

***Required Fields**

1. Account Registration

<input type="text"/>	<input type="text"/>
Participant Name*	Participant ID Number (to be completed by MMDT)
<input type="text"/>	<input type="text"/>
Account Name*	Account Number (to be completed by MMDT)
<input type="text"/>	
Attention Line*	
<input type="text"/>	
Street Address*	
<input type="text"/>	
Mailing Address* (If different from Street Address)	
<input type="text"/>	<input type="text"/>
City*	State* Zip Code*

2. Pool Selection

Pool Name	Pool Number	Dividend Distributions	Capital Gain Distributions
<input type="checkbox"/> MMDT Cash Portfolio	470	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
<input type="checkbox"/> MMDT Short Term Bond Portfolio	596	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest

If you do not choose a distribution option, dividends and capital gains will be reinvested at the net asset value to purchase additional shares.

3. Instructions for Redemptions and Cash Distributions

Note: If you have other banking instructions, please provide on a separate piece of paper.

<input type="checkbox"/> Wire and ACH	<input type="checkbox"/> Wire Only	<input type="checkbox"/> ACH Only	<input type="checkbox"/> Dividends Only
<input type="checkbox"/> Primary Instructions	<input type="checkbox"/> Primary Instructions	<input type="checkbox"/> Primary Instructions	<input type="checkbox"/> Primary Instructions

<input type="text"/>	<input type="text"/>
Bank Name* (Must be a Federal Reserve Member)	Title of Account*
<input type="text"/>	
Street Address*	
<input type="text"/>	<input type="text"/>
City*	State* Zip Code*
<input type="text"/>	<input type="text"/>
ABA Number*	Bank Account Number*
<input type="text"/>	
Special Instructions	

4. Duplicate Transaction Confirmations

<input type="checkbox"/> Daily Confirms <input type="checkbox"/> Monthly Statements	
<input type="text"/>	<input type="text"/>
Entity Name*	Attention
<input type="text"/>	
Mailing Address*	
<input type="text"/>	<input type="text"/>
City*	State* Zip Code*

5. Statement Suppression

- ☐ Checking this box authorizes MMDT Participant Services to discontinue mailing paper confirmation statements when a transaction is placed for all of your MMDT accounts. If you wish to resume receiving paper confirmation statements in the future, please contact MMDT Participant Services at the number listed at the bottom of this form.
- ☐ Checking this box authorizes MMDT Participant Services to discontinue mailing monthly paper statements. Please note, this will apply to all accounts in your portfolio and only one e-mail address will receive notification when the monthly statements are available. If you wish to resume receiving monthly paper statements in the future, please contact MMDT Participant Services at the number listed at the bottom of this form.

Please be aware that this will not impact the delivery of your daily confirmation statements.

Participant E-mail Address*

6. Signature

Note: This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with MMDT.

As a current Authorized Representative, I certify that the above information is both true and correct.

Authorized Representative Signature*

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Date*

Printed Name*

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Telephone Number

7. Delivery Instructions

Please return this document to **MMDT Participant Services:**

Email: MMDTParticipantServices@FederatedHermes.com

Fax: 1-617-235-7171

Mail: MMDT Participant Services
P.O. Box 219712
Kansas City, MO 64121-9712