

# IRA and ESA Beneficiary Designation Form



Use this form to add or update beneficiary records for an existing Individual Retirement Account (Traditional, Roth or Rollover) or Education Savings Account. So that we can process your instructions without delay or inconvenience to you, please print neatly in blue or black ink. If you have a question about this form, call us at **1-800-258-3030**. Client service associates are available on weekdays from 8:30 a.m. to 5:00 p.m., ET.

Return your completed form 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

For complete information about Homestead Funds and services, see the prospectus.

**!** Be sure to sign your completed form (section 3).

## 1. Ownership

Tell us how the account is registered and provide your account number. See a recent statement or trade confirmation for your account number, or call us. If multiple accounts are listed, the same beneficiary designations will apply to all.

Owner's First Name	Middle Initial	Last Name
Owner's Social Security Number	Date of Birth	

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

## 2. Beneficiary Designation

Complete this section to designate who should receive account assets in the event of your 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 four beneficiaries, and provide all of the information requested here for each beneficiary.

Your most current beneficiary designations replace any previous instructions we have on file.

### Primary Beneficiaries

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

### Secondary Beneficiaries

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

For IRA account owners: If you are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your account. See your lawyer or other tax professional for additional information and advice.



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

## 3. Signature

The account owner as named in the registration must sign below. If the account owner is a minor under the laws of the minor's state of residence, a parent or guardian must also sign.

▶ **X** \_\_\_\_\_  
Signature of Account Owner Date

▶ **X** \_\_\_\_\_  
Signature of Parent or Guardian Date