

# Secretary's Certificate



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

## 1. Secretary's Certificate

SECRETARY'S CERTIFICATE OF: \_\_\_\_\_

The undersigned does hereby certify, for and on behalf of the named entity, that:

1. He is the duly elected, qualified and acting Secretary of \_\_\_\_\_, a \_\_\_\_\_ corporation (the "Corporation"), and is authorized to execute and deliver this Certificate in the name of and on behalf of the Corporation.
2. The individuals named in Exhibit A hereto are the [duly elected, qualified and acting incumbents of the offices set forth opposite their respective names][the individuals named in the within resolution as authorized to transact for and on behalf of the Corporation with respect to the matters enumerated in the within resolution], and the signatures of said [officers][individuals] set forth opposite said [offices][names] are their true and genuine signatures.
3. The following Resolutions of the Board of Directors of the Corporation were duly adopted by the Board of Directors of the Corporation at a meeting of the Board of Directors duly called and held on \_\_\_\_\_, remain in full force and effect on the date hereof, and are the only corporate Resolutions of the Corporation relating to the subject matter therein contained:  
RESOLVED, \_\_\_\_\_
4. Any party to whom this Secretary's Certificate is provided by the Corporation may rely upon the continuing enforceability and validity of the above recited resolutions until such time as such party receives actual written notice from the undersigned of the modification, amendment, or rescission thereof.

IN WITNESS WHEREOF, I have hereto affixed by signature as of this \_\_\_\_\_ day of \_\_\_\_\_, **2 0** \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

To be in full force and effect, the officer executing this Secretary's Certificate **cannot** be named in **Section 2, Exhibit A**.

**Certification:** If the company does not have a corporate stamp or seal, an original Medallion guarantee, Signature Validation (SVP) Stamp, or notarization from within your firm may be acceptable.

**Certification is valid for 12 months and is void if not dated.**

**CORPORATE STAMP, SEAL,  
SIGNATURE VALIDATION PROGRAM (SVP),  
or MEDALLION GUARANTEE**

## 2. Exhibit A

Incumbency Certificate

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

### 3. Delivery Instructions

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

**Fax:**  
ATTN: CMS  
1-800-358-4964

**Regular Mail:**  
ATTN: CMS  
P.O. Box 219318  
Kansas City, MO 64121-9318

**Overnight Mail:**  
ATTN: CMS  
430 W 7<sup>th</sup> Street, Suite 219318  
Kansas City, MO 64105-1407

**Direct Institutional Cash  
Management Services**  
Phone Number: 1-800-432-5119

**Institutional Investor with Intermediary  
Cash Management Services**  
Phone Number: 1-800-558-7587

**Wealth Management & Trust**  
Phone Number: 1-800-245-4270