

Education Savings Account Application



Use this form to open a Coverdell Education Savings Account with Homestead Funds. Please print neatly in blue or black ink. If you have a question about the application, call us at **1-800-258-3030**. For complete information about Homestead Funds and services, see the prospectus.

Return your completed application to Homestead Funds using the postage-paid envelope provided or mail to:

REGULAR MAIL

Homestead Funds
c/o BFDS
P.O. Box 219486
Kansas City, MO 64121-9486

OVERNIGHT MAIL

Homestead Funds
c/o BFDS
330 W. 9th Street
1st Floor
Kansas City, MO 64105-1514
Attn: Shareholder Services

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.

 **Be sure to sign your completed form (section 9).**

1. Ownership

The USA Patriot Act requires mutual funds to collect identification information, including birth date. We cannot process your application if this information is not provided.

A. Student

First Name	Middle Initial	Last Name
Social Security Number		Birth Date (mm/dd/yyyy)

Check one: U.S. Citizen Resident Alien

Check if a "special needs" student.

B. Parent or Guardian (list only one individual)

Parent/Guardian's First Name	Middle Initial	Last Name
Parent/Guardian's Social Security Number		Parent/Guardian's Birth Date (mm/dd/yyyy)

Check one: U.S. Citizen Resident Alien

Check one: Mother Father Guardian (Provide proof of guardianship.)

C. Donor (if different than parent or guardian)

Donor's First Name	Middle Initial	Last Name
Donor's Social Security Number		

Check one: U.S. Citizen Resident Alien

2. Address

A P.O. Box will not be accepted as a street address. A rural route, APO or FPO address will be accepted.
Provide the student's residential street address.

City	State	ZIP
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Provide the parent's residential street address.

City	State	ZIP
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Provide the donor's residential street address if donor is different than parent.

City	State	ZIP
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Parent or Donor's Daytime Phone (In case we have a question about this application.)

If you want account correspondence sent to an address other than the student's street address, give us your mailing address. Your mailing address may be a P.O. Box.

City	State	ZIP
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3. Funding Source

Tell us how you are funding this new account. If you are opening your new account with a check or transferring from another Education Savings Account custodian, complete this section. If you are funding your new account only by establishing the Automatic Investing Plan, you may skip to section 5.

We accept personal checks with preprinted name and address made payable directly to Homestead Funds. We do not accept third-party checks, credit card convenience checks, bank account starter checks, cash or cash equivalents (including money orders, traveler's checks, cashier's checks or bearer bonds). All purchases must be in U.S. dollars.

Check one:

- Annual contribution.** Each student may receive a total of \$2,000 in Education Savings Account contributions annually.

Total dollars \$ (\$200 minimum)

Indicate whether this is a contribution for the prior or current tax year. If no tax year is specified, your contribution will be deemed a current-year contribution.

- Prior-year contribution _____ tax year (yyyy)
You have until the tax-filing deadline to make a prior-year contribution.
- Current-year contribution _____ tax year (yyyy)

Indicate method of investment.

- By check.
- By ACH transfer. Upon receipt of this application, we will initiate an electronic funds transfer from the account you indicate in section 8, Bank Information.
- Transfer from existing Education Savings Account custodian.** Also complete an IRA and ESA Transfer Form, available at www.homesteadfunds.com.

4. Fund Selections

Indicate how the amount above should be allocated by fund. If you are opening this new account with a check or transferring from another Education Savings Account custodian, complete this section. If you are funding your new account only by establishing the Automatic Investing Plan, you may skip to section 5.

Daily Income (168).....	\$ _____ or _____%	Value (176).....	\$ _____ or _____%
Short-Term Gov. (170).....	\$ _____ or _____%	Small-Company (178).....	\$ _____ or _____%
Short-Term Bond (172).....	\$ _____ or _____%	International Value (180).....	\$ _____ or _____%
Stock Index (174).....	\$ _____ or _____%	Growth (182).....	\$ _____ or _____%
		Total	\$ _____ or 100%

(Must match amount from section 3.)

5. Automatic Investing Plan

In addition to or instead of sending a check with this application, you may elect to fund this Education Savings Account by making regular investments transferred directly from your bank account or paycheck. Complete this section to establish that service. Contributions made automatically are considered current-year contributions for the year in which they are received. Check with the parents before funding this account to make sure the student will not exceed his/her annual contribution limit.

Indicate method of investment. Check one:

- ACH Transfer from Bank Account.** Complete this section to sign up for the Automatic Investing Plan and have money moved regularly from your bank account to this Education Savings Account. You must also complete section 8, Bank Information.

Amount to transfer \$

Transfer frequency Check one: monthly quarterly semi-annually annually
 Transfers will be made on or about the 20th of the month.

