

# Decedent IRA New Account Application



Complete this application to establish a mutual fund Individual Retirement Account (IRA) for which you are a beneficiary and the shareowner is now deceased. *If you are a spousal beneficiary and wish to treat the account as your own, please complete the IRA New Account Application.*

The **USA PATRIOT Act** requires the Federated Hermes Funds (the **"Funds"**) to obtain, verify, and record information that identifies each person who opens an account. Failure to provide required information may result in processing delays. Additional documentation may be requested. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

**Prior to completing this application**, carefully review all sections of the UMB Bank n.a. Traditional IRA Custodial Agreement or the UMB Bank n.a. Roth IRA Custodial Agreement available at [FederatedHermes.com/us](http://FederatedHermes.com/us). A copy may also be requested by contacting Client Services.

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

## 1. Investor Information and Mailing Address

Complete 1a if registering the Decedent IRA as an individual beneficiary.

Complete 1b if registering the Decedent IRA in the name of a Trust, Estate, Minor, or Business Entity.

If you are a Federated Hermes employee, please provide your employee ID number.  (Dealer #91602/000)

### 1a. Individual Registration

Complete the following and proceed to Section 4.

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

### 1b. Trust, Estate, Minor, or Business Registration

Completion of Section 2 and 3 is required if registering the Decedent IRA to a Business Entity; see Section 2 for entity types.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Trust, Estate, Minor, or Business Entity	Trust/Estate/Entity Tax ID Number	Date of Trust
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Legal Name of Trustee, Executor, Custodian, Officer (First, MI, Last, Suffix)	Social Security or Tax ID Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different)	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Evening Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Legal Name of Co-Trustee, Co-Executor, Minor (First, MI, Last, Suffix)	Social Security or Tax ID Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different)	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Evening Phone Number	Email Address

## 2. Business Entity Type

Select one type of registration for the new account. Completion of Section 3 is required for Business Entities, unless the entity is a publicly traded corporation or federal/state regulated bank. Official documentation to verify the entity's form of organization is required. Please call Client Services for examples of acceptable documentation.

- C-Corporation or Incorporated Bank, Savings & Loan (040)  
If publicly Traded Corporation, provide CUSIP number or Ticker Symbol   
If Banking Institution, provide FDIC number
- Non-Profit (061)  
 Partnership (041)  
 Non-Exempt (063)  
 Business Trust (070)
- S-Corporation or S-Incorporated Bank, Savings & Loan (440)

### Country Where Organization Was Established

- U.S.  Resident Alien  Nonresident Alien

Country of Establishment, if not U.S.

### Tax Residency

- U.S.  Other

+ Country of Tax Residence, if not U.S.

+ To claim tax treaty benefits, also complete and submit an IRS Form W8-BEN.

## 3. Certification of Beneficial Owners and Controlling Person

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. This section, parts a and b, must be completed for the following legal entities: corporations, partnerships, and any other similar business entities formed in the United States or a foreign country.

### 3a. Beneficial Owner Information

Provide the following information for each individual, if any, who directly or indirectly owns 25% or more of the equity interests of the legal entity listed in Section 1b (e.g., each natural person that owns 25% or more of the shares of a corporation).

- Beneficial Owner Not Applicable. Complete Section 3b.

- Beneficial Owner(s) listed below:

A.

Full Legal Name (First, MI, Last, Suffix) Percentage Date of Birth

Social Security or Tax ID Number Passport Number (if not U.S. Citizen) Country (do not abbreviate)

Street Address (No P.O. Box) City State Zip Code

B.

Full Legal Name (First, MI, Last, Suffix) Percentage Date of Birth

Social Security or Tax ID Number Passport Number (if not U.S. Citizen) Country (do not abbreviate)

Street Address (No P.O. Box) City State Zip Code

C.

Full Legal Name (First, MI, Last, Suffix) Percentage Date of Birth

Social Security or Tax ID Number Passport Number (if not U.S. Citizen) Country (do not abbreviate)

Street Address (No P.O. Box) City State Zip Code

D.

