

# IRA Beneficiary Form



Complete this form to add beneficiaries or change previously designated beneficiaries for your Individual Retirement Account (IRA). To update the beneficiaries on your non-retirement Transfer on Death account, please complete the Transfer on Death (TOD) Registration Beneficiary Form.

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

## 1. Investor Information

Full Legal Name (First, MI, Last, Suffix) Social Security or Tax ID Number Date of Birth

Daytime Phone Number Evening Phone Number Email Address

Fund Name and Share Class or Fund Number Full Account Number

- I have multiple accounts under different account numbers. Please update all accounts using my Social Security number (SSN).
- I have multiple funds under this account number. Please update the beneficiary information on all of the funds.

## 2. Spousal Consent

The following states may require spousal consent to designate a non-spouse beneficiary for married residents to satisfy community/marital property laws: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

It is your responsibility to determine if spousal consent requirements apply to your beneficiary selection. The spousal consent below is provided as an accommodation; the Fund is not responsible for determining its necessity or validity.

I hereby give the owner of this IRA any interest I have in the funds in this account. I consent to the beneficiary designation in Section 3 and assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Fund.

Signature of Spouse Date

Signature of Witness Date

## 3. Beneficiary Information

Please select the appropriate box below and enter your beneficiary information.

- Add** the following beneficiary(ies) to my IRA.
- Replace** my current beneficiary(ies) with the following beneficiary(ies).

### Important Notes:

A primary beneficiary is required; secondary beneficiaries are optional.

To minimize the possibility of future account escheatment to the state, please be sure that you notify your beneficiaries of their designation.

To name a Trust as your beneficiary, enter the name, date, and Tax Identification Number of the Trust.

If the beneficiary is a minor at the time of distribution, a Custodian/Guardian must be named.

A. Name of Beneficiary:  Primary  Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

### 3. Beneficiary Information (continued)

**B.**   Percentage  
Name of Beneficiary:  Primary  Secondary  
    
Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner  
  
Name of Custodian/Guardian if Beneficiary is Minor  
     
Street Address City State Zip Code

**C.**   Percentage  
Name of Beneficiary:  Primary  Secondary  
    
Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner  
  
Name of Custodian/Guardian if Beneficiary is Minor  
     
Street Address City State Zip Code

**D.**   Percentage  
Name of Beneficiary:  Primary  Secondary  
    
Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner  
  
Name of Custodian/Guardian if Beneficiary is Minor  
     
Street Address City State Zip Code

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

### 4. Acknowledgment and Signature Authorization

By signing below, you agree that neither the Custodian, Federated Securities Corp., the Funds nor any of their affiliates will be responsible for the authenticity of any instructions given and will be fully indemnified and held harmless from any and all direct and indirect liabilities, losses, or costs.

**You must sign exactly as your name appears in Section 1.**

Signature of Shareholder Date

### 5. Delivery Instructions

Please send this form to **The Federated Hermes Funds:**

<b>Regular Mail:</b> P.O. Box 219318 Kansas City, MO 64121-9318	<b>Overnight Delivery:</b> 430 W 7 <sup>th</sup> Street, Suite 219318 Kansas City, MO 64105-1407	<b>Fax:</b> 1-800-358-6269
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