First purchase (mm/yyyy) _____

Indicate how the amount transferred should be allocated by fund.

Daily Income (168).....	\$ _____	Value (176)	\$ _____
Short-Term Gov. (170)	\$ _____	Small-Company (178)	\$ _____
Short-Term Bond (172).....	\$ _____	International Value (180) \$	_____
Stock Index (174).....	\$ _____	Growth (182)	\$ _____
		Total dollars.....	\$ <input type="text"/>

(Must match transfer amount above.)

- Payroll Deduction.** Complete this section to set up an account for receipt of payroll deductions to be sent by your employer. We will mail your new account numbers and other information you will need to provide to your payroll office to initiate deposits.

Select the funds you will be investing in. You do not need to indicate the investment amount at this time.

- | | |
|--|--|
| <input type="checkbox"/> Daily Income (168) | <input type="checkbox"/> Value (176) |
| <input type="checkbox"/> Short-Term Gov. (170) | <input type="checkbox"/> Small-Company (178) |
| <input type="checkbox"/> Short-Term Bond (172) | <input type="checkbox"/> International Value (180) |
| <input type="checkbox"/> Stock Index (174) | <input type="checkbox"/> Growth (182) |

6. Telephone and Internet Services

We will act on your instructions to buy or exchange shares by phone and/or online, unless you check the boxes below to opt out of those services.

Neither Homestead Funds nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine.

Check to Opt Out:

- I DO NOT want to be able to authorize **purchases** by phone or online.
- I DO NOT want to be able to authorize **exchanges** between identically registered accounts by phone or online.
- I DO NOT want to be able to authorize **redemptions** by phone.

7. Beneficiary Designation

Designate who should receive account assets in the event of the student's death. Assets are divided among primary beneficiaries first. If there are no surviving primary beneficiaries, assets are divided among secondary beneficiaries. Attach a separate sheet if you have more than two beneficiaries, and provide all of the information requested here for each beneficiary.

Primary Beneficiaries

Name	Relationship	Birth Date	Social Security Number	If minor, name of parent/guardian	Percent
_____	_____	___/___/___	_____	_____	____%
_____	_____	___/___/___	_____	_____	____%
					100%

Secondary Beneficiaries

Name	Relationship	Birth Date	Social Security Number	If minor, name of parent/guardian	Percent
_____	_____	___/___/___	_____	_____	____%
_____	_____	___/___/___	_____	_____	____%
					100%

8. Bank Information

Complete this section if you elected to send your investment by ACH transfer (section 3) or you signed up for the Automatic Investing Plan and chose to have money moved by ACH transfer from your bank account (section 5).

Account type. Check one:

- Checking
- Saving

Tape a voided blank check or bank deposit slip to this application. Your check or deposit slip must be preprinted with name and account information (no starter checks or cashier's checks).

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

9. Certifications and Signatures

By signing this application, the depositor certifies that...

- He or she has received, read and agrees to the terms of the Homestead Funds prospectus and the Coverdell Education Savings Account Information document, which includes the disclosure statement, custodial agreement and fee schedule. The depositor confirms receipt of the Coverdell Education Savings Account Information document at least seven days before the date inscribed below and acknowledges that he or she has no further right of revocation. This application incorporates by reference the Coverdell Education Savings Account Information document.
- He or she is a U.S. citizen or resident alien and that the Social Security Numbers provided in section 1 of this application are correct.
- If making an annual contribution to an Education Savings Account, that the student is less than 18 years old or is a "special needs" student and that all contributions made on student's behalf to this or any other Education Savings Accounts do not exceed \$2,000 in a single tax year.
- If transferring an existing Education Savings Account, that the student is less than 30 years old or is a "special needs" student.
- If this is a contribution from a corporate entity, that the depositor has the requisite authority to sign this application on behalf of such entity and that the establishment of the account and contribution thereto have been duly approved by all requisite corporate actions.
- The undersigned acknowledges that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information and certifies that the information provided above is accurate and correct.

▶ **X** _____
Signature of Parent or Guardian Date

▶ **X** _____
Signature of Donor (if different than parent) Date

▶ **X** _____
Signature of Student Date
(Required and valid only if student has obtained the age of majority in his/her state.)

If student is a minor under the laws of the student's state of residence, acceptance by the custodian of the contribution to this account is expressly conditioned upon the agreement of the parent (identified in section 1) to be responsible for all requirements of the student under the documents governing the account, and to exercise the powers and duties of the student with respect to the operation of the account. Upon reaching the age of majority in the state in which the student then resides, the student may advise the custodian in writing (accompanied by such supporting documentation as the custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the account. Absent such written notice by student, the custodian shall have no responsibility to acknowledge the student's exercise of such powers and duties of administration.