

# Asset Allocation Model Form



**Homestead**  
Funds

This form is used to create an asset allocation model on deferred compensation accounts. The model will be used to direct payroll allocations into a participant's deferred compensation account.

**Please have the participant complete and sign the form and provide to the cooperative. Once the cooperative's Authorized Employer Representative has also signed the form it can be mailed or faxed to the locations below.**

The cooperative will receive written notification when the asset allocation model has been added to the account. After the model has been added, send future payroll allocations to the Fund Name Asset Allocation Model (555) using one of the funding methods provided in the Employer Instructions to Submit 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

If you have a question about this 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. Account Registration

**Complete Section A and B in their entirety.**

### A. Cooperative/Employer's Information

**Section A** needs to be completed with the Cooperative/Employer's information only.

Cooperative/Employer's Name

Tax Identification Number

Contact Name (in case we have questions about this request)

Contact Phone Number

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### B. Plan Participant's Information

**Section B** needs to be completed with the Plan Participant's information.

Plan Participant's First Name

Middle Initial

Last Name

Plan Participant's Account Number (Mandatory)

Social Security Number

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## 2. Asset Allocation Model and Rebalance Instructions (Participant to complete)

**Check one:**

☐ Apply to future payroll purchases

☐ Apply to future payroll purchases and perform one-time account rebalance.

**Fund Name**

**Percentage**

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"/>	%
<b>Total</b>	<input type="text"/>	% (Percentages must total 100%)

## 3. Signatures

Employee Signature

Date (mm/dd/yyyy)

 /  / 

Print Employee Name

Authorized Cooperative/  
Employer Representative

Title

Date (mm/dd/yyyy)

 /  / 

Print Employer Representative

The Asset Allocation Model can be modified by the participant when logged into their account at [www.homesteadadvisers.com](http://www.homesteadadvisers.com) or by speaking with a Homestead Funds representative at 800-258-3030. Edits to the allocation model do not need to be communicated to the employer unless the model is discontinued.

If the model is discontinued the participant must notify the employer.

**Neither asset allocation nor diversification guarantees a profit or protects against a loss in a declining market. They are methods used to help manage investment risk.**