

IRA Request for Distributions Form



Complete this form to request a one-time or systematic distribution from your IRA.

Note: More than one form may be required if distributions vary by fund.

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 |

2. Account Allocation Information

Indicate below how the distribution amount should be allocated from your funds.

| Fund Name and Share Class or Fund Number | Full Account Number | Amount (\$ or %) |
|--|---------------------|--|
| | | <input type="checkbox"/> \$ <input type="checkbox"/> % |
| | | <input type="checkbox"/> \$ <input type="checkbox"/> % |
| | | <input type="checkbox"/> \$ <input type="checkbox"/> % |
| | | <input type="checkbox"/> \$ <input type="checkbox"/> % |
| | | <input type="checkbox"/> \$ <input type="checkbox"/> % |

3. Type and Method of Distribution

For a **One-Time Distribution**, complete **Section 3a**.

For a **Systematic Distribution**, complete **Section 3b**.

3a. One-Time Distribution

Select one option below and proceed to Section 4.

Traditional or SEP IRA Distribution

After you reach age 59½, you can receive distributions without having to pay an IRS 10% additional tax early withdrawal penalty. Even though you can receive distributions after you reach age 59½, distributions are not required until you reach age 73.*

Under 73 years of age*

Redeem the entire account

Redeem \$ _____

I am: at least age 59½ and this is a normal distribution.

under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.

under age 59½ and this is part of a Substantially Equal Periodic Payment under Internal Revenue Code 72(t).

under age 59½ and this is a qualified distribution. (Visit the IRS website for a list of under age 59½ exceptions.)

At least 73 years of age*

Redeem the entire account.

Redeem \$ _____ for my RMD.

Calculate my RMD according to the IRS distribution regulations and redeem that amount.

*RMDs were extended to age 73 for participants reaching age 72 on or after January 1, 2023, per provisions of the SECURE Act 2.0 passed in December 2022. Please consult your tax or investment professional with questions.

3. Type and Method of Distribution (continued)

3a. One-Time Distribution (continued)

Traditional or SEP IRA Distribution (continued)

Excess Contribution

- Remove \$ _____ for tax year 2 0 _____, plus or minus earnings on this amount. I **have not yet filed** my tax return for the contribution year.
- Remove \$ _____ for tax year 2 0 _____, plus or minus earnings on this amount. I **have already filed** my tax return for the contribution year.
- Remove \$ _____ for tax year 2 0 _____, plus or minus earnings on this amount and redeposit into my account(s) referenced in Section 2 as a contribution for the current tax year.

SIMPLE IRA Distribution

- Redeem the entire account
- Redeem \$ _____
I am: at least 59½
 - under age 59½ and the account is **more than** two years old. I am aware of the 10% IRS penalty.
 - under age 59½ and the account is **less than** two years old. I am aware of the 25% IRS penalty.
 - under age 59½, but this premature distribution is exempt from the IRS 10% penalty because:
 - this is part of a Substantially Equal Periodic Payment under Internal Revenue Code 72(t).
 - this is a qualified distribution.

Roth IRA Distribution (If this is not a qualified distribution, an IRS penalty applies to the earnings portion of your distribution.)

- Redeem the entire account
- Redeem \$ _____

Excess Contribution

- Remove \$ _____ for tax year 2 0 _____, plus or minus earnings on this amount. I **have not yet filed** my tax return for the contribution year.
- Remove \$ _____ for tax year 2 0 _____, plus or minus earnings on this amount. I **have already filed** my tax return for the contribution year.
- Remove \$ _____ for tax year 2 0 _____, plus or minus earnings on this amount and redeposit into my account(s) referenced in Section 2 as a contribution for the current tax year.

3b. Systematic Distributions

Select one option below. Then complete the **Frequency of Distributions** and proceed to Section 4.

The minimum amount for all Systematic Agreement programs (including Systematic Investment Program (SIP), Systematic Withdrawal Program (SWP), and Systematic Exchange Program (EXCH)) is \$50 per transaction per fund. The minimum SWP amount for qualified Class B Share CDSC waivers is \$50 per transaction per fund.

