

# Institutional Shares (IS) and Service Shares (SS) Fluctuating Funds Eligibility Form



Use this form to confirm Investor Eligibility to purchase into IS or SS Shares of Federated Fluctuating Funds (the "Funds").

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

## 1. Eligible Investors

**IS and SS Shares are only available for investment by "Eligible Investors";** IS and SS Shares are generally not available for direct investment by "natural persons" (i.e. an investor other than a corporation, institution, endowment, investment advisor, or business entity).

You are an Eligible Investor if you can answer YES to any of the categories listed in Sections 1A below.

### 1A. Categories of Eligible Investors

Please check the appropriate box below to indicate which category qualifies you as an Eligible Investor.

Note: Federated Shareholder Services Company ("FSSC") may request that you provide documentation sufficient to verify your status as an Eligible Investor.

#### Eligible Investors that ARE NOT subject to the applicable minimum initial investment amount for the purchase of IS and/or SS Shares:

Note: Such accounts remain subject to the Fund's policy on "Accounts with Low Balances" as discussed in the Fund's Prospectus.

- |  | YES                      |
|--|--------------------------|
| ■ An investor participating in a no-load network or platform, network or other fee-based program offered by a financial intermediary, for example, a wrap-account or retirement platform where FSSC has entered into an agreement with the intermediary;   | <input type="checkbox"/> |
| ■ A trustee/director, employee or former employee of the Fund, the Adviser, the Distributor and their affiliates; an immediate family member of these individuals, or a trust, pension or profit-sharing plan for these individuals;   | <input type="checkbox"/> |
| ■ An employer-sponsored retirement plan;   | <input type="checkbox"/> |
| ■ A trust institution investing on behalf of its trust customers;  | <input type="checkbox"/> |
| ■ Additional sales of a given fund to an investor (including a natural person) who owned IS and/or SS Shares of that Fund as of December 31, 2008;   | <input type="checkbox"/> |
| ■ A Federated Fund;  | <input type="checkbox"/> |
| ■ An investor (including a natural person) who acquired IS and/or SS Shares of a Fund pursuant to the terms of an agreement and plan of reorganization which permits the investor to acquire such shares; and  | <input type="checkbox"/> |
| ■ In connection with an acquisition of an investment management or advisory business, or related investment services, products or assets, by Federated Hermes or its investment advisory subsidiaries, an investor (including a natural person) who: (1) becomes a client of an investment advisory subsidiary of Federated Hermes; or (2) is a shareholder or interest holder of a pooled investment vehicle or product that becomes advised or subadvised by a Federated Hermes investment advisory subsidiary as a result of such an acquisition other than as a result of a fund reorganization transaction pursuant to an agreement and plan of reorganization. | <input type="checkbox"/> |

#### Eligible Investors that ARE subject to the applicable minimum initial investment amount for the purchase of IS and/or SS Shares:

- |   | YES                      |
|---|--------------------------|
| ■ An investor, other than a natural person, purchasing IS and/or SS Shares directly from the Fund; and  | <input type="checkbox"/> |
| ■ In connection with an initial purchase of IS and/or SS Shares through an exchange, an investor (including a natural person), who owned IS and/or SS Shares of another Fund as of December 31, 2008. | <input type="checkbox"/> |

If you are an Eligible Investor, as defined in Section 1A, complete Sections 2 and 3, and mail the completed form to the appropriate address provided in Section 4.

## 2. Eligible Investor Information

\_\_\_\_\_

Fund Name and Share Class or Fund Number being Purchased

\_\_\_\_\_

Full Legal Name (First, MI, Last, Suffix)

\_\_\_\_\_

Full Account Number (If existing Shareholder)

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email Address

### 3. Signature

By signing below, I certify that the information provided is accurate and current as of the date noted below.

\_\_\_\_\_

Investor Signature, including capacity

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Date

### 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 7<sup>th</sup> Street, Suite 219318  
Kansas City, MO 64105-1407