

Banking Instructions Form – Add New/Replace Existing



Complete this form to add new or replace existing banking instructions on your account.

Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Account Information

Complete a separate form for each account number.

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Full Account Number

Enter the registration as it appears on your statement.

- I have one/multiple funds under this number; apply this change to **all** funds.
- I have multiple funds under this number; apply this change **only** to the fund(s) listed below:

Fund Name and Share Class **or** Fund Number

Fund Name and Share Class **or** Fund Number

2. Account Service Instructions

2a. Request Type

Select all that apply:

- Add New Banking Instructions (*Completion of Section 2c is required*)
- Replace Existing Banking Instructions (*If applicable, please indicate which banking instructions to replace*)

Previous Bank Name

- Replace Banking Instructions on **existing** Systematic Investment/Systematic Withdrawal Program (SIP/SWP). *To update the frequencies or dates, please contact Client Services.*

2b. Bank Information

The Federated Funds (the “Funds”) or their transfer agent require information about your bank account for Telephone Request for Investment by ACH or Withdrawal by ACH or Wire. To use these services, **please select one of the following**:

- Attach a voided check for your bank account here. **Please use tape; do not staple.**
- Enter your Bank Account information below:

Bank Name (*Domestic Bank Only*)

Branch

Bank Street Address

City

State

Zip Code

Bank Phone Number

ABA Routing Number

Bank Account Number

Name(s) on Account

Account Type: Checking Savings

2c. Service Options

Select all that apply.

- Telephone/Online Request for Investment by ACH** – I/We authorize the Funds or their transfer agent to act upon telephone instructions for investments into my/our mutual fund account.
- Telephone/Online Request for Withdrawal by ACH or Wire** — I/We authorize the Funds or their transfer agent to act upon telephone instructions for withdrawals from my/our mutual fund account.

Telephone instructions to place a trade may be provided by the shareholder(s) of record or the Financial Intermediary. Telephone requests for investments or withdrawals must be received by the Funds or their transfer agent by 4:00 p.m. ET to be processed that same day.

The Funds do not charge for these services; however, please verify with your bank for any fees associated with this service.

3. Acknowledgements and Signature Certifications

By signing below, you:

- Agree that the Funds, their transfer agent, their respective officers, directors, affiliates and agents will not be liable for any loss, liability, cost, or expense that may occur as a result of acting upon any instructions reasonably believed to be true. I/We further agree that the Funds, their transfer agent, their respective officers, directors, affiliates and agents will not be responsible or liable for any act of omission beyond that imposed by law.
- Acknowledge that fund shares purchased by ACH may not be available for up to seven (7) calendar days.
- Understand that this privilege will be effective upon completion of the verification process and will continue indefinitely until cancellation is requested or you are deemed a "lost shareholder."
- Acknowledge that: (i) if the Funds determine that you are a lost shareholder, all account activity, program elections and mailings may be suspended; and (ii) account assets may be transferred to the appropriate state if no activity or communication occurs in your account within the time period specified by state law.
- Understand that this agreement may be terminated at any time by notifying the Funds, their transfer agent, or my/our Financial Intermediary. Termination will go into effect as soon as the Funds or their transfer agent have a reasonable opportunity to act on it.

All investors must sign exactly as their names appear in the registration, including capacity (e.g., Custodian, Executor, Trustee, etc.)

SIGN HERE

_____ | _____

Signature and Title of Owner, Trustee, Executor, etc.

Date

Daytime Phone Number

SIGN HERE

_____ | _____

Signature and Title of Co-Owner, Co-Trustee, Co-Executor, etc.

Date

Daytime Phone Number

Note: An **original** STAMP2000 Medallion Signature Guarantee ("MSG") or a Signature Validation Program stamp ("SVP") is **not** required for investments; *unless* the bank account does not match the name on your mutual fund account.

An **original** MSG is required for Systematic or Telephone Withdrawals by wire or ACH. Please contact the guarantor *in advance* to confirm signature and document requirements. An MSG and SVP are designed to protect the account from fraud and may be obtained from any of the following institutions:

- bank or trust company;
- savings association;
- credit union; or
- broker, dealer, or securities exchange member.

Signature verification by a notary public is not an acceptable substitute.

**Original Medallion Guarantee or
Signature Validation Program Stamp**

4. Mailing Instructions

Please mail this form to **The Federated Funds:**

Regular Mail:
P.O. Box 219318
Kansas City, MO 64121-9318

Overnight Delivery:
430 W 7th Street, Suite 219318
Kansas City, MO 64105-1407

Client Services 1-800-341-7400, Option 4

For more information, visit our website at FederatedInvestors.com

Federated Shareholder Services Company