

# New Account Application: Business Entity (Financial Intermediary/Direct Retail)



Complete this application to establish a new business account; see below for applicable entity types. If the account has more than one shareholder, all singular references in the New Account Application apply to all shareholders.

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.

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

## 1. New Account Registration

If you are a Federated Hermes employee, please provide your employee ID number.     (Dealer #91602/000)

### 1a. Type of Ownership

**Select one type of registration for the new account.** Completion of Section 3 is required, unless the entity is a publicly traded corporation or federal/state regulated bank. *Official documentation to verify the entity's form of organization is required. Please contact Client Services for examples of acceptable documentation.*

- C-Corporation or Incorporated Bank, Savings & Loan (040) *Must have Inc. or Corp in entity name.*  Non-Profit (061)
- If publicly Traded Corporation, provide CUSIP number or Ticker Symbol
- If Banking Institution, provide FDIC number
- Partnership (041)
- Non-Exempt (063)
- S-Corporation or S-Incorporated Bank, Savings & Loan (440) *Must have Inc. or Corp in entity name.*  Business Trust (070)

<input type="text"/>	<input type="text"/>
Name of Corporation, Partnership or Other Entity	Social Security or Tax ID Number
<input type="text"/>	<input type="text"/>
Street Address	City State Zip Code
<input type="text"/>	<input type="text"/>
Mailing Address (if different)	City State Zip Code
<input type="text"/>	<input type="text"/>
Representative Name	Representative Phone Number

#### Country Where Organization Was Established

- U.S.  Resident Alien  Nonresident Alien

Country of Establishment, if not U.S.

#### Tax Residency

- U.S.  Other

+ Country of Tax Residence, if not U.S.

+ To claim tax treaty benefits, also complete and submit an IRS Form W8-BEN.

### 1b. Owner Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Legal Name (First, MI, Last, Suffix)	Social Security or Tax ID Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different)	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Evening Phone Number	Email Address

#### Citizenship

- U.S.  Resident Alien  Nonresident Alien

Country of Citizenship, if not U.S.

#### Tax Residency

- U.S.  Other

+ Country of Tax Residence, if not U.S.

+ To claim tax treaty benefits, also complete and submit an IRS Form W8-BEN.

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

## 2. Financial Intermediary Information (i.e., Broker, Planner, Advisor)

Selection of the appropriate box is **REQUIRED**.

- I **do not** want to add a Financial Intermediary to the new account.
- I would like to add the following Financial Intermediary to the new account. *The new instructions **must** be provided and the Financial Intermediary **must sign** below. If he/she does not provide a signature, no Financial Intermediary information will be added to the new account.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm or Institution Name	Dealer Number/Branch or Group Number/Branch										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Address	City			State		Zip Code					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intermediary Name	Intermediary Number			Intermediary Phone Number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intermediary Signature	Date										

**Attention Financial Intermediaries:** Please ensure your firm's corporate policy permits direct-at-fund accounts prior to establishment, to avoid potential delays in processing or account rejections.

## 3. Certification of Beneficial Owners and Controlling Person

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. This section, parts a and b, must be completed for the following legal entities: corporations, partnerships, and any other similar business entities formed in the United States or a foreign country.

### 3a. Beneficial Owner Information

Provide the following information for each individual, *if any*, who directly or indirectly owns 25% or more of the equity interests of the legal entity listed in Section 1 (e.g., each natural person that owns 25% or more of the shares of a corporation).

- Beneficial Owner Not Applicable. Complete Section 3b.
- Beneficial Owner(s) listed below:

**A.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Legal Name (First, MI, Last, Suffix)	Percentage		Date of Birth								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)			Country (do not abbreviate)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (No P.O. Box)	City			State		Zip Code					

**B.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Legal Name (First, MI, Last, Suffix)	Percentage		Date of Birth								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)			Country (do not abbreviate)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (No P.O. Box)	City			State		Zip Code					

**C.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Legal Name (First, MI, Last, Suffix)	Percentage		Date of Birth								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)			Country (do not abbreviate)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (No P.O. Box)	City			State		Zip Code					

**D.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Legal Name (First, MI, Last, Suffix)	Percentage		Date of Birth								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)			Country (do not abbreviate)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (No P.O. Box)	City			State		Zip Code					

### 3. Certification of Beneficial Owners and Controlling Person (continued)

#### 3b. Controlling Person

Provide the following information for an individual with significant responsibility for managing or directing the legal entity, including executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). *Note: An individual listed in Section 3a may also be listed as the Controlling Person.*

<input type="text"/>		<input type="text"/>	
Full Legal Name (First, MI, Last, Suffix)		Title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)	Country (do not abbreviate)
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Address (No P.O. Box)		City	State Zip Code

### 4. Fund Selection, Initial Investment, and Distribution Options

#### 4a. Please make check payable to: The Federated Hermes Funds

Please understand that third party, starter checks, and other cash equivalents are **not** acceptable.

