## Signature Card for Check Writing Redemption



Complete this Signature Card to obtain a checkbook for your account. This account service option is available for certain money market funds; check the prospectus for availability. Checks are **not** available for Individual Retirement Accounts (IRAs).

## Important Information about Check Writing Services

Only account owners named in the registration may write checks and only **one** signature is required. Checks are personalized with the account registration, address, fund name, and account number. Any changes to the account owner's name(s) or signature style require a new Signature Card to be submitted.

New checkbooks will be issued and mailed within approximately 30-calendar days after UMB Bank receives the Signature Card. If your address has been changed within the last 30 days, an **original** signature Medallion guarantee is required.

This account service option continues indefinitely (including through a fund reorganization) until or unless you request cancellation or are deemed a "lost shareholder." If the Fund determines that you are a lost shareholder, all account activity, program elections and mailings may be suspended; and 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.

When your check is presented for payment, shares are redeemed from your Federated Hermes money market account. These shares will continue to earn the daily dividend until the date of redemption.

Photocopies of the front and back of your paid checks will be sent to you periodically.

Signature Card for Check Writin	g		
Please complete all applicable field	ds using blue or black ink, and print	clearly in capital lette	rs.
Fund Name			Full Account Number
Name of Owner, Custodian, POA, Guardian, Executor, Trustee, Authorized Officer, etc.			Social Security or Taxpayer ID Number
Name of Co-Owner, Co-Trustee, Authorized Officer, etc.			Social Security or Taxpayer ID Number
Mailing Address	City		State Zip Code
Phone Number	Email Address		
<b>By signing below</b> , I (we) accept the exactly as they would sign a check,			of this document. All owners must sign
Signature and Title of Owner, Custodian, Trustee, etc.			Date
Signature and Title of Co-Owner, Co-Trustee, etc.			Date
The above represents my/our leg	al signature(s).		
Delivery Instructions			
Please send this form to <b>The Fede</b>	usted Hammas 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	<b>Fax:</b> 1-800-358-6269	
	to request that the signature of the will be assessed a <b>\$15.00 fee</b> for		esentative of the addressee) be required

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

UMB Bank, Warsaw, Missouri

## CHECK WRITING ACCOUNT AGREEMENT

Each person signing the Check Writing Signature Card on the reverse hereof (an "Applicant") certifies that his or her signature thereon represents such Applicant's legal signature. Each Applicant guarantees the genuineness of any other Applicant's signature appearing on the Signature Card. The Fund from which Applicant's checks are to be paid, Applicant's Broker (if any), and UMB Bank, n.a., or its bank affiliates (collectively, the "Bank") and any of their successors are authorized to recognize such signature in the payment of checks, drafts and other instruments ("Checks") against Applicant's investment account ("Account"), any (1) of the signatures on the Signature Card, standing alone, being sufficient.

Each Applicant agrees to be bound by the Terms and Conditions for Check Writing (the "Terms"), which may be forwarded to Applicant by Bank from time to time. The Terms may be amended by the Bank, and shall be binding on Applicant and the Account when an Applicant receives notice of any such changes.

Each Applicant hereby appoints the Bank as Applicant's agent for purposes of this Check Writing Account Agreement. The Bank is authorized, upon the presentment of Checks or other electronic debits drawn on the Account (collectively, "Debits"), to transmit such Debits to the Fund or its Transfer Agent or to the Broker (as appropriate) as requests to redeem shares in the Account in an amount sufficient to pay such Debits, and to effect their payment. Applicant agrees that Bank may honor electronic payments to or from the Account as authorized by Applicant, when such payments are processed in accordance with law and the applicable payment system rules.

Applicant agrees that the Account is subject to the applicable terms and restrictions, including charges for check writing and payment processing services, as set forth in the current Prospectus or in a separate fee schedule for each Fund.

Applicant agrees that payments made from the Account under this Check Writing Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time. Applicant consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the provision of check writing or other payment services under this Agreement. Applicant agrees to examine the statement for the Account promptly. Applicant agrees to report any claim that a Check or other payment made from the Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement by any account holder. Failure to notify the Fund, the Broker or the Bank within that time will preclude any claim against the Fund, the Broker and the Bank by reason of any unauthorized or missing signature, alteration, or error of any kind. In the event the Fund, the Broker or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the Check or other payment improperly made.