# **IRA New Account Application**



Complete this application to establish your mutual fund Traditional or Roth Individual Retirement Account (IRA). If you are a beneficiary of an IRA for which the shareowner is now deceased, please complete the Decedent IRA New Account Application.

The **USA PATRIOT Act** requires the Federated Hermes Funds (**the "Funds"**) to obtain, verify, and record information that identifies each person who opens an account. Failure to provide required information may result in processing delays. Additional documentation may be requested. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

**Prior to completing this application**, carefully review all sections of the UMB Bank n.a. Traditional IRA Custodial Agreement or the UMB Bank n.a. Roth IRA Custodial Agreement available at FederatedHermes.com/us. A copy may also be requested by contacting Client Services.

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

1. Investor Information and Mailing Address	
Full Legal Name (First, MI, Last, Suffix)	Social Security or Tax ID Number Date of Birth
Street Address City	State Zip Code
Mailing Address (if different) City	State Zip Code
Daytime Phone Number Evening Phone Number	Email Address
If you are a Federated Hermes employee, please provide you	ur employee ID number. (Dealer #91602/000)
Note: If opening an IRA for a minor with earned income (base information requested above for the custodian, and sign as confirmation requested above for the custodian).	ed on IRS requirements), attach a separate sheet that includes all custodian in Section 11.
2. Financial Intermediary Information (i.e., Broker, Planne	er, or Advisor)
Selection of the appropriate box is REQUIRED.	
$\hfill \square$ I $\mbox{\bf do}$ not want to add a Financial Intermediary to the new	account.
	ne new account. The new instructions <b>must</b> be provided and the Financial a signature, no Financial Intermediary information will be added to the
Firm or Institution Name	Dealer Number/Branch or Group Number/Branch
Branch Address	City State Zip Code
late and a discontinuous	Laterary adjace. Noveles of
Intermediary Name	Intermediary Number Intermediary Phone Number
Intermediary Signature	Date
	's corporate policy permits direct-at-fund accounts prior to establishment,
3. Account Information	
Check only one box for each section (3a and 3b) below.	
3a. New IRA Type	
☐ Traditional IRA	
□ Roth IRA	
□ Rollover	
If this is a <b>Spousal IRA</b> , in which your spouse is contributing f	funds into this IRA on your behalf, also check this box. $\square$

