

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.

Signature Card for Check Writing

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

<input type="text"/>		<input type="text"/>	
Fund Name		Full Account Number	
<input type="text"/>		<input type="text"/>	
Name of Owner, Custodian, POA, Guardian, Executor, Trustee, Authorized Officer, etc.		Social Security or Taxpayer ID Number	
<input type="text"/>		<input type="text"/>	
Name of Co-Owner, Co-Trustee, Authorized Officer, etc.		Social Security or Taxpayer ID Number	
<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>		
Phone Number	Email Address		

By signing below, I (we) accept the Check Writing Account Agreement stated on the back of this document. All owners must sign exactly as they would sign a check, including any capacity (i.e., Custodian, Trustee, etc.).

<input type="text"/>	<input type="text"/>
Signature and Title of Owner, Custodian, Trustee, etc.	Date
<input type="text"/>	<input type="text"/>
Signature and Title of Co-Owner, Co-Trustee, etc.	Date
<input type="text"/>	<input type="text"/>
Signature and Title of Co-Owner, Co-Trustee, etc.	Date
<input type="text"/>	<input type="text"/>
Signature and Title of Co-Owner, Co-Trustee, etc.	Date

The above represents my/our legal signature(s).

Delivery Instructions

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

Regular Mail:	Overnight Delivery:	Fax:
P.O. Box 219318	430 W 7 th Street, Suite 219318	1-800-358-6269
Kansas City, MO 64121-9318	Kansas City, MO 64105-1407	

Check this box if you would like to request that the signature of the addressee (or a representative of the addressee) be required for delivery. *Note: Your account will be assessed a **\$15.00 fee** for this service.*

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.

The Bank may refer to the signature card for this Account or to another document upon which your signature appears to determine the authenticity of your signature on a check, and may use an automated process to reproduce and retain your signature from a check. The Bank may use a check paid from your Account as a source document for your signature (sometimes called a "reference image") and the signature will be deemed authentic, unless you inform the Fund, your Broker or the Bank that your signature on the check was not valid within thirty (30) calendar days the date you received your Account statement on which the item was first identified as having been paid. You will be considered to have received your Account statement within five (5) calendar days after the statement ending date. If the Bank returns a check because it believes in good faith that the signature does not match an authorized signature on file, the Fund, the Broker and the Bank will be not liable to you even if you authorized the check.

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.