Full Legal Name (First, MI, Last, Suffix) Percentage Date of Birth

Social Security or Tax ID Number Passport Number (if not U.S. Citizen) Country (do not abbreviate)

Street Address (No P.O. Box) City State Zip Code

### 3. Certification of Beneficial Owners and Controlling Person (continued)

#### 3b. Controlling Person

Provide the following information for an individual with significant responsibility for managing or directing the legal entity, including executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). *Note: An individual listed in Section 3a may also be listed as the Controlling Person.*

<input type="text"/>		<input type="text"/>	
Full Legal Name (First, MI, Last, Suffix)		Title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)	Country (do not abbreviate)
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Address (No P.O. Box)		City	State Zip Code

#### 4. Relationship to Original IRA Owner

The Setting Every Community Up for Retirement Enhancement (SECURE) Act made changes to rules related to retirement accounts, including required minimum distribution (RMD) rules (which impacts unclaimed property (escheatment) laws of certain states). Accordingly, you must identify your beneficiary relationship with the original owner of the IRA/Roth IRA. **If you need further guidance, please contact your tax advisor.**

Please select only **one** beneficiary type:

##### First Generation Beneficiary Options:

###### (Inheriting Directly from the Original IRA Owner)

- First Generation Non-Designated Beneficiary (1st Gen NDB)  
*Select this option if the inherited IRA is being transferred to an entity beneficiary (estate, charity, trust)*
- First Generation Eligible Designated Sole Spouse Beneficiary (1st Gen EDB-Sole Spouse)  
*Select this option if you are a sole spouse and you are not electing to treat as your own IRA.*
- First Generation Eligible Designated Minor Beneficiary of Deceased Owner (1st Gen EDB-Minor)  
*Select this option if the inherited IRA is for a minor (under the age of 18) who is a direct descendent (son or daughter) of the deceased shareholder.*
- First Generation Eligible Designated Beneficiary – Other (1st Gen DB)  
*Select this option if you are eligible for Life Expectancy payments (chronically ill beneficiary, disabled beneficiary, eligible designated beneficiary less than 10 years younger than original account owner.)*
- First Generation Designated Beneficiary  
*Select this option if you are not eligible for Life Expectancy (sibling of deceased, grandchild of deceased, child over the age of 18.)*

##### Succeeding Generation Beneficiary Options:

###### (Inheriting from the Original IRA Owner's beneficiary)

- Succeeding Generation Beneficiary when First Generation was Eligible Designated Sole Spouse Beneficiary (2nd or > Gen EDB-Sole Spouse)  
*Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was an Eligible Designated Sole Spouse.*
- Succeeding Generation Beneficiary when First generation was Eligible Designated Minor of Deceased Owner (2nd or > Gen EDB-Minor)  
*Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a minor son or daughter (under the age of 18) of the original account owner.*
- Succeeding Generation Beneficiary when First Generation was Eligible Designated Beneficiary – Other (2nd or > Gen EDB-Other)  
*Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was eligible for Life Expectancy payments and was not the sole spouse or minor direct decedent of the original account owner.*
- Succeeding Generation Beneficiary when First Generation was a Designated Beneficiary (2nd or > Gen DB)  
*Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a designated beneficiary who was not eligible for Life Expectancy payments.*

#### Prior Owner(s) of IRA/Roth IRA – Succeeding Generation Beneficiary

Complete only if you selected one of the Succeeding Generation Beneficiary options above. Please provide all previous owner information of this IRA/Roth IRA.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous IRA Owner Full Name	Date of Birth	Date of Death
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous IRA Owner Full Name	Date of Birth	Date of Death

## 5. Decedent IRA Installment Distribution/RMD Selection

Complete this section to indicate the type of distribution for the inherited IRA/Roth IRA. Distributions will be by check unless banking instructions have been indicated in Section 11.

**Note:** The default Federal income tax withholding is 10%. If you would like to choose a withholding percentage other than the default, or you wish to have nothing withheld, please complete IRS Form W-4R which can be accessed at [irs.gov/forms](https://irs.gov/forms).