Form Continues on Next Page 1 of 7

3. Account Information (continued)														
3b. Investment Type														
□ Contribution □ Direct Rollover from a qualified plan, 403(b) plan or Transfer/Direct Rollover Form.)			·					•						
Note: Only one rollover to any IRA is permitted in an	-		•	•								-		ır.
☐ Transfer of assets from another financial institution.	. (Comp	лете	and att	acn a	in ik/	A Ke	quest	TOT I	rans	irer/D	irect Ko	ollover	rorm.)	
4. Fund Selection and Initial Investment														
Please indicate the fund name and share class <b>or</b> fund seek to purchase Shares directly from the Fund and do payment (e.g., Federal Reserve wire or check), you auto	o not sp	ecify	the cla	iss ch	oice	on y	our N	New A	Ассо	your ount A	IRA co pplicat	ntribut tion or	ions. If you form of	
Note: Contribution and rollover checks should be mad	de paya	ble t	o <b>The F</b>	ede	rated	l He	rmes	Func	ds.				T V f	_
Fund Name and Share Class or Fund Number	Ful	II Acc	ount N	lumb	er			A	٩mo	unt (S	5 or %)		Tax Year for Contribution	
									□\$	□ %				
										□ %				
		<u> </u>	iii			ī	ī			□ %				İ
		<del></del>							•	□ %				l
		1 1					<u> </u>		•		l			l I
									<b>⊥</b> \$	□%				l
5. Escheatment														
5a. Lost Shareholder														
It is important that you notify the Fund of any changes Fund's communications to you are returned as undelive you are reasonably deemed to be a "lost shareholder," systematic investment, withdrawal, or exchange election over assets of lost shareholders following a period of time state if no activity or communication occurs in your accept to a State, a shareholder will not be able to access their keep your contact information with the Fund accurate as	verable, " the Fu ons) and me. Acc count weir asset	the I und r d ma cordir vithin	Fund winay ele ilings. Ingly, the the	ill try ct to n add e asse ne pe	to re suspe dition ets in riod s	esta end ı, mo your spec	blish of accounts account account accounts account accounts account accounts account accounts account account account account accounts account accoun	conta unt ac ates re unt m by sta	act w ctivit equi nay l ate l	vith your re en oe tra aw. C	ou. If the ogram of the ognation of the og	lose ef election ke the d to th sets ar	forts fail and ns (including Fund to turn e appropriate e "escheated	"
5b. Designated Representative														
Residents of the state of Texas may opt to designate a motifications by completing the "Unclaimed Property De Comptroller's website. While the designated representa assets, the escheatment period will cease if the represer the Shareholder has not abandoned his or her property. with the Fund) or to your financial intermediary (if your Sa representative to receive escheatment notifications, and designated representative.	esignati ative do entative v. The co Shares a	ion o es no comi omple are no	f Repre ot have municat eted Fo ot held	senta any r es kr rm <b>r</b> direct	itive" ights lowle lust b	forn to c dge be m th th	n (the laim c of the ailed e Fun	"For or acc e Sha to the id). If	m"), ess reho e Fu a Te	, whic the Sl older's nd (if xas Sl	h can b narehol locatio your Sh narehol	e foun der's a on and nares a der op	nd on Texas' ccount or confirms that re held directl ots to designat	ly
6. Spousal Consent														
The following states may require spousal consent to demarital property laws: AZ, CA, ID, LA, NM, NV, TX, WA			on-spo	use k	enef	iciar	y for r	marri	ed r	eside	nts to s	atisfy o	community/	
It is your responsibility to determine if spousal consent provided as an accommodation; the Fund is not responsible.										on. Th	ne spou	sal con	nsent below is	S
I hereby give the owner of this IRA any interest I have i and assume full responsibility for any adverse consequ														7
Signature of Spouse		Dat	e -											
C CMC														
Signature of Witness		Dat	e											

Form Continues on Next Page 2 of 7

## 7. Beneficiary Information

Upon receipt of proper instructions, your IRA assets will be distributed based on the beneficiary designation in this section. If the primary beneficiary does not survive you, your assets will be distributed to the secondary beneficiary, if designated. The percentages must total 100% for each class (primary or secondary). All surviving beneficiaries within each class will share equally if you do not indicate percentages. In the event all beneficiaries are deceased, distribution is made to your estate.

### **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.

You may change your beneficiaries at any time by completing the IRA Beneficiary Form, located at FederatedHermes.com/us.

A.					
	Name of Beneficiary: ☐ Primary ☐ Secondary	Percentage	<del></del>		
	Social Security or Tax ID Number  Date of Birth or Date of Trust Agreement  Beneficiary's Relation	ship to Own	er		
	Name of Custodian/Guardian if Beneficiary is Minor				
	Street Address City	State	Zip Cod	de	
		I	1		
В.	Name of Beneficiary: ☐ Primary ☐ Secondary	L Percentage			
		rercentage	,		
	Social Security or Tax ID Number  Date of Birth or Date of Trust Agreement  Beneficiary's Relation	-l-: +- O			
	Date of Birth of Date of Trust Agreement Beneficiary's Relation	snip to Own	er		
	Name of Custodian/Guardian if Beneficiary is Minor				
	Street Address City	State	Zip Cod	de	
C.					
C.	Name of Beneficiary: ☐ Primary ☐ Secondary	Percentage	 e		
		J			
	Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relation	ship to Own	er		
	I				
	Name of Custodian/Guardian if Beneficiary is Minor				
		1 1 1 1	1 1	1 1	1 1
	Street Address City	State	Zip Cod	40	
	Street Address City	State	Zip Coc	эе	
D.					
	Name of Beneficiary: $\square$ Primary $\square$ Secondary	Percentage	<b>)</b>		
	Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relation	ship to Own	er		
	Name of Custodian/Guardian if Beneficiary is Minor				
	Street Address City	State	Zip Cod	de	