Fund Name and Share Class	Fund Number (a)	Dollar Amount (b)	Dividend Distributions (c)	Capital Gain Distributions (c)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest

(a) Class A shares will be purchased if no share class or fund number is indicated. (b) Refer to the prospectus for minimum initial investment amount. (c) If you do not choose a distribution option, dividends and capital gains will be reinvested at the net asset value to purchase additional shares. Dividends may also be reinvested without sales charges in any share class of another Federated Hermes Fund of which you are already a shareholder.

Any dividend and/or capital gain distribution by check that is less than \$25.00 will automatically be reinvested into your account. This policy does not apply if you have elected to receive cash distributions that are directly deposited into your bank account via wire or ACH. If checks remain uncashed for 180 days, future dividends and capital gains will not be distributed but will be reinvested into your account.

#### 4b. Special Instructions for Cash Distributions

The Fund(s) will make checks payable as the account is registered and mail them to your mailing address, unless you provide other instructions below. The option you choose applies to all funds unless you assign different options to different funds.

- Deposit to Bank Account by Automated Clearing House (ACH)** (Completion of Section 6 is required.)
- Alternate Payee** — Make check payable to:
- Alternate Mailing Address** — Mail check to:
 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address or P.O. Box	City	State	Zip Code
- Dividend Move** — Reinvest in another Federated Hermes Fund (Restrictions apply — See prospectus for details).
 

<input type="text"/>	<input type="text"/>
Fund Name	Full Account Number

## 5. Account Service Options

Telephone Exchange and Telephone Redemption **by Check** are standard on your account. If you wish to participate in any of the services in Section 5a or Section 5b, you **must** complete the Bank Information in Section 6 of this application.

### 5a. Telephone/Online Request Services

Telephone/Online **Investment by ACH** and/or Telephone/Online **Withdrawal by ACH/Wire** are automatically available upon request, unless you opt out of these services by checking the box(es) below.

#### Telephone/Online Request for **Investment by ACH**

I/We **do not** authorize the Funds or their transfer agent to act upon telephone instructions for investments into my/our mutual fund account.

#### Telephone/Online Request for **Withdrawal by ACH or Wire**

I/We **do not** authorize the Funds or their transfer agent to act upon telephone instructions for withdrawals from my/our mutual fund account.

Telephone instructions to place a trade may be provided by the shareholder(s) of record or the Financial Intermediary. Telephone requests for investments or withdrawals must be received by the Funds or their transfer agent by 4:00 p.m. ET to be processed that same day.

The Fund does not charge for these services; however, please verify with your bank for any fees associated with this service.

### 5b. Systematic Transaction Services

The following systematic options are available upon request:

- **Systematic Investment Program (SIP) by ACH (\$50 minimum per fund)** — withdraw money from your bank account by ACH and purchase shares for your mutual fund account. You cannot use SIP to open an account; the account must be opened with the minimum initial investment for SIP to begin.
- **Systematic Withdrawal Program (SWP) by ACH (\$50 minimum per fund)** - withdraw money from your mutual fund account and deposit by ACH to your bank account.
- **Systematic Withdrawal by Check (\$50 minimum per fund)** – withdraw money from your mutual fund account and issue a check. Checks will be payable exactly as the account is registered and sent to the address of record, unless special mailing instructions are provided on this form. If checks remain uncashed for 180 days, future dividends and capital gains will not be distributed but will be reinvested into your account.

#### By selecting any of the services, you:

- Authorize the Funds or their transfer agent to act as specified under each systematic option below.
- Understand this/these service(s) will be effective after the verification process and will continue indefinitely until you request cancellation or are deemed to be a "lost shareholder."
- Agree that if the day selected falls on a non-business day (weekend or holiday), the applicable **investment** will occur on the **following** business day and/or the applicable **withdrawal** will occur the **prior** business day.
- Agree that if no date is chosen, the transaction will occur as indicated on this form: on the **15th day** of the month **for systematic requests by ACH**; on the **24th day** of the month **for systematic request by Check**.

