IRA and ESA Beneficiary Designation Form

Name

Date of Birth (mm/dd/yyyy)



assets are divided among secondary beneficiaries.

Your most current beneficiary designations

replace any previous instructions we have on file.

Percent

Use this form to add or update beneficiary records for an existing IRA or ESA account. If you have a question about the form, call us Return your completed form to: at 800.258.3030. For **Overnight Mail** complete information Regular Mail Fax about Homestead Funds Homestead Funds Homestead Funds 877-513-0756 and services, see the c/o of Ultimus Fund Solutions, LLC c/o of Ultimus Fund Solutions, LLC prospectus, which is available P.O. Box 46707 225 Pictoria Drive at homesteadfunds.com Cincinnati, OH 45246 Suite 450 or by calling the above Cincinnati, OH 45246 toll-free number. Ownership Tell us how your account is registered and provide your account number. Owner's First Name Middle Initial Last Name If we do not already Social Security Number Daytime Telephone Number (in case we have questions) have this phone number on file we will add it to your contact information. Account Number Account Number Account Number Account Number If multiple accounts are listed, the same beneficiary designations will apply to all. **Beneficiary Designation** Designate who should receive account assets upon your death. If beneficiary percentages are not included, beneficiaries will be paid out equally. Upon your death, **Primary Beneficiaries** beneficiaries listed on this form will have claim to the Name Relationship Percent assets in the accounts you list in Section 1 regardless of any will, trust or any other Date of Birth (mm/dd/yyyy) If minor, name of parent/guardian document you execute. Relationship Name Percent Assets are divided among primary beneficiaries first. If all primary beneficiaries If minor, name of parent/guardian Date of Birth (mm/dd/yyyy) predecease the shareholder,

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If minor, name of parent/guardian

Relationship

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A. Primary Beneficiaries (continued)				Attach a separate sheet if you have more than four
Name	Relationship	Percent	%	beneficiaries and provide all of the information requested here for each beneficiary.
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian			·
(Percentages listed for Primary Beneficiar	ies in Section 2A . must total 100%) Total	100	%	You may view your beneficiary designations when you log into
B. Secondary Beneficiaries				your account at homesteadfunds.com.
Name	Relationship	Percent	%	% For IRA account owners: if
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian			
Name	Relationship	Percent		you are married and reside in a community property or marital property state, you
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian		%	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
Name	Relationship	Percent	%	
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian			information and advice.
Name	Relationship	Percent	%	
Date of Birth (mm/dd/yyyy)	If minor, name of parent/guardian		70	
(Percentages listed for Secondary Benefic	aries in Section 2B . must total 100%) Total	100	%	
3. Signature				Be sure to sign this section. We cannot act on your
The account owner as named in the regist the laws of the minor's state of residence, a	ration must sign below. If the account owner is a parent or guardian must sign.	a minor un	der	instruction without your signature.
Signature of Account Owner	Date (mm/dd/yyyy)			
Signature of Parent or Guardian (if applicab	le) Date (mm/dd/yyyy) /			

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