

Regular Account Application



Use this form to open a non-retirement 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 it 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 10).

1. Ownership

Complete section A, B or C completely. 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.

A. Individual or Joint

First Name	Middle Initial	Last Name
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Social Security Number	Birth Date (mm/dd/yyyy)
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Check one: U.S. Citizen Resident Alien

If a Joint Account, Joint Owner's First Name	Middle Initial	Last Name
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Joint Owner's Social Security Number	Joint Owner's Birth Date (mm/dd/yyyy)
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Check one: U.S. Citizen Resident Alien

Joint accounts will be registered as joint tenants with right of survivorship unless noted otherwise here.

B. Uniform Gift/Transfer to Minor

Minor's First Name	Middle Initial	Last Name
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Minor's Social Security Number	Minor's Birth Date (mm/dd/yyyy)	Minor's State of Residence
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Check one: U.S. Citizen Resident Alien

Adult Custodian's First Name	Middle Initial	Last Name
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Adult Custodian's Social Security Number	Adult Custodian's Birth Date (mm/dd/yyyy)
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Check one: U.S. Citizen Resident Alien

C. Entity

Entity Name	Tax Identification Number
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Check one:

- Corporation.** Attach a copy of the certified Articles of Incorporation or a copy of the corporation's business license.
- Trust.** Attach a copy of the first and signature pages of the Trust Agreement or a certificate of incumbency.

Trustee's First Name	Middle Initial	Last Name
Trustee's Social Security Number	Birth Date (mm/dd/yyyy)	Date of Trust Agreement (mm/dd/yyyy)

- Partnership.** Attach a copy of the partnership agreement.
- Plan Sponsor or Broker Dealer.** A selling agreement must be in effect.
- Other Type of Organization.** _____

Indicate if this entity is a:

- Governmental agency, instrumentality or publicly traded corporation.
Ticker symbol if a publicly traded corporation _____
- Financial institution governed by a federal regulator.
- Bank governed by a state bank regulator.
- Retirement plan covered by ERISA.

Tell us who is authorized to make investment decisions and transactions for this account. If there are multiple agents, attach a list of names and provide all of the information requested here for each person.

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

2. Address

Provide your residential street address. **A P.O. Box will not be accepted as a street address. A rural route, APO or FPO address will be accepted.** If a UGMA/UTMA account, provide the street address for the adult custodian.

Owner/Custodian/Applicant's Street Address
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City	State	ZIP
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List the joint owner's residential street address (if different than above).

Joint Owner's Street Address

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

Mailing Address/Minor's Address (if different than either above)
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City	State	ZIP
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Daytime phone (In case we have a question about your application.)

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3. Investment Amount

Write in the amount of your initial investment. If you are opening your new account with a check, wire or ACH transfer, complete this section. If you are funding your new account only by establishing the Automatic Investing Plan, you may skip to section 5.

Total dollars \$ (\$500 minimum)

Indicate method of investment. Check one:

- By check.** We accept personal and business 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.
- By ACH transfer.** Upon receipt of this application, we will initiate an electronic funds transfer from the account you indicate in section 9, Bank Information.
- By wire transfer.** Call us at 1-800-258-3030 for transfer instructions. You must also complete section 9, Bank Information.

4. Fund Selections

Indicate how the amount above should be allocated by fund. If you are opening your new account with a check, wire or ACH transfer, 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.)

Also available through Homestead Funds:
**IRA and
Education Savings Accounts.**

Call us at **1-800-258-3030**

for more information and an application

5. Automatic Investing Plan

In addition to or instead of sending a check with this application, you may elect to fund your account by making regular investments transferred directly from your bank account or paycheck. Complete this section to establish that service.

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 your fund account. You must also complete section 9, 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) \$ _____

Short-Term Gov. (170)..... \$ _____

Short-Term Bond (172) \$ _____

Stock Index (174)..... \$ _____

Value (176)..... \$ _____

Small-Company (178)..... \$ _____

International Value (180)..... \$ _____

Growth (182) \$ _____

Total dollars..... \$

(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.

Daily Income (168)

Short-Term Gov. (170)

Short-Term Bond (172)

Stock Index (174)

Value (176)

Small-Company (178)

International Value (180)

Growth (182)

6. Dividends and Capital Gains

All distributions will be automatically reinvested in your fund account unless you make a different election here.

Dividends

- Pay by Check Sent to Address of Record
- Pay by Direct Deposit to Bank Account (You must also complete section 9, Bank Information.)
- Reinvest in Different Fund Account (Accounts must be identically registered.)

Fund Name and Account Number

Capital Gains

- Pay by Check Sent to Address of Record
- Pay by Direct Deposit to Bank Account (You must also complete section 9, Bank Information.)
- Reinvest in Different Fund Account (Accounts must be identically registered.)

Fund Name and Account Number

7. Telephone and Internet Services

For individual, joint and UGMA/UTMA accounts, we will act on your instructions to buy, exchange or sell 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 or online.

8. Transfer on Death Beneficiary Designation

If you wish to have account assets transferred to named beneficiaries in the case of your death, or in the case of a joint account, the death of both account owners, complete a Transfer on Death Beneficiary Form (available at www.homesteadfunds.com) and return it with your signed application.

Transfer on death instructions can only be established for individual accounts and joint accounts registered to joint tenants with right of survivorship. Transfer on death instructions cannot be established for joint accounts registered to tenants in common or community property or for UGMA/UTMA, corporate, trust, partnership or omnibus accounts.

9. Bank Information

Be sure to complete this section if you...

- elected to send your investment by wire or ACH transfer (section 3)
- signed up for the Automatic Investing Plan and chose to have money moved by ACH transfer from your bank account (section 5)
- elected to have distributions deposited directly in your bank account (section 6)
- want the option of having redemption proceeds deposited directly in your bank account.

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.

10. 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.
- (c) If I am a U.S. citizen, resident alien 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 Service 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.)
 - (3) I am a U.S. person (including resident alien).

Each person named in the registration must sign below.

▶ X	_____	_____	_____
	Signature of Owner or Custodian	Title if a Corporate Account	Date
▶ X	_____	_____	_____
	Signature of Joint Owner (Required if a joint account.)	Title if a Corporate Account	Date

11. Checkwriting

This service is available only to Daily Income Fund investors. There is a \$100 per check minimum. Our Transfer Agent charges a nominal fee for checkbooks. Minors may not sign checks.

Sign the signature card as you will sign your checks. In signing this signature card, you agree to be subject to the rules and regulations of the State Street Bank and Trust Company as amended from time to time and subject to the conditions printed in the Homestead Funds prospectus. If a joint account, both account owners must sign below. Only one signature is required when you write a check.

_____	_____
Owner or Custodian's Name	Signature
_____	_____
Joint Owner's Name (if a joint account)	Signature