



## Employee Consent to Disclosure

This consent allows Homestead Funds to share your Employer-Sponsored Savings Program account balance and redemption information with your cooperative. Your cooperative may use this information to determine their matching contribution to your account.

Return your completed consent to:

**E-Mail**

[invest@homesteadfunds.com](mailto:invest@homesteadfunds.com)

**Regular Mail**

Homestead Funds  
4301 Wilson Blvd.  
INV8-305  
Arlington, VA 22203

**1. Consent**

Please complete and sign the below consent. Homestead Funds will maintain a copy of the consent on file.

I, \_\_\_\_\_ (“**Shareholder**”) consent to Homestead Funds Inc. and Homestead Funds Trust (collectively “**Homestead Funds**”) disclosing Shareholder Personal Information, as defined below, as Homestead Funds may deem appropriate to enable Homestead Funds to transfer or disclose Shareholder’s records and information to Shareholder’s employer, \_\_\_\_\_ (“**Co-Op**”), in order to process and execute Shareholder’s investment and other instructions. The “Shareholder Personal Information” that may be disclosed includes, but is not limited to, the Shareholder’s personal identifiers, such as name, contact information, and any account or identifying number, FBO, account balances, account transactions and type of account, as well as any other information related the Shareholder’s Homestead Funds account.

**2. Signature**

\_\_\_\_\_

Owner Signature

\_\_\_\_\_

Date (mm/dd/yyyy)

Do not write below this line – internal use only.

*Homestead Funds Acknowledgement*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Print Title: \_\_\_\_\_