

# Name Change Form



Complete this form to update the registration of your account(s) due to a legal name change.

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

## 1. Account Information

<input type="text"/>		
Former Name (As it appears in the current registration)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Evening Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Name and Share Class	Fund Number	Full Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Name and Share Class	Fund Number	Full Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Signature

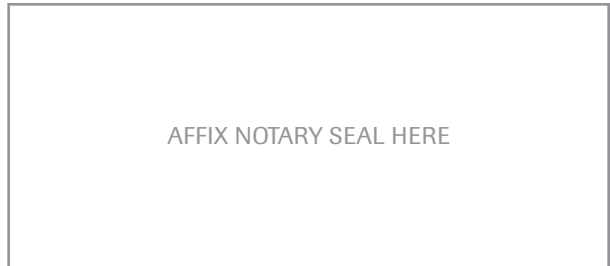
A notary seal is required. Please contact the notary *in advance* to confirm signature and document requirements.

<input type="text"/>
Former Name as it appears in the current registration (Please print)
<input type="text"/>
Former signature, with capacity, if applicable (Trustee, Custodian, Guardian, Power of Attorney)
<input type="text"/>
New Name (Please print)
<input type="text"/>
New signature, with capacity, if applicable (Trustee, Custodian, Guardian, Power of Attorney)

State of	<input type="text"/>
County of	<input type="text"/>

On this  day of , 20 , before me personally appeared , to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he executed the same.

<input type="text"/>
Signature of Notary Public
My commission expires: <input type="text"/>



## 3. 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

**Federated Client Services** 1-800-341-7400

For more information, visit our website at [FederatedInvestors.com](http://FederatedInvestors.com)