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

Form Continues on Next Page 3 of 7

choose to establish any of the services below; check all that apply:  ☐ Telephone Request for Contribution or Distribution by Wire  ☐ Telephone Request for Contribution or Distribution by ACH  ☐ Systematic Withdrawal Program (SWP) (\$50 minimum per fund) - An IRA Request for Distributions Form is required and is avail at FederatedHermes.com/us or by calling Client Services.  ☐ Systematic Investment Program (SIP) (\$50 minimum per fund) - I authorize the Funds or their transfer agent to withdraw mor from my bank account and purchase shares for my IRA as indicated in Section 8b. I understand this privilege will be effective af the verification process. If the date I choose falls on a non-business day, the contribution will occur the following business day. I		
□ Telephone Request for Contribution or Distribution by Wire □ Telephone Request for Contribution or Distribution by ACH □ Systematic Withdrawal Program (SMP) (550 minimum per fund) - 1 authorize the Funds or their transfer agent to withdraw more from my bank account and purchase shares for my IRA as indicated in Section 8b. 1 understand this privilege will be effective aff the verification process. If the date I choose falls on a non-business day, the contribution will occur the following business day, it do not enter a date, the contributions will occur on the 15th of every month. There is currently a sufficient balance in my bank account and the ACH may be activated.  Note: Contributions made to your IRA using SIP will be applied for the current tax year and should not exceed the annual contribution limit. For prior year contributions, contact Client Services.  8a. Bank Account Information  To use the services selected above, a voided check or deposit slip for your bank account MUST BE ATTACHED below. Please use tape; do not staple.  Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Guarantee or Signature Validation Program Stamp obtained from any of the following institutions:  Dark or trust company;  avairing association; credit union; or		ephone Exchange and Telephone Redemption by Check Services automatically apply to your account. Complete Section 8a if you cose to establish any of the services below; check all that apply:
Systematic Withdrawal Program (SWP) (\$50 minimum per fund) - An IRA Request for Distributions Form is required and is avail at FederatedHermes.com/us or by calling Client Services.  Systematic Investment Program (SIP) (\$50 minimum per fund) - I authorize the Funds or their transfer agent to withdraw more from my bank account and purchase shares for my IRA as indicated in Section 8b. I understand this privilege will be effective af the verification process. If the date I choose falls on a non-business day, the contribution will occur the following business day, I do not enter a date, the contributions will occur on the 15th of every month. There is currently a sufficient balance in my bank accounte ACH may be activated.  Note: Contributions made to your IRA using SIP will be applied for the current tax year and should not exceed the annual contribution limit. For prior year contributions, contact Client Services.  8a. Bank Account Information  To use the services selected above, a voided check or deposit slip for your bank account MUST BE ATTACHED below. Please use tape; do not staple.  Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Bank Account Owner's Signature  Date  Date  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 faud and may be obtained from any of the following institutions:  Bank or trust company;  savings association;  credit union; or		
at FederatedHermes.com/us or by calling Client Services.  Systematic Investment Program (SIP) (\$50 minimum per fund) - I authorize the Funds or their transfer agent to withdraw more from my bank account and purchase shares for my IRA as indicated in Section 8b. I understand this privilege will be effective af the verification process. If the date I choose falls on a non-business day, the contribution will occur the following business day, the contribution will occur the following business day to do not enter a date, the contributions made to your IRA using SIP will be applied for the current tax year and should not exceed the annual contribution limit. For prior year contributions, contact Client Services.  8a. Bank Account Information  To use the services selected above, a voided check or deposit slip for your bank account MUST BE ATTACHED below. Please use tape; do not staple.  Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Bank Account Owner's Signature  Date  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:  a bank or trust company;  a savings association;  credit union; or		Telephone Request for Contribution or Distribution by ACH