**If you need further guidance, please contact your tax advisor.**

### 5a. IRA Owners Over RMD Age - Not applicable for Roth IRAs

Important transfer restriction for owners that were over the RMD age.\* In the year of the owner's death, any unpaid RMD amounts for that year cannot be transferred to your IRA. These amounts must be paid to you.

Check and complete if applicable.

- Distribute the amount of the remaining RMD in a single payment.
- \_\_\_\_\_ was calculating the RMD amount.  
Client Name
- Please distribute \$ \_\_\_\_\_ to satisfy the remaining RMD.

\*RMD age is 70½ if the account owner's date of birth was on or before June 30, 1949. RMD age is 73 if the account owner's date of birth was after June 30, 1949.

### 5b. Beneficiary Installment Distribution Instructions

Select the appropriate installment instructions for the reported beneficiary type listed above for the inherited IRA/Roth IRA.

#### Spouse Beneficiary Options

**Life Expectancy Payment** (Distributions may be no later than December 31st of the calendar year immediately following the year in which the IRA owner died.)

- Pay the total account balance over the applicable life expectancy beginning on \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Year

*Note: Life expectancy payments will be calculated using the birth date of the beneficiary. If the original account owner died prior to January 1, 2020, you can elect to have life expectancy calculated on the original account owner's date of birth or the beneficiary's date of birth.*

#### Request a Distribution

- Establish systematic distribution over a period of \_\_\_\_ years / \_\_\_\_ months. Completion of Section 11b is required.

#### Non-Spouse Non-Designated Beneficiary Options

If the non-spouse beneficiary is an entity (i.e., the estate, a charity or a non-qualified trust) the only option for such beneficiaries of (1) traditional IRAs if the IRA owner died before RMD age,\* or (2) Roth IRAs, is to distribute the full balance by the end of the fifth calendar year following the year of the IRA owner's death.

#### Request a Distribution

- Establish systematic distribution over a period of 5 years. Completion of Section 11b is required.
- Request a distribution in the future.

#### Non-Spouse Eligible Designated Beneficiary Options

If the beneficiary is an "eligible designated beneficiary," such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the IRA owner, a child of the IRA owner who has not attained the age of 18 (upon such child attaining the age of majority any remaining assets must be distributed no later than the end of the tenth calendar year after the calendar year in which the child reaches the age of 18); certain disabled and chronically ill individuals, and an individual not listed above who is less than 10 years younger than the IRA owner. **Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary.**

#### Life Expectancy Payment

- Pay the total account balance over the applicable life expectancy beginning on \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Year

#### Request a Distribution

- Establish systematic distribution. Completion of Section 11b is required.
- Request a distribution in the future.

**5. Decedent IRA Installment Distribution/RMD Selection (continued)**

**5b. Beneficiary Installment Distribution Instructions (continued)**

**Designated Beneficiary Options**

As a general rule, for an IRA owner who died on or after January 1, 2020 the assets in the traditional or Roth IRA must be distributed to the designated beneficiary by the end of the tenth calendar year following the year of the IRA owner's death.

**Request a Distribution**

- Establish systematic distribution over a period of years. Completion of Section 11b is required.
- Request a distribution in the future.

**6. Financial Intermediary Information (i.e., Broker, Planner, Advisor)**

**Selection of the appropriate box is REQUIRED.**

- I **do not** want to add a Financial Intermediary to the new account.
- I would like to add the following Financial Intermediary to the new account. *The new instructions **must** be provided and the Financial Intermediary **must sign** below. If he/she does not provide a signature, no Financial Intermediary information will be added to the new account.*

Firm or Institution Name	Dealer Number/Branch or Group Number/Branch
Branch Address	City State Zip Code
Intermediary Name	Intermediary Number Intermediary Phone Number
Intermediary Signature	Date

**Attention Financial Intermediaries:** Please ensure your firm's corporate policy permits direct-at-fund accounts prior to establishment, to avoid potential delays in processing or account rejections.

**7. Fund Selection**

Please indicate the fund name and share class **or** fund number for the inherited IRA assets. Class A shares will be purchased if no share class or fund number is indicated.

