

Indemnification Agreement for Power of Attorney Registration



Complete this form to add the name of an Attorney-in-Fact to the registration of your account.

The **USA PATRIOT Act** requires the Federated Hermes Funds ("the Funds") to obtain, verify, and record information that identifies each person authorized to act on 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, the transaction will not be processed.

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

1. Investor Information

Enter the registration as it appears on your statement

Street Address	City	State	Zip Code
_____	_____	_____	_____
Daytime Phone Number	Evening Phone Number	Email Address	
_____	_____	_____	

2. Account Information

_____	_____
Fund Name and Share Class or Fund Number	Full Account Number
_____	_____
Fund Name and Share Class or Fund Number	Full Account Number

3. Attorney-in-Fact Information

_____	_____	_____
Full Legal Name (First, MI, Last, Suffix)	Social Security Number	Date of Birth
_____	_____	_____
Street Address	City	State Zip Code
_____	_____	_____
Daytime Phone Number	Email Address	
_____	_____	

4. Appointment

I, _____ of _____ do hereby make, constitute
Name of Shareholder Name of State

and certify that _____, whose signature is: _____
Name of Attorney-in-Fact Signature of Attorney-in-Fact

and whose address is: _____, has been appointed with authority.
Address of Attorney-in-Fact

I hereby certify that I have designated the foregoing person as my true and lawful attorney or agent ("Agent") for me and in my name, place and stead to:

- transmit to the Funds, their transfer agent, DST Asset Manager Solutions, Inc. ("DST"), or State Street Bank and Trust Company ("State Street") to act either orally or in writing in accordance with procedures established by either the Funds, State Street, or DST from time to time, instructions for the purchase, redemption, exchange or transfer of shares with respect to any account(s) I may hold with the Funds;
- make, draw, sign, endorse, negotiate, cash, deliver, and stop payment on checks drawn on any of my Fund account(s); and
- enter into all other lawful transactions for any of my Fund account(s), including transfer into the name of said Agent or direct remittance of the proceeds of the sale to said Agent.

I agree to indemnify and hold State Street, DST, the Funds, and their respective officers, directors, affiliates and agents, harmless from acting on instructions, either oral or in writing, believed to have originated from my Agent and from any and all acts of my Agent for the shares held in my Fund account(s).

This authorization and indemnity is a continuing one and will remain in full force and effect and be binding on my heirs, executors, successors, beneficiaries, or assigns until revoked by me by a written notice delivered to the Funds, State Street, or DST. Such revocation will not affect any liability in any way resulting from transactions initiated prior to Federated Hermes' acting on the revocation within a reasonable amount of time.

In case of my death, disability, or incompetence, this authorization will continue, and the Funds, State Street, DST, and their respective agents and assigns will not be responsible for any action taken based on this authorization until the Funds have received written notice of my death, disability, or incompetence.

10. 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 7th Street, Suite 219318
Kansas City, MO 64105-1407

Client Services 1-800-341-7400, Option 4

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

Federated Shareholder Services Company