

FAS 106 Distribution Request Form



Homestead
Funds

Use this form to request a distribution of assets invested in Homestead 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
Note: Distributions over \$500,000 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.

We must receive the original signed form if the distribution amount is over \$500,000. Be sure to sign this form in **Section 5**.

1. Ownership

Tell us how the account is currently registered.

Cooperative/Organization Name

State

Trust Tax Identification Number

Daytime Telephone Number (in case we have questions)

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2. Distribution Instructions

I hereby direct the following distribution from:

Account Number

Check one:

Total Distribution/Account Termination (will distribute 100% of account.)

Pro Rata Partial Distribution of \$

Taken proportionally from the funds within this account number. The amount to distribute from each fund is estimated based on the prior night's closing value.

Partial Distribution

Distribute from:

Daily Income Fund (168)	\$	<input type="text"/>	or	<input type="text"/>	%
Short-Term Government Securities Fund (170)	\$	<input type="text"/>	or	<input type="text"/>	%
Intermediate Bond Fund (171)	\$	<input type="text"/>	or	<input type="text"/>	%
Short-Term Bond Fund (172)	\$	<input type="text"/>	or	<input type="text"/>	%
Stock Index Fund (174)	\$	<input type="text"/>	or	<input type="text"/>	%
Value Fund (176)	\$	<input type="text"/>	or	<input type="text"/>	%
Small-Company Stock Fund (178)	\$	<input type="text"/>	or	<input type="text"/>	%
International Equity Fund (180)	\$	<input type="text"/>	or	<input type="text"/>	%
Growth Fund (182)	\$	<input type="text"/>	or	<input type="text"/>	%

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3. Payment Method

Complete **Section A** if you want your distribution to be mailed to you by check. Complete **Section B** if you want your distribution to be electronically transferred to your bank account.

A. Paper Check

Regular mail to address of record (default option)

Expedited mail to address of record
A \$35 fee will be withheld from the distribution. Typically takes 2-3 days from your request.

B. Bank Transfer

ACH transfer to bank account on record
Typically takes 3 business days to receive your money.

Fed Wire transfer to bank account on record
A \$15 wire fee will be withheld from the distribution. Check with your financial institution for any incoming wire fees they may charge you.

ACH Fed Wire

Name of Financial Institution

Name on Account

Routing/ABA Number

Account/DDA Number

4. Cost Basis Election – Taxable Accounts Only

Complete this section if you want to change your cost basis method.

Please choose one of the following available methods:

Average Cost — the purchase price of all covered shares in the account are averaged

First In, First Out — depletes shares beginning with the earliest acquisition date

Last In, First Out — depletes shares beginning with the most recent acquisition date

High Cost — depletes shares beginning with the most expensive shares

Low Cost — depletes shares beginning with the least expensive shares

Specific Lot Identification — depletes shares according to the lots chosen by the shareholder. FIFO will be used for shares withdrawn due to a systematic withdrawal plan and in cases where the lots you designate are insufficient or unavailable.

Any changes made here will replace your current accounting method for all covered shares in your account.

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5. Trustee Signature

By signing this form, I certify that:

- I am a Trustee and I have the full right, power and authority to request this plan distribution.
- I understand that it is the cooperative's/organization's responsibility to determine that all transaction requests are in compliance with the trust's provisions.
- The cooperative's/organization's Taxpayer Identification Number is correct.

Signature of Trustee

Print Name

Date (mm/dd/yyyy)

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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**