- Set up Systematic Withdrawal for \$ _____ as:
 - normal distributions. I am at least 59½.**
 - qualified distributions.**
 - Substantially Equal Periodic Payments that are exempt from the IRS 10% penalty under IRS Code 72(t).**
- Calculate my distribution amount as:
 - Substantially Equal Periodic Payments. I am under age 59½ and these premature distributions are exempt under IRS Code 72(t). Base the calculations on:**
 - my life expectancy per the IRS Uniform Lifetime Table.**
 - my single life expectancy per the IRS Single Life Expectancy Table.**
 - my life expectancy per the IRS Joint Life and Last Survivor Expectancy Table.**
 - RMD according to the IRS distribution regulations and begin systematic withdrawals.**

3. Type and Method of Distribution (continued)

3b. Systematic Distributions (continued)

Frequency of Distributions

Distributions will occur on the 15th day of the month unless you specify a different day of month below. If the day of distribution falls on a non-business day, the distribution will occur on the business day immediately prior to the 15th (or the day of the month you specify).

Day of Month: Begin my distributions at a later date:

- Frequency: All Months Other (Check months below)
- January February March April
 May June July August
 September October November December

4. Federal Income Tax Withholding

The default Federal income tax withholding is 10%. If you would like to choose a withholding percentage other than the default, please complete IRS Form W-4R or contact a Client Service Representative.

Note: If you choose a withholding percentage (percentage must be a whole number) that is different from the default withholding rate, your instructions apply to a one-time distribution or remain in effect for a systematic withdrawal plan until you change them. If you choose that Federated Hermes withhold no Federal income tax, you may be responsible for payment of estimated tax. Under the estimated tax rules, you may incur penalties if your withholding/estimated tax payments are not sufficient.

5. State Income Tax Withholding

Certain states require withholding from retirement distributions. If you are a resident of one of the mandatory withholding states and elect to have Federal income tax withheld, the Custodian will automatically withhold the required amount of state tax.

Other states allow voluntary withholding from retirement distributions. To elect voluntary withholding, check the box below and indicate the amount you want withheld.

- Please withhold \$ % from each distribution and apply it to my state tax.

Note: You may waive Federal income tax withholding and still elect state income tax withholding. Most states have mandatory tax withholding, but exceptions do apply. Please contact your tax or investment professional for additional information.

6. Payee Instructions

Select one method of payment.

By Check: Choose all that apply

- To registration/address of record.
 To the alternate payee.*

Name of Alternate Payee

- To alternate mailing address.*

Street Address or P.O. Box City State Zip Code

Reinvest into:

- A new individual, non-retirement account. (Complete and return a New Account Application.)
 Fund/account below with identical registration and taxpayer identification number.

Fund Name or Fund Number Full Account Number

- A new account where I am not the sole owner.* (Complete and return a New Account Application.)
 Fund/account below with different registration.*

Fund Name or Fund Number Full Account Number

6. Payee Instructions (continued)

Send to My Bank:

- By Automated Clearing House (ACH) based on the:
 - ACH instructions already established for my IRA
 - New bank account information* (Complete Section 6a.)
- By Wire Transfer for my One-Time Distribution (not available for Systematic Distributions) based on the:
 - Bank instructions already established for my IRA
 - New bank account information* (Complete Section 6a.)

* An original Medallion guarantee of your signature in Section 7 is required.

6a. Bank Account Information

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit it to my bank account. I understand this privilege will be effective after the verification process.

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:

| | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | | <input type="text"/> | | | |
| Bank Name (Domestic Bank Only) | | Branch | | | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Bank Street Address | | City | | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank Phone Number | ABA Routing Number | Bank Account Number | | | |
| <input type="text"/> | | | | | |
| Name(s) on Account | | | | | |
| Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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.

7. Acknowledgments and Signature Certification

By signing below, you:

- Authorize the Custodian to make distributions according to the instructions given on this form.
- Assume full responsibility for all tax consequences of your elections.
- 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.
- Agree that UMB Bank n.a., the Funds, their affiliates and agents will not be responsible for any losses, claims, expenses and liabilities that result from accepting these instructions, provided reasonable processes are used to confirm the instructions are genuine.

Please sign exactly as your name appears in Section 1.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Investor Signature | Date |

An **original** STAMP2000 Medallion Signature Guarantee ("MSG") is required when:

- the address of record has changed within the last 30 days;
- distribution checks are payable to someone other than the registered owner;
- distribution checks are mailed to an address other than the one on the account;
- distributions are sent to your bank account by Automated Clearing House to ACH instructions that are not on file;
- a One-Time Distribution is wire transferred to your bank account instructions that are not on file; or
- distributions are purchased into another Federated Hermes account where you are not the sole owner.

7. Acknowledgments and Signature Certification (continued)

If an **original** MSG is required, please contact the guarantor *in advance* to confirm signature and document requirements. An MSG is 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

8. Mailing Instructions

Please mail this form and any additional documentation to **The Federated Hermes 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