Dividend and/or Capital Gain Distributions Authorization Form



Complete this form to change your option for receiving or directing dividend and/or capital gain distributions for 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. Complete a separate form for each account number. Full Account Number Full Account Number 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 option only to the fund(s) listed below: Fund Name and Share Class or Fund Number Fund Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund Number End Name and Share Class or Fund Number Fund Name and Share Class or Fund N

Distributions coded as cash by check that are less than \$25.00 will be automatically reinvested into your account. This policy does not apply if you have elected to receive cash distributions that are directly deposited into your bank account via wire or ACH.

Once any distribution check remains uncashed for 180 days, with subsequent checks remaining uncashed during this period, future distributions will be automatically reinvested into your account.

- $\hfill\square$ Check issued to registration/address of record on account listed in Section 1.
- □ Automated Clearing House (ACH) deposit into bank account.* 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 Phone Number ABA Routing Number Bank Account Number Bank Account Number Name(s) on Account Account Type: Checking Savings bete: ACH deposits should be credited on or about two (2) business days after the distribution date. Please verify with your ink for processing and any fees associated with this service. heck issued to alternate payee and/or mailing address*	Bank Name (Domestic Bank Only)	Branch		
Bank Phone Number ABA Routing Number Bank Account Number Bank Account Number Name(s) on Account Account Type: Checking Savings bete: ACH deposits should be credited on or about two (2) business days after the distribution date. Please verify with your ink for processing and any fees associated with this service. heck issued to alternate payee and/or mailing address*				
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ernate Street Address or P.O. Box City State Zip Code	ternate Payee Name			
ernate Street Address or P.O. Box City State Zip Code				
	ternate Street Address or P.O. Box	City	State Zip Code	

* An original Medallion guarantee of your signature in Section 3 is required.

2. I	Dividend and Capital Gain Distribution Options and Instructic	ons (continued)	
	einvest into:		
	Account listed in Section 1.		
	\Box Fund/account below with identical registration and taxpayer identification number. $^+$		
	Fund Name and Share Class or Fund Number	Full Account Number	
	Fund/account below with different registration. ** Distributions cannot be reinvested between retirement and non-retirement account		
	Fund Name and Share Class or Fund Number	Full Account Number	
	Enter the registration as it appears on your statement.		
* An	original Medallion guarantee of your signature in Section 3 is re	equired.	
+ Th	e receiving fund must be opened with the minimum initial invest	ment. Restrictions apply — Please see prospectus for details.	
3	Acknowledgements and Signature Certifications		

By signing below, you:

- Understand that all Systematic Investment and Withdrawal Programs, Systematic Withdrawal by Check and Systematic Exchange continue indefinitely (including through a fund reorganization) until or unless you request cancellation or are deemed a "lost shareholder."
- Acknowledge that (i) if the Federated Hermes 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.

An **original** STAMP2000 Medallion Signature Guarantee ("MSG") is required for the following selections: ACH deposit into bank account, Alternate Payee, Alternate Mailing Address, or Reinvest to a different fund/account with a different registration. Otherwise, a Signature Validation Program stamp ("SVP") is acceptable.

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

Signature and Title of Owner, Trustee, Executor, etc.	Date
Daytime Phone Number	
Signature and Title of Co-Owner, Co-Trustee, Co-Executor, etc.	Date
Daytime Phone Number	
If an original MSG or SVP is required, please contact the guarantor <i>in advance</i> 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:	Original Medallion Guarantee or Signature Validation Program Stamp
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.

4. Mailing Instructions

Please mail this form to The Federated Hermes Funds:

Regular Mail: P.O. Box 219318 Kansas City, MO 64121-9318 Overnight Delivery: 801 Pennsylvania Avenue, Suite 219318 Kansas City, MO 64105-1307

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

For more information, visit our website at $\ensuremath{\textbf{FederatedHermes.com/us}}$