

Use this form to open a trust account with Homestead Funds. Include a copy of the first page (not cover sheet) and signature page of the trust agreement or a certificate of incumbency when returning this application.

Return your completed application 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

Before completing this application, see the prospectus, which is available at homesteadadvisers.com. If you have any questions, call us at 800.258.3030.

Important Notice — The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

1. Trust Information

The USA Patriot Act requires mutual funds to collect identification information, including birth date, for all account owners. We cannot process your application if this information is not provided. Homestead Funds does not accept accounts registered to foreign individuals or entities, including foreign correspondent accounts.

Be sure to sign your completed form (Section 12).

| Name of Trust | |
|--|--------------------------------------|
| Taxpayer Identification Number | Date of Trust Agreement (mm/dd/yyyy) |
| You must check one box below The trust is a personal trust. | |
| The trust is a business trust. | |
| | |

If you marked that the trust is a business trust or the trust was formed by filing with a state, you must also complete and return an Entity or Trust Account Authorization Update Form along with the Trust Account Application. The form is available at homesteadadvisers.com.

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| 2. Trustee Information | | | If there are additional Trustees, photocopy this |
|--|-------------------------------|-----------|---|
| Trustee's First Name | Middle Initial | Last Name | page and provide all the information requested for each additional person. |
| Social Security Number Date | of Birth (mm/dd/yyyy) | | Each Trustee must sign the application in Section 12 . |
| Check one: | | | |
| U.S. Citizen U.S. Resident | | | You must provide a valid email |
| Email address | | | address. All trustees will use the email address listed on |
| | | | the application to create their |
| Daytime Telephone Number (in case we h | ave questions) | | online account log-in. No personal information will be sent to the email address. |
| Co-Trustee's First Name | Middle Initial | Last Name | |
| Social Security Number Date | of Birth (mm/dd/yyyy) | | |
| | / / / | | |
| Check one: | | | |
| U.S. Citizen U.S. Resident | | | |
| Daytime Telephone Number (in case we h | ave questions) | | |
| Co-Trustee's First Name | Middle Initial | Last Name | |
| Social Coounity Number Data | of Dinth (/11/) | | |
| Social Security Number Date | of Birth (mm/dd/yyyy) / / / / | | |
| Check one: | | | |
| U.S. Citizen U.S. Resident | | | |
| Daytime Telephone Number (in case we h | ave questions) | | |

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A P.O. Box will not be accepted as a street address. A rural route, APO or FPO address will

be accepted.

| 3. Address | | | |
|---|-------------------|-----------------|-------------------------------------|
| Trustee's First Name | Middle Initial | Last Na | ıme |
| | | | |
| Trustee's Residential Street Address | | | |
| City | | State | Zip Code |
| | | | |
| Co-Trustee's First Name | Middle Initial | Last Na | ume |
| Co-Trustee's Street Address | | | |
| CI. | | | g: a l |
| City | | State | Zip Code |
| Co-Trustee's First Name | Middle Initial | Last Na | nme |
| Co-Trustee's Street Address | | | |
| City | <u> </u> | State | Zip Code |
| If you want account correspondence s residential street address | sent to an addres | ss other than | the Trustee's |
| Mailing Address (Your mailing address may | be a P.O. Box) | | |
| City | | State | Zip Code |
| | | | |
| 4. Online Access and Electro | nic Delivery | | |
| If you have existing Homestead Funds a so you may view this account under you below. You are able to receive electronic receiving them by mail. | r current log-in. | If you do not v | vant this option, you may opt out |
| Check to Opt Out | | | |
| I DO NOT want to view this account | online under my | current Hon | nestead Funds log-in. |
| Check to Opt In | | | |
| I elect to receive notification of the | following checke | d fund docum | nents electronically. |
| Trade Confirmations Qu | uarterly Account | Statements | Prospectus & Shareholder Reports |

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keep the same fund selections, please check here.



