

Use this form to claim assets if you are a beneficiary of a Transfer-on-Death (TOD) account and the account owner(s) is deceased. You must submit a taxable account application along with this form to claim assets. Your signature on this form must be authenticated with a Medallion Signature Guarantee Stamp in **Section 6**.

Return your completed form to Homestead Funds by mail 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

1. Deceased Shareholder's Information

Please provide information for the deceased shareholder:

Deceased's First Name	Middle Initial	Last Name
Deceased's Date of Birth (mm/dd/yyyy)	Deceased's Date of I	Death (mm/dd/yyyy)

2. Claiming Assets

As a duly designated beneficiary (named beneficiary, trust or estate) on the accounts for the deceased shareholder listed in **Section 1**, I am requesting transfer of ownership of the assets that I am entitled to as follows:

Check one:

I would like to claim my portion of the assets for <u>all</u> TOD accounts under the Social Security Number listed in **Section 1.**

I would like to claim my portion of the assets for only the deceased shareholder's TOD accounts listed below.

Account Number	Account Number	
Account Number	Account Number	
Account Number	Account Number	
Account Number	Account Number	
Account Number	Account Number	

If you have a question about this 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.

This form can only be used to claim Transfer-on-Death (TOD) account assets for which you are a listed beneficiary.



Beneficiary Information 3.

You must complete Section A or B completely. Complete Section A if you are a listed beneficiary. Complete Section B if a Trust or Estate was listed as a beneficiary. Complete Section C if you are aware of any other beneficiaries that have predeceased the shareholder. If you are a secondary beneficiary you must complete Section C with the information of the primary beneficiary(s).

A. Named Beneficiary	lf you are a secondary beneficiary you must	
Beneficiary's First Name Middle Initial L	Last Name	complete Section C with the information of the primary beneficiary(s).
Beneficiary's relationship to the deceased shareholder:	Spouse Non-spouse	,
Daytime Telephone Number (in case we have questions)		
B. Trust/Estate Beneficiary		
Name of Trustee or Personal Representative	Date of Trust (if applicable)(mm/dd/yyyy)	
Daytime Telephone Number (in case we have questions		
C. Deceased Beneficiary Information (if applical	ble)	
Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy) /	
Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy) /	
Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy) /	
Beneficiary's Name	Beneficiary Date of Death (mm/dd/yyyy) /	



4. Beneficiary Distribution Instructions

You must complete this section to tell us how you want us to distribute your portion of the assets.

A. Distribution Options (Mandatory)

Check one of the options below:

Transfer assets to a taxable account in my name.

Indicate whether assets will transfer to a new or existing account.

New taxable Account. You will also need to complete the appropriate account application.

Existing account Number. Sha

Shares will be transferred in kind.

Distribute 100% of my portion of the account assets. (Complete Section B).

You will also need to provide a completed taxable account application. Typically this will be an Individual or Joint Account Application. If required by the respective state of the deceased shareholder's residence, an **Inherited Tax Waiver** may also be required (please check with your tax advisor to determine if this is required).

B. Payment Instructions (if applicable)

Only complete this section if you chose to distribute 100% of your portion of the account assets in **Section A.**

Tell us how you would like to receive your distribution proceeds.

Check one:

Send check payable to the TOD beneficiary at the address listed on the included application.

Send proceeds by ACH transfer to the TOD beneficiary bank account listed on the included application.

For unique circumstances please contact us.

Be sure to sign this form in Section 5 and have your signature verified with a Medallion Signature Guarantee Stamp in Section 6.



5. Signature and Affirmation

I affirm that there are no known disputes or competing claims that would affect the transfer of ownership I have requested. In consideration for processing this request, I agree to indemnify Homestead Funds, Inc., RE Advisers Corporation, RE Investment Corporation, and Ultimus Fund Solutions, Inc. and each such party's successors and assigns with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

Under penalty of perjury, I hereby attest the above facts are true and correct.

I have enclosed a taxable account application. (Generally this will be an Individual or Joint Account Application but it could be different depending on the beneficiary named on the TOD account.)

Date (mm/dd/yyyy)

Signature of Beneficiary/Trustee/Personal Representative

 $Capacity \ (example: Trustee/Personal \ Representative/Beneficiary)$

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).	Medallion	Signature	Guarantee ((MSG)	Stamp	

Homestead Funds requires a special type of signature guarantee called a Medallion Signature Guarantee (MSG) Stamp. Some financial institutions such as banks, broker-dealers, and credit unions issue them and typically charge a nominal fee for this service. We understand that obtaining a MSG Stamp is sometimes inconvenient. However, it is an important way for us to protect you against fraud.

The surety-value of the MSG Stamp amount must be equal to or greater than the amount of your requested transaction. **We will not accept a guarantee from a notary.**

Medallion Signature Guarantee

Be sure to sign this form. We cannot act on your instruction without your signature. This form must have a Medallion Signature Guarantee Stamp in Section 6.

