocation Model in your account online or with a phone representative.					
Total	\$				

If this is an IRA or ESA account all automatic purchases will be processed as current-year contributions. It is your responsibility to ensure your total contributions do not exceed annual contribution limits.

Complete this section to establish an Automatic Investment Plan and have money moved regularly from your bank account to your fund account. If we do not already have bank information on file you must also complete Section 6.

Your account will be charged a fee for ACHs rejected by your bank.

Page 2 of 6 FRMAUTOSIUP 01/2025



B. Payroll Deduction				Complete this section to set
Select the funds you will be investing in. You do not need to indicate the investment amount at this time.			up an account for receipt e. of payroll deductions to be	
Daily Income Fund (168)			sent by your employer. We will mail your new	
Short-Term Government Securities Fund (170)			account numbers and other information you will need	
Intermediate Bond Fund (171)				to provide to your payroll
Short-Term Bond Fund (172)				office to initiate deposits.
Stock Index Fund (174)				
Value Fund (176)				
Small-Company Stock Fund (178)				
International Equity Fund (180)				
Growth Fund (182)				
Asset Allocation Model (555) Only choose 555 Asset Allocation Model if you your account online or with a phone represen		ished an Asset A	Allocation Model in	
exchange is a distribution followed by a subsequent accounts, it is a taxable event.	purchase. For	r investors in reg	gular (nonretirement)	
A. Exchange Amount/Fund Details	e 1		1.1 1.11	
Complete this section in its entirety to tell us which amount you want to exchange into each fund.	fund you war	it to exchange fr	om and the dollar	
Exchange from (Fund Name):				
Exchange to:				
Daily Income Fund (168)	\$			If exchanging to a new fund,
Short-Term Government Securities Fund (170)	\$			your existing account registration (account number,
Intermediate Bond Fund (171)	\$			ownership information
Short-Term Bond Fund (172)	\$			and account type) will be preserved.
Stock Index Fund (174)	\$			
Value Fund (176)	\$			
Small-Company Stock Fund (178)	\$			
International Equity Fund (180)	\$			
Growth Fund (182)	\$			

Page 3 of 6 FRMAUTOSIUP 01/2025



B. Exchange Frequency				You must indicate the start month. If this form is not
Complete this section to tell us how often you would want it to start.	like you	ur exchange to occur	and when you	received in time to process for the start month indicated, it will begin the next month.
Exchange frequency:				it will begin the next month.
Monthly Quarterly Semi-annually	у	Annually		
First Exchange (mm/dd/yyyy) — Your automatic exchanges prior business day if the market is closed on your specified day. many days, the system will schedule the last business day of the	If you se	elect the 29th, 30th or 31s	for first exchange, or the t, for any month without that	
/ (Mandatory. You	ı must j	provide a First Excha	ange date)	
Last Exchange (mm/yyyy)				
/ (Optional. If no date is pro is depleted or until we rece				
4. Begin Systematic Withdrawal Plan (r	ion-II	RA accounts only	·)	IRA systematic withdrawal
Complete Sections A, B, and C to begin a program of				plans must be requested on the IRA Distribution
A. Withdrawal Amount				Request Form.
Complete this section to tell us the amount you want	to dist	ribute from each fund	d.	
Distribute from:				
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)	\$			

Page 4 of 6 FRMAUTOSIUP 01/2025



B. Withdrawal Frequency	You must indicate the start month. If this form is not				
Complete this section to tell us how often you would like your distribution to occur and when you want it to start.	received in time to process for the start month indicated, it will begin the next month.				
Distribution frequency	te will begin the next month.				
Monthly Quarterly Semi-annually Annually					
First Distribution (mm/dd/yyyy) — Your automatic distributions will continue on the day you list for first distribution, or the prior business day if the market is closed on your specified day. If you select the 29th, 30th or 31st, for any month without that many days, the system will schedule the last business day of the month for your distribution.					
/ (Mandatory. You must provide a First Distribution date)					
Last Distribution (mm/yyyy)					
/ (Optional. If no date is provided distributions will continue until source Fund					
is depleted or until we receive different instructions from you.)					
C. Withdrawal Method					
Complete this section to tell us how to send your distribution proceeds.					
Must check one:					
ACH transfer to bank of record. If bank information is not already on file, you must also complete Section 6.					
Check mailed to address of record.					

5. Cost Basis Election – Taxable Accounts Only

If you are setting up systematic withdrawals from a non-retirement account all withdrawals of covered shares will be reported using the cost basis election currently on your account. If you want to change your current cost basis election please call a Homestead Funds client service representative at 800.258.3030 for instructions. Homestead Funds will report cost basis information to both shareholders and the Internal Revenue Services (IRS) on mutual fund shares acquired and subsequently redeemed after January 1,2012.

Need Help?

Homestead Funds Client Service Representatives are available on business days from $8:30\ a.m.$ to $5:00\ p.m.$ E.T.

Call **1.800.258.3030**

Page 5 of 6 FRMAUTOSIUP 01/2025



Bank Information

Be sure to complete this section if we do not currently have bank information on file and you:

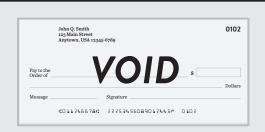
- Signed up for the Automatic Investment Plan and chose to have money moved by ACH transfer from your bank account (Section 2)
- Signed up for the Systematic Withdrawal Plan and chose to have distribution proceeds deposited directly to your bank account (Section 4)

If you have an existing automatic investment plan or systematic withdrawal plan and would like this to continue from the new bank information attached, please check here.

This bank information replaces any prior bank information on file. Add or update. Check one: This bank information should be added in addition to any prior information on file.

Account type. Check one: Checking Savings

By completing this section, you authorize Homestead Funds to deduct money from your bank account to purchase shares into your Homestead Funds account and to send withdrawal proceeds to your bank account of record. You must wait 15 days after the instructions have been added to your account before you can process a distribution to the new bank instructions.



Attach voided check here.

Checks must be preprinted with your name and address. At least one common name must match exactly between your Homestead Funds and Bank accounts. 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.

Signature

If this is a joint account all account owners must sign below. If this is a minor account the custodian must sign below. If this is an Entity, Trust, or Estate account the signer must provide their title below.

Be sure to sign this section.			
We cannot act on your			
instructions without			
your signature.			

	Title (if an		
Signature	Entity/Trust/Estate Account)	Date (mm/dd/yyyy)	
	Title (if an		
Signature	Entity/Trust/Estate Account) Date (mm/dd/yyyy)		
	Title (if an		
Signature	Entity/Trust/Estate Account)	Date (mm/dd/yyyy)	

Page 6 of 6 FRMAUTOSIUP 01/2025