| 5. Investment Amount | | | |
|--|-------------------------|----------------------------------|---------------------------|
| Write in the amount of your initial investment. | | | |
| Γotal Dollars (\$500 minimum) | | | |
| \$ | | | |
| ndicate method of investment. Check one: | | | |
| By check We accept checks with preprinted name and addonot accept third party checks, credit card corcash equivalents (including money orders, trave | nvenience checks, bai | nk account starter ch | Funds. We ecks, cash o |
| By ACH transfer Upon receipt of this application, we will initiate a indicate in Section 11 . | an electronic funds tra | ansfer from the accou | ınt you |
| By wire transfer Call us at 800.258.3030 for transfer instruction | ons. | | |
| From a Homestead Funds pre-existing accoun This option is used when inheriting or transferring | | | |
| | 0 | | |
| 6. Fund Selections | | | |
| | | | |
| ndicate how the amount in Section 5 should be al | | or | |
| ndicate how the amount in Section 5 should be al Daily Income Fund (168) | located. | | |
| ndicate how the amount in Section 5 should be al Daily Income Fund (168) Short-Term Government Securities Fund (170) | located. | or | |
| ndicate how the amount in Section 5 should be al Daily Income Fund (168) Short-Term Government Securities Fund (170) ntermediate Bond Fund (171) | located. \$ | or or | |
| Indicate how the amount in Section 5 should be all Daily Income Fund (168) Short-Term Government Securities Fund (170) Intermediate Bond Fund (171) Short-Term Bond Fund (172) | located. \$ \$ \$ | or or or | |
| Indicate how the amount in Section 5 should be all Daily Income Fund (168) Short-Term Government Securities Fund (170) Intermediate Bond Fund (171) Short-Term Bond Fund (172) Stock Index Fund (174) | located. | or or or or | |
| ndicate how the amount in Section 5 should be all 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) | located. | or or or or or | |
| 6. Fund Selections Indicate how the amount in Section 5 should be all 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) | s | or or or or or or or or or | |
| Indicate how the amount in Section 5 should be all 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) | located. | or | |

If you are opening you new account with a check, wire or ACH transfer, complete this section. If you are funding your account only by establishing the Automatic Investment Plan, you may skip to Section 7.

If you are investing by ACH there is a maximum daily investment amount of \$100,000 per account. There is no daily maximum if you are investing by check or wire.

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7. Automatic Investment Plan

In addition to or instead of providing an initial investment in **Section 5**, you may elect to fund your account by making regular investments transferred directly from your bank account (complete **Section A**) or paycheck (complete **Section B**).

| A. ACH transfer from Bank Account | | | | | Complete this section to sign up for the Automatic |
|---|---------------------------|---------------------|--------------|------|---|
| Amount to transfer \$ | | | | | Investment Plan and have money moved regularly fron your bank account to your |
| Transfer frequency: Monthly Quarterly Semi-annual | ly Annually | | | | fund account. You must also complete Section 11 . |
| First Purchase (mm/dd/yyyy) — Your automatic purchases business day if the market is closed on your specified day. If you days, the system will schedule the last business day of the mon | u select the 29th, 30th o | | | | |
| Indicate how the amount above should be allocated. | | | | | |
| 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 | | % | |
| International Equity Fund (180) | \$ | or | | % | |
| Growth Fund (182) | \$ | or | | % | |
| Total (Must match amount above.) | \$ | or | 100 | % | |
| B. Payroll Deduction | | | | | Complete this section to se up an account for receipt |
| Select the funds you will be investing in. You do not | need to indicate the | investment amou | nt at this t | ime. | of payroll deductions to |
| Daily Income Fund (168) | Value Fund (1 | 76) | | | be sent by your employer. We will mail your new |
| Short-Term Government Securities Fund (170) | Small-Compa | any Stock Fund (178 | 3) | | account numbers and other information you will need |
| Intermediate Bond Fund (171) | Internationa | Equity Fund (180) | | | to provide to your payroll |
| Short-Term Bond Fund (172) | Growth Fund | (182) | | | office to initiate deposits. |
| Stock Index Fund (174) | | | | | |

