

Authorized Cooperative/Employer Representative Form



Homestead
Funds

Cooperative/Employer: Use this form to designate which individuals are authorized to act on your behalf for deferred compensation and/or short-term incentive and retention program for employees accounts. Changes to signers for corporate accounts must be updated on the Entity Authorization Form or trustees for FAS-106 accounts on the FAS-106 Maintenance Form at homesteadadvisers.com.

Homestead Funds will act on written transaction and maintenance instructions only when they are signed for by an authorized cooperative/employer representative named on this form. If multiple representatives are listed on this form, only one signature is required to act.

Sending forms to NRECA will delay processing. Return your completed form to:

Regular Mail

Homestead Funds
c/o of Ultimatus Fund Solutions, LLC
P.O. Box 46707
Cincinnati, OH 45246

Overnight Mail

Homestead Funds
c/o of Ultimatus Fund Solutions, LLC
225 Pictoria Drive
Suite 450
Cincinnati, OH 45246

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. Account Registration

This section needs to be completed with the Cooperative/Employer's information only.

Cooperative/Employer's Name

Tax Identification Number

Cooperative/Employer's Residential Street Address

City

State

Zip Code

We must receive the original signed document for signature verification. Keep a copy for your records.

2. Account Types

Check which account types to add Authorized Employer Representatives to:

Account types: ☐ Deferred Compensation ☐ Short-Term Incentive and Retention Program for Employees

3. Designating Authorized Cooperative/Employer Representatives

By signing this form, I certify that:

- I have received, read and agree to the terms of the prospectus for the funds in which the cooperative/employer is investing. I have the authority and legal capacity to purchase mutual fund shares on behalf of my cooperative/employer and am of legal age in my state and believe such investment is suitable for my organization.
- The cooperative/employer has received, read and completed an applicable Program Document and election form (deferred compensation only), which set forth the terms and/or conditions of the cooperative/employer's participation in the program and/or plan.
- I understand that it is the cooperative/employer's responsibility to determine that all requests are in compliance with the program and/or plan's provisions.
- I understand that it is the cooperative/employer's responsibility to keep the list of authorized cooperative/employer representatives current.

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3. Designating Authorized Cooperative/Employer Representatives (continued)

- I understand that I may not authorize requests on accounts for which I am the beneficiary (except deferred compensation phone exchanges when allowed).
- The cooperative/employer authorizes Homestead Funds, Ultimus Fund Solutions, their agents and affiliates to act on any instructions believed to be genuine for any service authorized by the cooperative/employer on this form and agrees that they will not be liable for any resulting loss or expense to the cooperative/employer resulting from such reliance.
- The cooperative/employer authorizes Homestead Funds to provide account information to NRECA if electing Consulting Services for Deferred Compensation accounts.
- The tax identification number shown in Section 1 of this form is correct.

Signature of Authorized Cooperative/Employer Representative

Title

Print Name

Date (mm/dd/yyyy)
 / /

Signature of Authorized Cooperative/Employer Representative

Title

Print Name

Date (mm/dd/yyyy)
 / /

Signature of Authorized Cooperative/Employer Representative

Title

Print Name

Date (mm/dd/yyyy)
 / /

The Authorized Cooperative/Employer Representatives named on this form will replace any Authorized Cooperative/Employer Representatives currently on file.

4. Cooperative/Employer Authority Signature

I authorize the individuals named in **Section 3** to act on behalf of the cooperative/employer for the accounts.

Signature of General Manager,
CEO or other Cooperative/Employer Authority

Title

Print Name

Date (mm/dd/yyyy)
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