

# 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 and Registration

Enter the information as it appears on the account statements.

<input type="text"/>		
Registration		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Name and Share Class	Fund Number	Full Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Name and Share Class	Fund Number	Full Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
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.	<input type="text"/>	<input type="text"/>
	Name	Title
	<input type="text"/>	
	Signature	
2.	<input type="text"/>	<input type="text"/>
	Name	Title
	<input type="text"/>	
	Signature	
3.	<input type="text"/>	<input type="text"/>
	Name	Title
	<input type="text"/>	
	Signature	
4.	<input type="text"/>	<input type="text"/>
	Name	Title
	<input type="text"/>	
	Signature	
5.	<input type="text"/>	<input type="text"/>
	Name	Title
	<input type="text"/>	
	Signature	

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

**3. 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.**

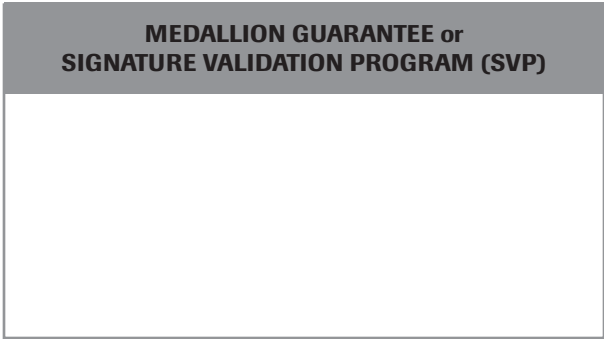
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Signature of Authorized Officer & Capacity or Title

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 7<sup>th</sup> Street, Suite 219318  
Kansas City, MO 64105-1407