

IRA Account Application



Homestead
Funds

Use this form to open an IRA account with Homestead Funds.

Return your completed application to Homestead Funds by mail 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

Before completing this application, see the prospectus, which is available at homesteadfunds.com. If you have any questions, call us at 800.258.3030.

Important Notice — The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

1. Ownership

We cannot process your application if the information requested below is not provided. Homestead Funds does not accept accounts registered to foreign individuals, including foreign correspondent accounts.

Be sure to sign your completed form (Section 12).

First Name Middle Initial Last Name

Social Security Number Date of Birth (mm/dd/yyyy) / /

Check one:

U.S. Citizen U.S. Resident

Email address

You must provide a valid email address. All shareholders and account custodians (if applicable) will use the email address listed on the application to create their online account log-in. No personal information will be sent to the email address.

Daytime Telephone Number (in case we have questions)

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◆ **If the account owner is a minor, we need identification information for the parent or guardian.**

Parent/Guardian's First Name Middle Initial Last Name

Social Security Number Date of Birth (mm/dd/yyyy) / /

Check one:

U.S. Citizen U.S. Resident

Daytime Telephone Number (in case we have questions)

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2. Address

Residential Street Address

City

State

Zip Code

A P.O. Box will not be accepted as a residential street address. A rural route, APO or FPO address will be accepted.

◆ If you want account correspondence sent to an address other than your street address

Mailing Address (Your mailing address may be a P.O. Box)

City

State

Zip Code

3. Account Type

Check one:

Traditional IRA

Roth IRA

SEP IRA

Inherited Traditional IRA (make sure to include decedent's information)

Decedent's Name

Date of Birth (mm/dd/yyyy)

 / /

Date of Death (mm/dd/yyyy)

 / /

Inherited Roth IRA (make sure to include decedent's information)

Decedent's Name

Date of Birth (mm/dd/yyyy)

 / /

Date of Death (mm/dd/yyyy)

 / /

Please note that beneficiary rules can be complex. Generally, non-spouse beneficiaries must set up inherited IRAs to receive the assets. Spouses have more flexibility to set up an IRA in their name.

Please see your tax advisor for guidance specific to your situation if you are establishing this account due to inheriting assets.

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4. Funding Source

Check and complete one:

Annual Contributions. For 2023 annual contributions to Roth/Traditional IRAs are limited to \$6,500. If you are age 50 or above, you make an additional contribution of \$1,000 for a total of \$7,500.

Total Dollars (\$200 minimum) \$

Indicate whether this is a contribution for the prior or current tax year. If no tax year is specified, your contribution will be deemed a current-year contribution.

Prior-year contribution tax year (yyyy) (Not an option for SEP IRAs)
You have until the tax-filing deadline to make a prior year contribution.

Current-year contribution tax year (yyyy)

Indicate method of investment.

By check.

By ACH transfer. Upon receipt of this application, we will initiate an electronic funds transfer from the account you indicate in **Section 11**.

Direct rollover of a distribution from an employer-sponsored retirement plan.

Check enclosed from plan administrator (must be made payable to Homestead Funds)

Plan administrator is sending assets directly, no check is enclosed.

Indirect rollover of a distribution from an employer sponsored retirement plan.

Total Dollars (\$200 minimum) \$ (check enclosed)

Transfer from existing IRA custodian. Also complete an IRA and ESA Transfer Form.

Beneficiary of a pre-existing Homestead Funds IRA. Also complete the IRA Beneficiary Claim Request Form.

If sending a check, we accept checks with preprinted name and address made payable directly to Homestead Funds. We do not accept third-party checks, credit card convenience checks, bank account starter checks, cash or cash equivalents (including money orders, traveler's checks or bearer bonds).

If you are funding your account only by establishing the Automatic Investment Plan, you may skip Sections 4 and 5.

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**

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5. Fund Selections

Indicate how the amount in **Section 4** should be allocated. **Choose one of two options below.**

If you choose *this option* you must be working with a Homestead Funds representative on an asset allocation plan and have or will be receiving the Asset Allocation Questionnaire. This fund selection is not meant to be a long-term strategy. It is meant to be a holding place for your assets while your asset allocation plan is completed. Generally you would indicate your full dollar amount for investment or 100%

Daily Income Fund (168) \$ or %

This option is for shareholders who are making their own fund selection. By choosing this option, you acknowledge that you have not received any investment recommendations or advice from Homestead Funds or any of its representatives, and are making these fund selections purely on the basis of your own independent research and decision making process.