from my bank account and purchase shares for my IRA as indicated in Section Bb. I undestand this privilege will be effective at the verification process. If the date I choose falls on a non-business day, the contribution will occur the following business day, I do not enter a date, the contributions will occur on the 15th of every month. There is currently a sufficient balance in my bank according to the ACH may be activated.  Note: Contributions made to your IRA using SIP will be applied for the current tax year and should not exceed the annual contribution limit. For prior year contributions, contact Client Services.  8a. Bank Account Information  To use the services selected above, a voided check or deposit slip for your bank account MUST BE ATTACHED below. Please use tape; do not staple.  Affix Voided Check or Deposit Slip here  Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Bank Account Owner's Signature  Bank Account Owner's Signature  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:  a bank or trust company;  savings association;  credit union; or		<b>Systematic Withdrawal Program (SWP) (\$50 minimum per fund)</b> - An <i>IRA Request for Distributions Form</i> is required and is available at FederatedHermes.com/us or by calling Client Services.
Ra. Bank Account Information  To use the services selected above, a voided check or deposit slip for your bank account MUST BE ATTACHED below. Please use tape; do not staple.  Affix Voided Check or Deposit Slip here  Affix Voided Check or Deposit Slip here  Affix Voided Check or Deposit Slip here  Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Bank Account Owner's Signature  Bank Account Co-Owner's Signature  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:  a bank or trust company;  savings association;  credit union; or		Systematic Investment Program (SIP) (\$50 minimum per fund) - I authorize the Funds or their transfer agent to withdraw money from my bank account and purchase shares for my IRA as indicated in Section 8b. I understand this privilege will be effective after the verification process. If the date I choose falls on a non-business day, the contribution will occur the following business day. If I do not enter a date, the contributions will occur on the 15th of every month. There is currently a sufficient balance in my bank account; the ACH may be activated.
Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Bank Account Co-Owner's Signature  Bank Account Co-Owner's Signature  Bank Account Co-Owner's Signature  Bank Account Co-Owner's Signature  Bank Account Co-Owner's Dignature  Bank Account Co-Owner's Dignature  Bank Account Co-Owner's Signature  Bank Account Co-Owner's Signature  Bank Account Co-Owner's Dignature  Bank Account Co-Owner's Signature  Bank Account Co		
Affix Voided Check or Deposit Slip here  Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Bank Account Owner's Signature  Bank Account Co-Owner's Signature  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	8	a. Bank Account Information
Note: If the name on the bank account does not match the name on your mutual fund account, an original STAMP2000 Medallion Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Bank Account Owner's Signature  Bank Account Co-Owner's Signature  Date  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		
Signature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.  Bank Account Owner's Signature  Bank Account Co-Owner's Signature  Date  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		Affix Voided Check or Deposit Slip here
Bank Account Co-Owner's Signature  Bank Account Co-Owner's Signature  Date  Date  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	<b>Nc</b> Sig	ote: If the name on the bank account does not match the name on your mutual fund account, an <b>original</b> STAMP2000 Medallion gnature Guarantee ("MSG") or Signature Validation Program stamp ("SVP") is required.
Bank Account Co-Owner's Signature  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		
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	Bar	nk Account Owner's Signature Date
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	Bar	nk Account Co-Owner's Signature Date
savings association;  credit union; or	in a	advance to confirm signature and document requirements. An MSG  d SVP are designed to protect the account from fraud and may be  Signature Validation Program Stamp
■ credit union; or		
■ broker, dealer, or securities exchange member.		
		Droker, dealer, or securities exchange member.

Signature verification by a notary public is not an acceptable substitute.

