

Transfer on Death (TOD) Registration Beneficiary Form



Complete this form to establish a TOD registration on an existing account, or to update the beneficiaries on an existing TOD account. Upon the death of the investor(s), ownership passes to the beneficiary(ies). To update the beneficiary(ies) on your retirement account, please complete an IRA Beneficiary Form.

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

1. Account Information

Complete a separate form for each account number.

Full Account Number

Enter the registration as it appears on your statement.

I have one/multiple funds under this number; apply this change to **all** funds.

I have multiple funds under this number; apply this change **only** to the fund(s) listed below:

Fund Name and Share Class **or** Fund Number

Fund Name and Share Class **or** Fund Number

Fund Name and Share Class **or** Fund Number

Fund Name and Share Class **or** Fund Number

2. Beneficiary Information

Please select the appropriate box below and enter your beneficiary information. If you name more than one beneficiary, please indicate a percentage for each; the percentages must total 100%.

Establish a TOD registration with the following beneficiary(ies)

Replace my current beneficiary(ies) with the following beneficiary(ies), and reallocate the percentages as indicated.

Important Notes:

A primary beneficiary is required; secondary beneficiaries are optional.

To minimize the possibility of future account escheatment to the state, please be sure that you notify your beneficiaries of their designation.

To name a Trust as your beneficiary, enter the name, date, and Tax Identification Number of the Trust.

If the beneficiary is a minor at the time of distribution, a Custodian/Guardian must be named.

A.

Name of Beneficiary: Primary Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

B.

Name of Beneficiary: Primary Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

2. Beneficiary Information (continued)

C.

Name of Beneficiary: Primary Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

D.

Name of Beneficiary: Primary Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

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

3. Signature Authorization

All account owners must sign this form exactly as their names appear in the current registration to authorize this account update.

SIGN HERE

Signature of Owner Date

Daytime Phone Number

SIGN HERE

Signature of Joint Owner Date

Daytime Phone Number

4. Delivery Instructions

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

Regular Mail:

P.O. Box 219318
Kansas City, MO 64121-9318

Overnight Delivery:

430 W 7th Street, Suite 219318
Kansas City, MO 64105-1407

Fax:

1-800-358-6269

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

For more information, visit our website at FederatedInvestors.com

Federated Shareholder Services Company