Fund Name	Investment Allocation		
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"/> %

Total (Must match amount from **Section 4**) \$ or 100 %

If you are funding your new account **only** by establishing the Automatic Investment Plan, you may skip to **Section 6.**

If you are funding this account with NRECA RS and 401(k) Plan dollars using different allocations for each, skip this section and complete the IRA Rollover Form.

By choosing your fund selection, you acknowledge that you have not received any investment recommendations or advice from Homestead Funds or any of its representatives, and are making these fund selections purely on the basis of your own independent research and decision making process.

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6. Automatic Investment Plan

In addition to or instead of providing an initial investment in **Section 4**, you may elect to fund your account by making regular investments transferred directly from your bank account (complete **Section A**) or paycheck (complete **Section B**).

Complete this section to sign up for the Automatic Investment Plan and have money moved regularly from your bank account to your fund account. You must also complete **Section 11**.

A. ACH transfer from Bank Account

Transfer frequency:

Monthly Quarterly Semi-annually Annually

Purchase Date (mm/dd/yyyy) — Your automatic purchases will occur on the day you provide or the next 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 purchase.

/ /

Indicate how much you want to automatically purchase into each fund.

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

Contributions made automatically are considered current-year contributions for the year in which they are received. **It is your responsibility to not exceed your annual IRA contribution limit.**

Total \$

B. Payroll Deduction

Select the funds you will be investing in. You do not need to indicate investment amount at this time.

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

Complete this section to set up an account for receipt of payroll deductions to be sent by your employer. We will mail your new account numbers and other information you will need to provide to your payroll office to initiate deposits.

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7. Dividends and Capital Gains

All dividends and capital gains will be automatically reinvested in your account. If you want to automatically pay out the dividends and capital gains, please use the IRA Distribution Form to request this change after the account has been established.

8. Phone Services

We will act on your instructions to exchange or sell shares by phone unless you check the box to opt out of those services below. If you have bank instructions on file, phone purchases are automatically allowed for most account types.

Neither Homestead Funds nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine.

I DO NOT want to make exchanges and distributions by phone.

Please note that for phone purchases we must have bank instructions on file. Complete **Section 11**.

9. Online Access and Electronic Delivery

If you have existing Homestead Funds accounts, we default to linking this account to your online profile so you may view this account under your current log-in. If you do not want this option, you may opt out below. You are able to receive electronic notification of certain Homestead Funds documents instead of receiving them by mail

Check to Opt Out

I DO NOT want to view this account online under my current Homestead Funds log-in.

Check to Opt In

I elect to receive notification of the following checked fund documents electronically.

Trade Confirmations Quarterly Account Statements Prospectus & Shareholder Reports

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**

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10. Beneficiary Designation

Designate who should receive account assets upon your death. If beneficiary percentages are not included, beneficiaries will be paid out equally.

Your spouse does not default as a beneficiary. If you want your spouse to be a beneficiary you must list them in this section.

A. Primary Beneficiaries

Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	

Upon your death, beneficiaries listed on this form will have claim to the assets in the accounts you list in Section 1 regardless of any will, trust or any other document you execute. Assets are divided among primary beneficiaries first. If all primary beneficiaries predecease the shareholder, assets are divided among secondary beneficiaries.

Attach a separate sheet if you have more than four beneficiaries, and provide all of the information requested here for each beneficiary.

(Percentages listed in **Section 10A**. Primary Beneficiaries must total 100%) **Total 100 %**

B. Secondary Beneficiaries

Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	
Name <input type="text"/>	Relationship <input type="text"/>	Percent <input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	

If you are married and reside in a community property state, you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your account. See your lawyer or other tax professional for additional information and advice.

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B. Secondary Beneficiaries (continued)

Name	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/> %
Date of Birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	If minor, name of parent/guardian <input type="text"/>	

(Percentages listed in **Section 10B**. Secondary Beneficiaries must total 100%) **Total 100 %**

You may view your beneficiary designations when you log into your account at homesteadfunds.com.

11. Bank Information

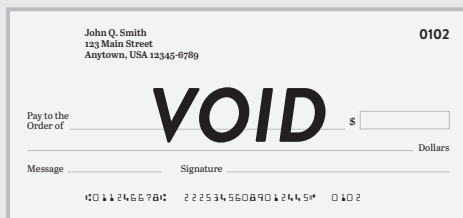
By completing this section, you authorize Homestead Funds to deduct money from your bank account via ACH to purchase shares into your Homestead Funds account and to send distribution proceeds via wire or ACH to your bank account of record.