8. Account Service Options

Form Continues on Next Page 4 of 7

8. Account Service Options (continued)			
8b. SIP Information			
Fund 1		☐ Janu	t (\$) Systematic Start Date ency:□ All Months □ Other (Check months below) uary □ February □ March □ April
9. Related Accounts - Concurrent and Accumulated Purch			lease in the Freedo
The front-end sales charge may be reduced or eliminated by a <b>9a. Existing Accounts</b>	combir	ning purci	nases in the Funds.
Fund Name and Share Class  Fund Name and Share Class		Number Number	Full Account Number  Full Account Number
Fund Name and Share Class	 Fund	Number	Full Account Number
9b. Additional Related Accounts			
Spouse Full Legal Name (First, MI, Last, Suffix)		Social Se	ecurity or Tax ID Number
Fund Name and Share Class	Fund	Number	Full Account Number
Fund Name and Share Class	Fund	Number	Full Account Number
Fund Name and Share Class	Fund	Number	Full Account Number
Children must be under age 21 to be listed as an eligible re	elated	account.	
Child Full Legal Name (First, MI, Last, Suffix)		Social Se	ecurity or Tax ID Number
Fund Name and Share Class	Fund	Number	Full Account Number
Fund Name and Share Class	Fund	Number	Full Account Number
Fund Name and Share Class	L Fund	Number	Full Account Number

To add additional existing and/or related accounts, attach a separate sheet that includes all information requested above; sign and date the sheet.

Form Continues on Next Page 5 of 7

<sup>\*</sup> To be an eligible related account, children must be under age 21.

### 10. Fund Document Delivery and Account Access

### 10a. Householding

Only one mailing of the following documents will be sent if two or more members of a household with the same last name own separate accounts in the same fund:

- Prospectus
- Annual and semi-annual report
- Any proxy or information statement (each account receives a separate proxy card)

If you prefer to receive duplicate documents — one for each account — check this box.  $\Box$ 

To update this preference in the future, please call Client Services.

### 10b. Online Account Access/Electronic Delivery (E-Delivery)

A full range of easy-to-use services are available to help you securely manage your investments online. For 24/7 access to your account information, transaction processing, and E-Delivery, simply sign up at My Federated Hermes Account under Account Login. **Note:** Some trade restrictions may apply.

To go paperless, select to receive any or all of the following documents electronically:

Account Statements	Newsletter and Marketing Materials
Fund Documents and Reports	Tax Documents (if applicable)
Proxy Materials .	Select All

**Note:** If you have selected to receive Account Statements electronically and wish to receive *one cumulative year-end paper statement*, check this box. □

# By consenting to E-Delivery, you understand:

- 1. In place of paper documents, you will receive an email notifying you when the items chosen to be received electronically are available online via FederatedHermes.com/us.
- 2. E-Delivery will continue until you revoke your consent.
- 3. You must provide any changes to your email address. If emails are returned as undeliverable, your account will be reset to receive paper documents until a valid email address is provided.
- 4. E-Delivery is provided free of charge; however, your internet service provider and/or telephone company may charge you for internet access.

Please	notify	me v	when	the	se	lected	inf	orm	ation	is	avai	labl	e a	at

**Email Address** 

## 11. Acknowledgments and Signature Certification

# By signing below, you:

- Acknowledge that you have received, read, accepted and specifically incorporated the UMB Bank, n.a. Traditional IRA Custodial Agreement or the UMB Bank n.a. Roth IRA Custodial Agreement by reference to this New Account Application.
- Acknowledge that you have received, read, and accepted the Privacy Policy and Notice.
- Verify that you have read the prospectus for each fund in which you are investing.
- Acknowledge that Federated Hermes does not act as a fiduciary with respect to shareholder accounts and does not provide investment, tax, or legal advice.
- Certify that you have authority and legal capacity to purchase mutual fund shares and are of legal age in your state.
- Appoint UMB Bank n.a., P.O. Box 219318, Kansas City, MO 64121-9318, as Custodian of your IRA.
- Understand that the account is effective the day the Custodian accepts this application by issuing a confirmation statement.
- Authorize the Funds or their transfer agent to act on telephone instructions believed to be genuine for any service authorized on this form. Provided reasonable procedures are used to confirm telephone instructions are genuine, you agree that the Funds, their transfer agent, their respective officers, directors, affiliates and agents will not be liable for any losses, claims, expenses and liabilities that result from accepting such telephone instructions.
- 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.
- Understand that mutual funds are not obligations of, or guaranteed by, any bank or insured by the FDIC. You understand that since a mutual fund investment involves risk, including possible loss of principal, the value of an investment, when sold, may be greater or less than the amount originally invested.
- Agree that neither UMB Bank n.a., Federated Securities Corp., the Funds, their transfer agent, nor their respective officers, directors, or 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.

