# FAS 106 Distribution Request Form



Use this form to request a distribution of assets invested in Homestead 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

**Note:** Distributions over \$500,000 must be returned by mail for processing.

If you have a question, 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.

We must receive the original signed form if the distribution amount is over \$500,000. Be sure to sign this form in Section 5.

1. Ownership				
Tell us how the account is currently registered.				
Cooperative/Organization Name		Sta	te	
Trust Tax Identification Number	Daytime Tele	phone Numbe	r (in case we hav	ve questions)
		·		
2. Distribution Instructions				
I hereby direct the following distribution from:				
Account Number				
Account Number				
Check one:				
Total Distribution/Account Termination (will dist	ributa 100% of a	aggunt )		
Total Distribution/recount Termination (win dist	110010 100% 01 8	iccount.)		
Pro Rata Partial Distribution of \$				
Taken proportionally from the funds within this acc fund is estimated based on the prior night's closing	ount number. value.	. The amount t	o distribute fro	om each
Partial Distribution				
Distribute from:				
Daily Income Fund (168)	\$		or	%
Short-Term Government Securities Fund (170	)) \$		or	%
Intermediate Bond Fund (171)	\$		or	%
Short-Term Bond Fund (172)	\$		or	%
Stock Index Fund (174)	\$		or	%
Value Fund (176)	\$		or	%
Small-Company Stock Fund (178)	\$		or	%
	<b>-</b>			
International Equity Fund (180)	\$		or	%
Growth Fund (182)	\$		or	%

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### **Payment Method**

 $Complete \, \textbf{Section} \, \textbf{A} \, \text{if you want your distribution to be mailed to you by check.} \, Complete \, \textbf{Section} \, \textbf{B} \, \text{if you}$ 

want your dis	tribution to be electronically transferred to your ba	nk account.	
A. Pape	r Check		
Regular	nail to address of record (default option)		
	d mail to address of record e will be withheld from the distribution. Typically tal	kes 2-3 days from your request.	
B. Banl	Transfer		
	asfer to bank account on record takes 3 business days to receive your money.		
A \$15 w	transfer to bank account on record re fee will be withheld from the distribution. Check wire fees they may charge you.	with your financial institution for any	
	ACH Fed Wire		
	Name of Financial Institution	Name on Account	
	Routing/ABA Number	Account/DDA Number	
4. Cost	Basis Election – Taxable Accounts Only		Any changes made here will replace your
Complete this section if you want to change your cost basis method.			current accounting
Please choose one of the following available methods:			method for all covered shares in your account.
<b>Average Cost</b> — the purchase price of all covered shares in the account are averaged			
First In,	First Out — depletes shares beginning with the e	arliest acquisition date	
Last In,	First Out — depletes shares beginning with the m	ost recent acquisition date	
High Cos	${f t}$ — depletes shares beginning with the most exp	ensive shares	
Low Cos			
Specific Lot Identification — depletes shares according to the lots chosen by the shareholder. FIFO will be used for shares withdrawn due to a systematic withdrawal plan and in cases where the lots you designate are insufficient or unavailable.			

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# **FAS 106 Distribution Request Form**



## 5. Trustee Signature

By signing this form, I certify that:

- $\,\blacksquare\,$  I am a Trustee and I have the full right, power and authority to request this plan distribution.
- I understand that it is the cooperative's/organization's responsibility to determine that all transaction requests are in compliance with the trust's provisions.
- The cooperative's/organization's Taxpayer Identification Number is correct.

Signature of Trustee	
Print Name	Date (mm/dd/yyyy)

### **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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