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| 8. Dividends and Capital Gains | | |
|---|---|--|
| All distributions will be automatically reinvested in election here. | your fund account unless you make a different | |
| Dividends and Short-Term Capital Gains: Lo | ong-Term Capital Gains: | |
| Pay by Check Sent to Address of Record | Pay by Check Sent to Address of Record | |
| Pay by Direct Deposit to Bank Account You must also complete Section 11. | Pay by Direct Deposit to Bank Account You must also complete Section 11 . | |
| 9. Cost Basis Election | | Please consult your tax advisor to determine which |
| Homestead Funds will report cost basis information to Service (IRS) on mutual fund shares acquired and subs order to deliver this service to you, we ask that you sele account. If you do not elect a method, our default meth | equently redeemed after January 1, 2012. In ect a cost basis accounting method for your new | cost basis accounting method best suits your individual tax situation. |
| Please choose one of the following available methods: | | If we cannot determine you |
| Average Cost — the purchase price of all covered s | shares in the account are averaged | election method, you will be defaulted to Average Cost. |
| First In, First Out — depletes shares beginning wi | th the earliest acquisition date | |
| Last In, First Out — depletes shares beginning wit | th the most recent acquisition date | |
| High Cost — depletes shares beginning with the m | nost expensive shares | |
| Low Cost — depletes shares beginning with the lea | ast expensive shares | |
| Specific Lot Identification — depletes shares accommile will be used for shares withdrawn due to a systematic you designate are insufficient or unavailable. | | |
| 10. Phone Services | | Please note that for phone purchases we must |
| We will act on your instructions to exchange or sell sha of those services below. If you have bank instructions of for most account types. | | have bank instructions on file. Complete Section 11 . |
| Neither Homestead Funds nor the Transfer Agent w instructions believed to be genuine. | rill be liable for properly acting upon telephone | |
| I DO NOT want to make exchanges and distribution | ns by phone. | |

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11. Bank Information

By completing this section, you authorize Homestead Funds to deduct money from your bank account via ACH to purchase shares into your Homestead Funds account and to send redemption proceeds via wire or ACH to your bank account of record.

Be sure to complete this section if you:

- Elected to send your investment by ACH transfer (Section 5)
- Signed up for the Automatic Investment Plan and chose to have money moved by ACH transfer from your bank account (Section 7)
- Elected to have distributions deposited directly in your bank account (Section 8)
- Want the option of having redemption proceeds deposited directly in your bank account

Account type. Check one: Checking

Savings



Attach voided check here.

Check this box if you wish to use your initial purchase check enclosed with this application to establish banking instructions instead of including an additional voided check.

Your request cannot be processed without a voided check or deposit slip for the account you wish to designate as your bank account of record unless you opt for us to use your initial purchase check.

Checks must be preprinted with your name and address. At least one common name must match exactly between your Homestead Funds and bank account. We do not accept starter checks. If you do not have a preprinted check please include a letter from your bank, on their letterhead, confirming your bank account registration, account number and routing number.

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12. Certifications and Signatures

By signing this application, I represent and warrant that:

- (a) I have the full right, power and authority to make the investment applied for and I am of legal age in my state of residence. I certify that the Taxpayer Identification Number and tax status set forth in the application are correct.
- (b) I have read the Homestead Funds prospectus and this application and agree to the terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Funds' prospectus as revised from time to time. The Homestead Funds prospectus is available at homesteadadvisers.com or by calling 800.258.3030.
- (c) I acknowledge that under certain circumstances, if no activity occurs in an account within a time period specified by state law, my shares in Homestead Funds may be transferred to the state (i.e. escheated). I may consult my state's website or call my state government's escheatment customer service number for more details.
- (d) I am a U.S. citizen or resident, or a representative of a U.S. entity, I certify, under penalty of perjury that:
 - (1) The Social Security or Employer Identification Number shown on this form is my correct Taxpayer Identification Number
 - (2) I am not subject to backup withholding because:
 - I am exempt from backup withholding, OR
 - I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend. OR
 - The Internal Revenue Services has notified me that I am no longer subject to backup withholding (Strike out this item (2) if you have been notified that you are subject to backup withholding)

Check this box to confirm that you have included the first page (not coversheet) and signature page

Each trustee must sign below.

| Trustee's Signature | Date (mm/dd/yyyy) |
|--|-------------------|
| | / / / |
| Co-Trustee's Signature (if applicable) | Date (mm/dd/yyyy) |
| | / / / |
| Co-Trustee's Signature (if applicable) | Date (mm/dd/yyyy) |
| | / / / |

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

If this is a business trust or the trust was formed by filing with a state, you must also complete and return the Entity Authorization Update Form. The form is available at homesteadadvisers.com.

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