

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.

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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 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

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

2. Dividend and Capital Gain Distribution Options and Instructions

Apply these instructions to (Check One): **Dividends Only** **Capital Gains Only** **Dividends and Capital Gains**

Select only **one** cash or reinvest option below:

Cash:

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.

- 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 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

Note: ACH deposits should be credited on or about two (2) business days after the distribution date. Please verify with your bank for processing and any fees associated with this service.

- Check issued to alternate payee and/or mailing address***

Alternate Payee Name

Alternate Street Address or P.O. Box

City

State

Zip Code

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

2. Dividend and Capital Gain Distribution Options and Instructions (continued)

Reinvest into:

Account listed in Section 1.

Fund/account below with identical registration and taxpayer identification number.*

<input type="text"/>	<input type="text"/>
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 accounts.*

<input type="text"/>	<input type="text"/>
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 required.

+ The receiving fund must be opened with the minimum initial investment. 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.).

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

If an **original** MSG or SVP is required, 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 Hermes Funds:**

Regular Mail: P.O. Box 219318 Kansas City, MO 64121-9318	Overnight Delivery: 430 W 7 th Street, Suite 219318 Kansas City, MO 64105-1407
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Client Services 1-800-341-7400, Option 4

For more information, visit our website at **FederatedInvestors.com**

Federated Shareholder Services Company