

# Payroll Deduction/Direct Deposit Form



Complete this form to establish Payroll Deduction/Direct Deposit or to update your existing instructions. Federated will establish this service and mail a confirmation to you when complete; attempts to use this service prior to obtaining confirmation may result in processing delays. Please consult the applicable fund prospectus for more information.

## THIS SERVICE IS NOT AVAILABLE FOR INSTITUTIONAL MONEY MARKET FUNDS.

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

### 1. To be Completed by the Employee/Payee

Please check one:  New Set Up  Change Existing Instructions

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

### 2. Investment Instructions

Indicate the amount you will invest. (\$25 minimum per pay)  Amount per pay \$   Entire net pay

Enter the fund name or fund number, the percentage you will invest in each fund, and your full account number.

Fund Name or Fund Number	Percentage	Full Account 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"/>
<b>Total 100%</b>		

### 3. Authorization and Signature

#### By signing below, you:

- Authorize your employer/the agency to make periodic investments into the above fund(s). You may terminate this agreement by written notice to you employer/the agency; such notice will be effective after the payer has reasonable time to act.
- 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.

<input type="text"/>	<input type="text"/>
Employee's Signature	Date

### 4. Mailing Instructions

**Employee/Payee:** Please retain a copy of this form for your records; mail the original to the address below. The Funds or their transfer agent will return the original to you for delivery to your payroll department or agency.

Please mail this form to **The Federated Funds:**

<b>Regular Mail:</b> P.O. Box 219318 Kansas City, MO 64121-9318	<b>Overnight Delivery:</b> 430 W 7 <sup>th</sup> Street, Suite 219318 Kansas City, MO 64105-1407
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**Federated Client Services** 1-800-341-7400

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

Federated Securities Corp., Distributor