

Transfer on Death Beneficiary Designation Form



Homestead
Funds

Use this form to add or update beneficiary records for a regular, taxable account registered to an individual or to joint tenants with right of survivorship.

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

If you have a question about the form, call us at 800.258.3030. For complete information about Homestead Funds and services, see the prospectus, which is available at homesteadadvisers.com or by calling the above toll-free number.

1. Ownership

Tell us how this account is registered.

Owner's First Name

Middle Initial

Last Name

Social Security Number

Daytime Telephone Number (in case we have questions)

 - -

◆ **If a Joint Account**

Joint Owner's First Name

Middle Initial

Last Name

Social Security Number

Joint Owner's First Name

Middle Initial

Last Name

Social Security Number

Daytime Telephone Number (in case we have questions)

 - -

Check one:

New Account:

Submit this form with your Individual or Joint Account Application.

Existing Account: Account Number

See a recent statement or trade confirmation for your account number, or call us.

Be sure to sign your completed form (Section 3).

Transfer on death instructions cannot be established for IRA accounts or for joint accounts registered to tenants in common or community property or for UGMA/UTMA, corporate, trust or partnership accounts.

If we do not already have this phone number on file we will add it to your contact information.

Transfer on Death Beneficiary Designation Form



2. Beneficiary Designation

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

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"/>	

(Percentages listed in **Section 2A**. 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"/>	

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.

Your most current beneficiary designations replace any previous instructions we have on file.

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

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.

Transfer on Death Beneficiary Designation Form



Homestead
Funds

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"/>	
		Total 100 %

(Percentages listed in Section 2B. Secondary Beneficiaries must total 100%)

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

3. Certifications and Signatures

By certifying this application, I represent and warrant that:

- (1) The designation of a TOD beneficiary on a registration beneficiary form has no effect on ownership on the account until the account owner's death. Beneficiaries have no rights to account information and/or trading authority until the death of all account owners and until proper document is provided to claim assets.
- (2) I am designating the above-mentioned individual(s) as the beneficiary(ies) on my account(s). This designation is effective upon receipt by Homestead Funds' transfer agent and will remain in effect until I provide written notice of change or revocation of beneficiary(ies) to Homestead Funds' transfer agent. If I have previously designated a beneficiary for this account, I now revoke that designation.
- (3) Transfer-on-death (TOD) laws vary by state. I understand that if there are questions, I will consult an attorney licensed in my state for detailed advice regarding the TOD registration. If there is a dispute regarding the right of a TOD beneficiary to receive assets pursuant to this TOD registration, my states' laws could affect the dispensation of assets.
- (4) If any marital or community property interest exists in the aforementioned account(s) and I am married, I acknowledge that my spouse and I have consulted with a competent tax or legal advisor regarding financial consequences and tax consequences regarding naming beneficiary(ies) on the aforementioned account(s). No tax or legal advice was given to me by the IRA Custodian, the Fund Company or Ultimus Fund Solutions.
- (5) I, and my successors and assigns, do hereby agree to indemnify and hold harmless the Fund, its affiliates, and any directors, employees, or agents of these entities, from and against all claims, liabilities, damages, actions, charges, costs, losses, and expenses arising out of or resulting from the transfer upon my death of the balance in the above reference account(s).

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

By signing this form you are acknowledging that you have read and agree to the terms and conditions of Transfer on Death registration as outlined at the end of this form.

Each person named in the registration must sign below.

Owner's Signature <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
---	---

◆ If a Joint Account

Joint Owner's Signature <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
---	---

Joint Owner's Signature <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
---	---