Online Account Access Request Form



This form is used to request online access for cooperative and company accounts, including cooperative-level access for deferred compensation accounts and intermediary accounts. It can also be used to request the removal of online access users. The cooperative is responsible for maintaining records of users and processing their removal as needed.

Different account types offer varying online capabilities. With online access:

- Cooperative and company users can view accounts created under the requested tax identification number, and they may be able to conduct transactions for certain account types.
- Intermediary users will have view-only access.

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. Access Level

Check one:

Cooperative/Company		
Intermediary		
Fund Dealer Branch Rep		
Access requested for the intermediary will allow permission to view accounts online for all accounts under the intermediary's BIN. Each intermediary representative that requires access must complete separate form.		

2. Account Information

Cooperative/Company Tax ID or Intermediary Name

Cooperative/Company or Intermediary BIN

Specific Account Numbers for Requested Access

(if you are requesting cooperative/company or intermediary access, only list one account number under the cooperative/company tax identification number or intermediary BIN) Online credentials usually established within 48 hours. A representative will contact the user at the provided phone number to provide login details. If the user cannot be reached, an email will be sent with instructions to call 800-258-3030 option 1 to obtain login credentials.

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3. Contact Information		
Requestor's Name	Requestor's Title	
Contact Telephone Number		
Desired User ID Your user name must have between 6 and 12 characters special characters [!@#\$%^&*.]. Secret Question: What city were you born in? (Required for Account Set-up)		User ID will not be assigned if registered by another user. In this case, we will assign you a User ID.
Contact Email Address		
I/We hereby authorize Ultimus Fund Solutions, LLC, the t internet access for the above registered requestor. Requestor's Signature	transfer agent for the Fund, to initialize Date (mm/dd/yyyy)	
4. Online Access Removal User Name	User ID	
User Email Address		
User Name	User ID	
User Email Address		
User Name	User ID	
User Email Address		

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5. 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)			
INTERNAL USE				
The above User Name and Initial Password were given to the registered representative noted.				
Given by Sent via: Secure Email Fax	Date (mm/dd/yyyy)			

Additional comments: