

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

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Enter the registration as it appears on your statement.

- I have 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:

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

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

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

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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 automatically be 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 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:

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Bank Name (Domestic Bank Only)

Branch

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Bank Street Address

City

State

Zip Code

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Bank Phone Number

ABA Routing Number

Bank Account Number

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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 to alternate payee.***

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Payee Name

- Check to alternate mailing address.***

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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.*

Fund Name or Fund Number

Full Account Number

Fund/account below with different registration.** *Distributions cannot be reinvested between retirement and non-retirement accounts.*

Fund Name 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

An **original** STAMP2000 Medallion guarantee is required for the following selections: Alternate Payee, Alternate Mailing Address, or Reinvest to a different fund/account with a different registration. Otherwise, a Signature Validation Program stamp ("SVP") or notary seal 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.

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 Fund determines 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.

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, Custodian, Trustee, POA, Executor, etc.

Date

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

Date

FOR MSG/SVP:

Name of entity/firm providing signature/MSG/SVP

Signature of officer and title

FOR NOTARY SEAL:

State of _____

County of _____

On this ____ day of _____, 20____, before me personally appeared _____, to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he executed the same.

Signature of Notary Public

My commission expires: _____

AFFIX MSG, SVP OR NOTARY SEAL HERE

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

Federated Client Services 1-800-341-7400

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