<input type="text"/> Fund Name and Share Class <b>or</b> Fund Number	<input type="text"/> Amount (\$)	<input type="text"/> Date
Select one: <input type="checkbox"/> SIP by ACH <input type="checkbox"/> SWP by ACH <input type="checkbox"/> Systematic Withdrawal by Check	Frequency: <input type="checkbox"/> All Months <input type="checkbox"/> Other (Check months below)	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December

<input type="text"/> Fund Name and Share Class <b>or</b> Fund Number	<input type="text"/> Amount (\$)	<input type="text"/> Date
Select one: <input type="checkbox"/> SIP by ACH <input type="checkbox"/> SWP by ACH <input type="checkbox"/> Systematic Withdrawal by Check	Frequency: <input type="checkbox"/> All Months <input type="checkbox"/> Other (Check months below)	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December

<input type="text"/> Fund Name and Share Class <b>or</b> Fund Number	<input type="text"/> Amount (\$)	<input type="text"/> Date
Select one: <input type="checkbox"/> SIP by ACH <input type="checkbox"/> SWP by ACH <input type="checkbox"/> Systematic Withdrawal by Check	Frequency: <input type="checkbox"/> All Months <input type="checkbox"/> Other (Check months below)	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December

**5. Account Service Options (continued)**

**5b. Systematic Transaction Services (continued)**

**Special Mailing Instructions for Systematic Withdrawal by Check**

Fund Name and Share Class or Fund Number		
Payee		
Street Address or P.O. Box		
City	State	Zip Code

For additional funds/instructions, attach a separate sheet that includes all information requested above; sign and date the sheet.

**6. Bank Information**

The Funds or their transfer agent require information about your bank account for Telephone Redemption by Wire, Telephone Request for Investment or Withdrawal, Systematic Investment and Systematic Withdrawal Programs by ACH, and to deposit dividends and capital gains to a bank account through ACH.

To use these services, 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	Date
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
- broker, dealer, or securities exchange member.

**Original Medallion Guarantee or  
Signature Validation Program Stamp**

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

## 7. Escheatment

### 7a. Lost Shareholder

It is important that you notify the Fund of any changes to your contact information, including both mail and email addresses. If the Fund's communications to you are returned as undeliverable, the Fund will try to reestablish contact with you. If those efforts fail and you are reasonably deemed to be a "lost shareholder," the Fund may elect to suspend account activity, program elections (including, systematic investment, withdrawal or exchange elections) and mailings. In addition, most states require entities like the Fund to turn over assets of lost shareholders following a period of time. Accordingly, the assets in your account may be transferred to the appropriate state if no activity or communication occurs in your account within the time period specified by state law. Once assets are "escheated" to a State, a shareholder will not be able to access their assets through the Fund. To avoid these kinds of problems, we urge you to keep your contact information with the Fund accurate at all times.

### 7b. Designated Representative

Residents of the state of Texas may opt to designate a representative to receive abandoned or unclaimed property (escheatment) notifications by completing the "Unclaimed Property Designation of Representative" form (the "Form"), which can be found on Texas' Comptroller's website. While the designated representative does not have any rights to claim or access the Shareholder's account or assets, the escheatment period will cease if the representative communicates knowledge of the Shareholder's location and confirms that the Shareholder has not abandoned his or her property. The completed Form **must** be mailed to the Fund (if your Shares are held directly with the Fund) or to your financial intermediary (if your Shares are not held directly with the Fund). If a Texas Shareholder opts to designate a representative to receive escheatment notifications, any escheatment notices will be delivered both to the Shareholder and the designated representative.

## 8. Cost Basis Account Election

**Please select one of the cost basis accounting methods listed below.** If no standing order is elected or if no instructions are received with the redemption order, our default cost basis method of Average Cost (**ACST**) will be applied. **ACST** controls the selection of shares used to calculate the cost basis and computes the loss or gain on the redemption.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Average Cost (ACST)</b>        | <input type="checkbox"/> <b>Low Cost First Out (LOFO)</b>                        |
| <input type="checkbox"/> <b>First In First Out (FIFO)</b>  | <input type="checkbox"/> <b>Loss Gain Utilization (LGUT)*</b>                    |
| <input type="checkbox"/> <b>Last In First Out (LIFO)</b>   | <input type="checkbox"/> <b>Specific Lot Identification (SLID)</b>               |
| <input type="checkbox"/> <b>High Cost First Out (HIFO)</b> | If electing <b>SLID</b> , please choose a secondary method: <input type="text"/> |

*Note: Average Cost cannot be chosen as a secondary cost basis account method.*

Internal Revenue Service regulations require mutual funds that produce tax Form 1099-B to report cost basis information on covered shares beginning January 1, 2012.

***This is a general interpretation of the tax laws. Specific questions about your situation can be directed to your tax or investment professional.***

\* *Loss Gain Utilization will decrement lots taking losses first. For lots that yield a loss, short-term lots will be redeemed ahead of long-term lots. For gain, long-term lots will be redeemed ahead of short-term lots.*

## 9. Related Accounts

The front-end sales charge may be reduced or eliminated by combining purchases in all related accounts of the Funds.

- Letter of Intent for Class A or F Shares** — To reduce the sales charge on this purchase, you need to submit a Letter of Intent with this application, unless an existing Letter of Intent is on File. Contact your investment professional, the Fund, or their transfer agent to request the form or complete online at [FederatedInvestors.com](http://FederatedInvestors.com) and print to sign.
- Concurrent Purchases and Accumulated Purchases** — I own shares of more than one fund/share class.