Form Continues on Next Page 6 of 7

## 11. Acknowledgments and Signature Certification (continued)

# Under penalties of perjury, I certify that:

- 1. I have provided my correct Social Security or Tax Identification Number on this form (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).

Social Security or Tax ID Number
The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding

# 12. Annual Fee

Each December, an annual fee of \$15.00 **per** IRA account type registered under the same Social Security or Tax Identification Number is automatically deducted by the Fund.

Date

# 13. Mailing Instructions

Signature of Owner/Custodian of Minor

Please mail this application and any additional documentation to The Federated Hermes Funds:

Regular Mail:

Overnight Delivery:

P.O. Box 219318

801 Pennsylvania Avenue, Suite 219318

Kansas City, MO 64121-9318

Kansas City, MO 64105-1307



# Privacy Policy and Notice

### Last Updated: January 1, 2025

Federated Hermes, Inc. ("Federated Hermes," "we," "our," or "us") is committed to maintaining the confidentiality, security, and integrity of customer, client, and shareholder information. In this Privacy Notice, we describe how Federated Hermes obtains your nonpublic personal information ("Personal Information"), how it is used, and how it is kept secure.

California Residents: If you are a resident of California, you may have additional rights regarding your personal information. Please review our California Consumer Privacy Act ("CCPA") Notice regarding your rights under the CCPA. The applicable notice may be found here: https://www.federatedhermes.com/us/policies/california-consumer-privacy-act-notice.do.

### **Personal Information Federated Hermes Collects**

Federated Hermes may collect Personal Information about you from the following sources:

- We may collect Personal Information from you or your financial representative on account applications, other forms or electronically, such as your name, address, Social Security number, assets, and income.
- We may collect information from you or your financial representative through transactions, correspondence, and other communications, such as specific investments and account balances.
- We may obtain other Personal Information in connection with providing you a financial product or service, such as depository or debit account numbers.

## Information Sharing Policy

Except as described below, Federated Hermes does not share or disclose client, customer, or shareholder Personal Information. If you decide to close your account(s) or become an inactive customer, we will continue to follow these privacy policies and practices.

Federated Hermes will not disclose Personal Information, including account numbers, access numbers, or access codes for deposit or transaction accounts to any nonaffiliated third party for use in telemarketing, direct mail, or other marketing purposes.

Federated Hermes limits the sharing of Personal Information about you with financial and non-financial companies or other entities, including companies affiliated with Federated Hermes, and other, nonaffiliated third parties, to the following:

- Personal Information that is necessary and required to process a transaction or to service a client, customer, or shareholder relationship. For example, sharing Personal Information with a company that provides account record keeping services or proxy services to shareholders.
- Personal Information that is required or permitted by law. For example, to protect you against fraud or with someone who has a legal or beneficial interest, such as your power of attorney, or in response to a subpoena.
- Some or all of the information described above with companies that perform joint marketing or other services on our behalf. For example, with the financial intermediary (bank, investment advisor, or broker-dealer) through whom you purchased Federated Hermes products or services, or with providers of joint marketing, legal, accounting or other professional services.
- Personal Information (which may include anonymized Personal Information) with third-party vendors that offer Federated Hermes sales data and analytics services, which vendors are subject to confidentiality obligations. These services may include operational assistance, transaction processing, and assisting with sales and marketing efforts.

