

Certificate of Incumbency



Complete this form to certify a requestor of a non-incorporated organization to act on an account.

*Note: Certification provided by this form is **valid for 12 months and must be renewed annually**. If not, requests for trades, account changes, and account information may be delayed.*

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

1. Account Information

Enter the information as it appears on the account statements.

Registration

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

Full Account Number

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

Full Account Number

Contact Name

Contact Phone Number

2. Authorized Signer Information

The undersigned, being appointed as authorized signers of a duly organized
Name of Entity

certifies that any of the individuals listed below are authorized to request
Type of Entity

transactions for the account(s) noted above in Section 1.

1.
Name Title

Signature

2.
Name Title

Signature

3.
Name Title

Signature

4.
Name Title

Signature

5.
Name Title

Signature

To name additional authorized signers, attach a separate sheet that includes all information requested above; sign and date the sheet.

3. Acknowledgments and Signature Certification

To be in full force and effect, the officer executing this Certificate of Incumbency cannot be named in Section 2.

I/We certify that:

- the signature appearing with each individual's name represents the true and genuine signature of that individual;
- the Funds or their transfer agent may accept instructions from the above individuals, including but not limited to: change the account owner or address of record, instructions to change the wiring destination(s) for redemption proceeds, or change account service options or fund selection;
- the Funds or their transfer agent may rely on the authority of these individuals until receipt of a notice of change; and
- the Funds or their transfer agent shall be held harmless for any loss resulting from acting on instructions from the above individuals, provided the Funds or their transfer agent have not acted negligently.

This information has not been repealed or amended and is in full force and effect.

Signature and Title of Authorized Officer

Date Signed and Certified

An **original** STAMP2000 Medallion guarantee is required. Please contact the guarantor *in advance* to confirm signature and document requirements, and that the amount of the proposed transaction can be insured. A Medallion guarantee is designed to protect the account from fraud and may be obtained from any of the following institutions participating in one of the Medallion guarantee programs:

- 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. The Signature Validation Program Stamp may be used for non-financial transactions.

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