

# Short-Term Incentive and Retention Program for Employees Distribution Form



**Homestead**  
Funds

Use this form to request a distribution of assets invested in Homestead Funds.  
It is the cooperative/employer's responsibility as program administrator to verify distribution eligibility.

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 about the form, call us at 800.258.3030.  
For information about Homestead Funds or a particular account contact us at the toll-free number above.

## 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. Program Participant's Information

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

Program Participant's First Name

Middle Initial

Last Name

Program Participant's Account Number (Mandatory)

Social Security Number

We must receive the original signed form if the distribution amount is over \$500,000. Keep a copy for your employer's records.

Distribution requests received in good order will be processed. Homestead Funds is not responsible for checking vesting dates or distribution eligibility. It is the responsibility of the cooperative as program administrator to ensure the participant is eligible to take the distribution requested.

### Need Help?

Homestead Funds client service associates are available on weekdays from 8:30 a.m. to 5:00 p.m. E.T.

Call **1.800.258.3030**

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## 2. Distribution Instructions

Check one distribution option:

- ☐ **Total distribution sent immediately.** 100% of the account will be distributed immediately.
- ☐ **Partial distribution of \$** \_\_\_\_\_ **plus any earned income to date in the account.**
- ☐ **Split Distribution.** Use this option to redeem a portion of the distribution assets to the cooperative and purchase the remaining account into a Homestead Funds account established in the participant's name.
- ☐ **Split Total Distribution**  
Select Split Total Distribution if 100% of the assets are being redeemed.
- ☐ **Split Partial Distribution**  
Select Split Partial Distribution if some of the funds will remain in the Incentive/retention program account.

**You must complete both instructions below:**

Take \_\_\_\_\_ % from the distribution amount and send to the cooperative. This may be used to fulfill tax obligations

Purchase the remaining distribution amount into the participant's Homestead Funds account # \_\_\_\_\_.

Homestead Funds will process all requests received in good order and is not responsible for checking program eligibility, distribution eligibility, vesting dates, or any other program administration related information. Consult your program documents to ensure compliance with your program's requirements.

To process the split distribution option the participant must have an existing Homestead Funds account in their name. If they do not have an account, please have them establish an account prior to submitting the distribution paperwork. If they need assistance establishing an account, they can receive assistance at 800.258.3030, option 2.

## 3. Distribution Payment Instructions

Tell us how to process the distribution. For all options in **Section 2** the distribution proceeds are made payable to the cooperative/employer and mailed to the cooperative/employer's address or sent by ACH if the cooperative/employer's bank instructions are on file. For the split distribution option in **Section 2**, the percentage specified will be sent to the cooperative/employer and the remaining account balance will be purchased into a Homestead Funds account in the participant's name. The cooperative/employer is responsible for any tax withholding and reporting.

Check one distribution method:

- ☐ Send proceeds by check to cooperative/employer.
- ☐ Send proceeds by ACH transfer to cooperative/employer (must have bank instructions on file).

## 4. Authorized Cooperative/Employer Representative Signature

By signing this form, I certify that:

- I am an Authorized Cooperative/Employer Representative and I have the full right, power and authority to request this program distribution.
- I understand that it is the cooperative/employer's responsibility to determine that all transaction requests are in compliance with the program's provisions.
- I understand that I cannot authorize distributions on accounts for which I am the beneficiary.
- The cooperative/employer's Taxpayer Identification Number is correct.
- I understand that it is the cooperative/employer's responsibility to issue any Internal Revenue Service tax forms related to Short-Term Incentive and Retention Program for Employees distributions.
- I understand that investments into these accounts must be distributed within five years of the date of investment.

This form must be signed by one of the Authorized Cooperative/Employer Representatives on file with Homestead Funds.

Signature of Authorized Cooperative/Employer Representative

Title

Print Name

Date (mm/dd/yyyy)

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