

# Entity or Trust Account Authorization Update Form



**Homestead**  
Funds

Use this form to update your account information when establishing a trust account that is a business trust or was formed by filing with a state or to update entity account agents. Make sure to include entity documentation or trust documents showing the updated account signers.

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

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](http://homesteadfunds.com) or by calling the above toll-free number.

## 1. Ownership

Name of Entity or Trust

Tax Identification Number

Account Number

Daytime Telephone Number (in case we have questions)

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## 2. Update or Add Beneficial Ownership

In order to help the government fight financial crime, financial institutions are required to obtain, verify, and record information about the beneficial owners of legal entity customers. Beneficial owners are defined as:

- a. Owner – Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer.
- b. Control – An individual with significant responsibility for managing the legal entity customer (e.g. a Chief Executive Officer, Chief Financial Officer, Chief Operation Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

You must list all Owners (if any) that meet the 25 percent criteria. You can only list ONE Control person. If one Individual satisfies Control and Ownership criteria, select Both in the boxes below.

Name and Title

Date of Birth (mm/dd/yyyy)

 /  / 

Business trusts or trust accounts formed by filing with a state should complete Sections 1, 2, and 5. Entity accounts should complete all Sections that apply.

All individuals named as an owner or a control person will have full account access to make investment decisions and transactions for this account.

A P.O. Box will not be accepted as a business street address.

Address (Business Street Address)

Social Security Number

Owner

Control

Both

U.S. Citizen

Resident Alien

Non-Resident Alien

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## 2. Update or Add Beneficial Ownership *(continued)*

Name and Title  Date of Birth (mm/dd/yyyy)  /  /

Address (Business Street Address)

Social Security Number

Owner  Control  Both

U.S. Citizen  Resident Alien  Non-Resident Alien

Business trusts or trust accounts formed by filing with a state should complete **Sections 1, 2, and 5**. Entity accounts should complete all Sections that apply.

Name and Title  Date of Birth (mm/dd/yyyy)  /  /

Address (Business Street Address)

Social Security Number

Owner  Control  Both

U.S. Citizen  Resident Alien  Non-Resident Alien

Name and Title  Date of Birth (mm/dd/yyyy)  /  /

Address (Business Street Address)

Social Security Number

Owner  Control  Both

U.S. Citizen  Resident Alien  Non-Resident Alien

Name and Title  Date of Birth (mm/dd/yyyy)  /  /

Address (Business Street Address)

Social Security Number

Owner  Control  Both

U.S. Citizen  Resident Alien  Non-Resident Alien

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### 3. Update Agents with Inquiry Only Access (entity accounts only)

Tell us who is authorized to request information for this account. The individuals named below will have the right to request account information verbally but cannot make changes to an account or request trades.

If there are multiple agents, attach a list of names and provide all of the information requested here for each person.

Agent's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agent's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agent's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agent's First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 4. Update Agents with Full Account Access (entity accounts only)

Tell us who is authorized to make investment decisions and transactions for this account. Individuals named below are not owners or a control person but will have the right to request account information, make trades, and update account settings.

If there are multiple agents, attach a list of names and provide all of the information requested here for each person. Any agents listed in this section will replace any agents currently on file.

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

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## 4. Update Agents with Full Account Access (entity accounts only) (continued)

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

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

## 5. Signature

For entity accounts, a Full Access Agent that is already on file or an agent listed in **Section 4** must sign below. For trust accounts, a trustee must sign below.

If included, I hereby certify, to the best of my knowledge, that the beneficial owner information provided on this form is complete and correct.

Check this box to confirm that you have included a copy of the entity or trust documentation showing the updated authorized account signers.

Agent's or Trustee's Signature	Print Agent's or Trustee's Name
<input type="text"/>	<input type="text"/>
Agent's Title	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**For entity accounts, a Full Access Agent that is already on file or an agent listed in Section 4 must sign Section 5. A trustee must sign Section 5 for trust accounts.**