Be sure to complete this section if you:

- Elected to send your investment by wire or ACH transfer (**Section 4**)
- Signed up for the Automatic Investment Plan and chose to have money moved by ACH transfer from your bank account (**Section 6**)
- Elected to have distributions deposited directly in your bank account (**Section 7**)
- Want the option of having distribution proceeds deposited directly in your bank account

Account type. Check one: Checking Savings

Your request cannot be processed without a voided check or deposit slip for the account you wish to designate as your bank account of record unless you opt for us to use your initial purchase check.



Attach voided check here.

Check this box if you wish to use your initial purchase check enclosed with this application to establish banking instructions instead of including an additional voided check.

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



12. Certifications and Signatures

By certifying this application, I represent and warrant that:

1. I have the full right, power and authority to make the investment applied for and I am of legal age in my state of residence.
2. I have read the Homestead Funds prospectus and this application and agree to be bound by the terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Homestead Funds' prospectus as revised from time to time. I have also read and agree to the terms of the IRA Custodial Agreement. The Homestead Funds prospectus and IRA Custodial Agreement are available at **homesteadfunds.com** or by calling **800.258.3030**.

I acknowledge that under certain circumstances specified by state law, Homestead Funds may be required to transfer my account assets to my state as abandoned property (i.e. escheated). I may consult my state's website or call my state government's escheatment customer service number for more details.

3. I am a U.S. citizen or resident and I certify, under penalty of perjury, that:
 - a. The Social Security Number shown on this form is my correct Taxpayer Identification Number.
 - b. I am not subject to backup withholding because: I am exempt from backup withholding, OR I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend, OR The Internal Revenue Service has notified me that I am no longer subject to backup withholding (Strike out this item (b) if you have been notified that you are subject to backup withholding).
4. I additionally represent and warrant that:
 - c. If I am doing a direct rollover I have confirmed with my plan administrator that the assets are eligible for the IRA type I have established.
 - d. I acknowledge that it is my responsibility to report all contributions to or withdrawals from the account on my tax returns and to keep necessary records of my IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the custodian and dated and signed by the depositor.
 - e. I acknowledge that Homestead Funds has not provided any advice regarding whether I should open an IRA with Homestead Funds.
5. I acknowledge that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information and certify that the information provided is accurate and correct.
6. The information in this application pertaining to account ownership, investing, funding, options and this disclosure will apply to any new fund into which my shares may be exchanged.
7. If I request transfers to or from my bank account in this application or at any time, including by telephone, electronically or otherwise, you are authorized to make those requested transfers (and to make, if necessary, adjusting transfers if any amounts are transferred in error). I understand that I can end this authorization at any time by notifying you in writing or by telephone.

Be sure to sign this form on the next page. We cannot act on your instruction without your signature.

You must sign this form in Section 12 on the next page in order to establish your account.

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12. Certifications and Signatures (continued)

8. I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the U.S. Government, and that an investment in mutual fund shares involves risks, including the possible loss of principal.

Depositor Signature

Date (mm/dd/yyyy)

 / /

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

If the depositor is a minor under the laws of the depositor's state of residence, a parent or guardian must sign the application. Until the depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the depositor.

Parent/Guardian's Signature

Relationship to Minor

(a legal guardian must provide a copy of the court appointment documents authorizing him or her to act on behalf of the minor)

Custodian Acceptance:

First National Bank of Omaha, N.A. will accept appointment as custodian of the depositor's account. However, this application is not binding upon the custodian until the depositor has received a statement confirming the initial transaction for the account. Receipt by the depositor of a confirmation of the purchase of fund shares indicated above will serve as notification of First National Bank of Omaha, N.A.'s acceptance of appointment as custodian of the depositor's account.

First National Bank of Omaha, N.A., CUSTODIAN

REVOCAION OF ACCOUNT

The depositor may revoke this account at any time within seven days after they have established the account. Upon revocation, Homestead Funds will return to them the entire amount contributed to the account without penalty, service charge, administrative expense or other deduction. To revoke the account, mail the form entitled "IRA Revocation Form" to Homestead Funds within seven days of establishing the account. The law considers notice of revocation mailed on the date of the postmark (or on the date of certification or registration if sent by certified or registered mail) provided they deposit the form in the United States mail in an envelope or other appropriate wrapper, first class postage prepaid, properly addressed to Homestead Funds.