Individual Retirement Account (IRA) Recharacterization/Excess Contribution Removal Form

Homestead
Funds

Use this form to request an IRA Recharacterization or Excess Contribution Removal or Reallocation.

Return your completed form to:

Regular Mail	**Overnight Mail**	**Fax**
Homestead Funds	Homestead Funds	877-513-0756
c/o of Ultimus Fund Solutions, LLC	c/o of Ultimus Fund Solutions, LLC	
P.O. Box 46707	225 Pictoria Drive	
Cincinnati, OH 45246	Suite 450	
	Cincinnati, OH 45246	

1. Ownership

Be sure to sign your completed form **(Section 4)**

Account Owner/Minor's First Name

Middle Initial

Last Name

Social Security Number

Daytime Telephone Number (in case we have questions)

Address of Record

City

State

Zip Code

◆ If a Minor's Account

Custodian's First Name

Middle Initial

Last Name

Social Security Number

Daytime Telephone Number (in case we have questions)

2. Recharacterization Instructions

Funds from a recharacterization or excess removal will be transferred into the same fund(s) that they are recharacterized or removed from.

Recharacterize My Contribution

Recharacterize my contribution of $ _____ for tax year _____ to:

☐ A new Traditional or Roth IRA *(Complete and enclose an IRA or Roth IRA New Account Form)*

☐ My existing Traditional or Roth IRA, account number: _____

NOTE: Earnings may be negative, reducing the amount withdrawn.

Important: Federal and State taxes will not be withheld when recharacterizing contributions.

Individual Retirement Account (IRA) Recharacterization/Excess Contribution Removal Form

Homestead Funds

3. Excess Contribution Removal or Reallocation Instructions

Removal of Excess Contributions Plus Earnings

In what year was the contribution made?

☐ Current Year   ☐ Prior Year

Excess Contribution Amount: $ _____

NOTE: Earnings may be negative, reducing the amount withdrawn.

Reallocation of Excess Contribution:

☐ Apply excess contribution towards tax year _____ and refund earnings (if applicable)

☐ Apply both excess contribution and earnings (if applicable) towards tax year _____ .
Cannot exceed contribution limits.
NOTE: We are unable to apply excess contribution towards prior year contribution after tax filing deadline has passed.

Check one:

☐ I wish to withdraw the requested amount based on my pre-selected asset allocation model.

☐ I wish to withdraw the requested amount proportionately across all investments.

☐ I wish to withdraw the requested amount from my investments as indicated in the chart below.

*If no election is made we will withdraw the requested amount proportionately across all your investments.

Fund Name:	Amount:
Daily Income Fund (168)	$ _____
Short-Term Government Securities Fund (170)	$ _____
Intermediate Bond Fund (171)	$ _____
Short-Term Bond Fund (172)	$ _____
Stock Index Fund (174)	$ _____
Value Fund (176)	$ _____
Small-Company Stock Fund (178)	$ _____
International Equity Fund (180)	$ _____
Growth Fund (182)	$ _____
Total	$ _____

4. Signature

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

Owner/Custodian's Signature _____

Date (mm/dd/yyyy) ____ / ____ / _____

05/2025