### 9a. Existing Accounts:

<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"/>
Fund Name and Share Class	Fund Number	Full Account Number

## 9. Related Accounts (continued)

### 9b. Additional Related Accounts

<input type="text"/>	<input type="text"/>	<input type="text"/>
Related Account Owner	Social Security or Tax ID 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"/>
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

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

## 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.**

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 MyFederatedAccount.com. *Note: Some trade restrictions may apply.*

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

- |   |   |
|---|---|
| <input type="checkbox"/> Account Statements         | <input type="checkbox"/> Newsletter and Marketing Materials |
| <input type="checkbox"/> Fund Documents and Reports | <input type="checkbox"/> Tax Documents (if applicable)      |
| <input type="checkbox"/> Proxy Materials            | <input type="checkbox"/> 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 FederatedInvestors.com.
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 when the selected information is available at:

<input type="text"/>
----------------------

Email Address

## 11. Acknowledgments and Signature Certifications

### By signing below, you:

- Verify that you have read the prospectus for each fund in which you are investing.
- Acknowledge that you have received, read, and accepted the Privacy Policy and Notice.
- Acknowledge that Federated Hermes does not undertake to provide impartial investment advice, or to give advice in a fiduciary capacity for purposes of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), Section 4975 of the Internal Revenue Code of 1986, as amended ("Code") or otherwise in connection with the sale or distribution of its products and services to you and your retirement account customers.
- Acknowledge that Federated Hermes does not provide 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.
- Authorize the Funds or their transfer agent to act on telephone instructions believed to be authentic for any service authorized on this form. Provided reasonable procedures to confirm telephone instructions are genuine and employed, 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 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.
- **For corporations, partnerships and other business entities:** I/we certify that each of the persons signing below has been elected and is now legally holding the office shown with his or her name, and is authorized to sell, assign, transfer and/or deliver any and all stocks, bonds, and/or other securities registered in the name of this corporation, partnership or business entity. I/we agree that the Funds or their transfer agent may rely upon this authorization until I/we notify the Funds or their transfer agent of any changes by submitting a corporate resolution that is certified within 12 months or a certificate of incumbency that is certified within 60 days of presentment.
- Acknowledge that the information provided in this Application is true, correct, and complete to the best of your knowledge.
- 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.

### Under penalties of perjury, I certify that:

1. The taxpayer identification number shown on this form is correct (or I am waiting for a number to be issued to me), and
2. The taxpayer listed on this form is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interests or dividends, or (c) the IRS has notified the taxpayer that it is no longer subject to backup withholding, and
3. Each owner of the account is a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

\_\_\_\_\_

Signature and Title of Authorized Officer

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

Date

\_\_\_\_\_

Signature and Title of Authorized Officer

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

Date

## 12. Mailing Instructions

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

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

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

Federated Shareholder Services Company



## Privacy Policy and Notice

Federated Hermes is committed to maintaining the confidentiality, security and integrity of client and shareholder information. We want you to understand how Federated Hermes obtains information, how that information is used and how it is kept secure.

### Personal Information Federated Hermes Collects

Federated Hermes may collect nonpublic personal information about you from the following sources:

- We may collect 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 customer information or disclose any personal information about you. 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, 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 nonpublic personal information about you with financial or non-financial companies or other entities, including companies affiliated with Federated Hermes, and other, nonaffiliated third parties, to the following:

- Information that is necessary and required to process a transaction or to service a customer relationship. For example, with a company that provides account record keeping services or proxy services to shareholders.
- 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.
- We may disclose 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.

Notwithstanding any other provision of this policy, 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 nonpublic personal information under state and federal privacy rules are not superseded by the federal whistleblower rules. As a result, the release of nonpublic 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 nonpublic personal information to support a claim made by the whistleblower.

### Information Security

Federated Hermes maintains physical, electronic, and procedural safeguards to protect your nonpublic 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.

When Federated Hermes shares nonpublic personal information, the information is made available for limited purposes and under controlled circumstances. We require third parties to comply with our standards for security and confidentiality. 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 Information

All Federated Hermes employees must adhere to Federated Hermes' privacy and confidentiality policies. Employee access to nonpublic personal information is authorized for business purposes only and is based on an employee's need for the information to service a customer's account 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 and shareholders.
- Information or data entered into a website will be retained.
- "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 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' 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, our policy requires 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 customer information in an effort to forecast future business needs. We then generate reports that are used for Federated Hermes' planning, analytical and other corporate purposes.

## Changes to Our Privacy Statement

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

## We Welcome Your Comments

Federated Hermes welcomes your questions and comments about our Privacy Policy. 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 disclosure applies to: Federated Hermes, Inc. and each of its wholly owned broker-dealer, investment advisor and other subsidiaries.

February 3, 2020