Notwithstanding any other provision of this Privacy Notice, for the avoidance of doubt, nothing herein prevents reporting possible violations of federal law or regulation to any governmental agency or entity or making other disclosures protected under the whistleblower provisions of federal law or regulation. However, the protections provided for Personal Information under state and federal privacy law is not superseded by the federal whistleblower rules. As a result, the release of Personal Information, even to a government agency or entity, remains protected under state and federal privacy rules, and could be considered a violation of federal privacy rules, until the SEC or other government entity specifically request the Personal Information to support a claim made by the whistleblower.

# Information Security

Federated Hermes uses federal guidance and standards to develop and implement its reasonable security safeguards to prevent unauthorized access to and otherwise protect your Personal Information. Specifically, Federated Hermes maintains physical, electronic, and procedural safeguards to protect your Personal Information, and has procedures in place for its appropriate disposal and protection against its unauthorized access or use when we are no longer required to maintain the information. Please refer to our Security Policy for further information regarding how Federated Hermes makes doing business with us online more secure and convenient here: https://www.federatedhermes.com/us/policies/security-policy.do.

If Federated Hermes shares Personal Information, it is made available for limited purposes and under controlled circumstances. We require third parties to comply with our standards for security, confidentiality, and integrity. These requirements are included in written agreements between Federated Hermes and such third-party service providers.

Each of the following sections explains an aspect of Federated Hermes' commitment to protecting your Personal Information and respecting your privacy.

## **Employee Access to Personal Information**

Federated Hermes employees must adhere to Federated Hermes' security, privacy, and confidentiality policies. Employee access to Personal Information is authorized for business purposes only and is based on an employee's need for the information to service client, customer, and shareholder accounts or comply with legal requirements.

### Visiting a Federated Hermes Website

- Federated Hermes' website maintains statistics about the number of visitors and the information viewed most frequently. These statistics are used to improve the content and level of service we provide to our clients, customers, and shareholders.
- Information or data entered into a website will be retained. The information we collect depends on how you use our website (see our Cookie Notice at: https://www.federatedhermes.com/us/policies/cookie-notice.do).
- "Cookies" are used to improve your online experience. A cookie is a small file stored on your computer that recognizes whether you have visited our site before and identifies you each time you visit.
- We may also obtain Internet Protocol ("IP") addresses to monitor the number of visitors to the site.

#### **Restricted Access Website**

Federated Hermes provides restricted sections of its websites for investment professionals and certain customers, clients, or shareholders. Information entered in these sites is only accessible by those individual clients or shareholders, persons with whom they share access information, a limited number of Federated Hermes employees, and Federated Hermes' authorized service providers who maintain website functionality. Federated Hermes does not permit the use of that information for any purpose, or the renting, selling, trading, or otherwise releasing or disclosing of information to any other party.

### **Email**

If you have opted to receive marketing information from Federated Hermes by email, we require that all messages include instructions for canceling subsequent email programs. Some products or services from Federated Hermes are intended to be delivered and serviced electronically. Email communication may be utilized in such cases. Please do not provide any account or Personal Information such as Social Security numbers, account numbers, or account balances within your email correspondence to us. We will not use unsecured email to execute transaction instructions, provide personal account information, or change account registration.

## Surveys / Aggregate Data

Periodically, Federated Hermes may conduct surveys about financial products and services or review elements of information in an effort to forecast future business needs. We then generate reports that are used for Federated Hermes' own planning, analytical, and other related purposes.

## **Changes to Our Privacy Notice**

Federated Hermes reserves the right to modify this Privacy Notice at any time. We will notify you of any changes that may affect your rights under this Privacy Notice.

## We Welcome Your Comments

Federated Hermes welcomes your questions and comments about this Privacy Notice. Client Service Representatives are available at 1-800-341-7400, Option 4, Monday through Friday from 8:00 a.m. to 6:00 p.m. ET.

This Privacy Notice applies to Federated Hermes, Inc. and each of its wholly owned broker-dealer, investment advisor and other subsidiaries.