Fund Name and Share Class	Fund Number	Amount (\$ or %)
		<input type="checkbox"/> \$ <input type="checkbox"/> % <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
		<input type="checkbox"/> \$ <input type="checkbox"/> % <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
		<input type="checkbox"/> \$ <input type="checkbox"/> % <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
		<input type="checkbox"/> \$ <input type="checkbox"/> % <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
		<input type="checkbox"/> \$ <input type="checkbox"/> % <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>

**8. Escheatment**

**8a. Lost Shareholder**

It is important that you notify the Fund of any changes to your contact information, including both mail and email addresses. If the Fund's communications to you are returned as undeliverable, the Fund will try to reestablish contact with you. If those efforts fail and you are reasonably deemed to be a "lost shareholder," the Fund may elect to suspend account activity, program elections (including, systematic investment, withdrawal or exchange elections) and mailings. In addition, most states require entities like the Fund to turn over assets of lost shareholders following a period of time. Accordingly, the assets in your account may be transferred to the appropriate state if no activity or communication occurs in your account within the time period specified by state law. Once assets are "escheated" to a State, a shareholder will not be able to access their assets through the Fund. To avoid these kinds of problems, we urge you to keep your contact information with the Fund accurate at all times.

**8. Escheatment (continued)**

**8b. Designated Representative**

Residents of the state of Texas may opt to designate a representative to receive abandoned or unclaimed property (escheatment) notifications by completing the "Unclaimed Property Designation of Representative" form (the "Form"), which can be found on Texas' Comptroller's website. While the designated representative does not have any rights to claim or access the Shareholder's account or assets, the escheatment period will cease if the representative communicates knowledge of the Shareholder's location and confirms that the Shareholder has not abandoned his or her property. The completed Form **must** be mailed to the Fund (if your Shares are held directly with the Fund) or to your financial intermediary (if your Shares are not held directly with the Fund). If a Texas Shareholder opts to designate a representative to receive escheatment notifications, any escheatment notices will be delivered both to the Shareholder and the designated representative.

**9. Spousal Consent**

The following states may require spousal consent to designate a non-spouse beneficiary for married residents to satisfy community/marital property laws: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

It is your responsibility to determine if spousal consent requirements apply to your beneficiary selection. The spousal consent below is provided as an accommodation; the Fund is not responsible for determining its necessity or validity.

*I hereby give the owner of this IRA any interest I have in the funds in this account. I consent to the beneficiary designation in **Section 10** and assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Fund.*

\_\_\_\_\_  
Signature of Spouse  
\_\_\_\_\_ | | | | | | | | | |  
Date

\_\_\_\_\_  
Signature of Witness  
\_\_\_\_\_ | | | | | | | | | |  
Date

**10. Beneficiary Information**

Upon receipt of proper instructions, your IRA assets will be distributed based on the beneficiary designation in this section. If the primary beneficiary does not survive you, your assets will be distributed to the secondary beneficiary, if designated. The percentages must total 100% for each class (primary or secondary). All surviving beneficiaries within each class will share equally if you do not indicate percentages. In the event all beneficiaries are deceased, distribution is made to your estate.

**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.

You may change your beneficiaries at any time by completing the IRA Beneficiary Form, located at [FederatedHermes.com/us](http://FederatedHermes.com/us).

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

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

**11. Account Service Options**

Telephone Exchange and Telephone Redemption by Check Services automatically apply to your account. Complete Section 11a if you choose to establish any of the services below; check all that apply:

- Telephone Request for Distribution by Wire
- Telephone Request for Distribution by ACH
- Systematic Withdrawal Program (SWP) (\$50 minimum per fund) - Completion of Section 11b is required.

**11a. Bank Account Information**

To use the services selected above, a voided check or deposit slip for your bank account **MUST BE ATTACHED** below. **Please use tape; do not staple.**

Affix Voided Check or Deposit Slip here

**Note:** If the name on the bank account does not match the name on your mutual fund account, an **original STAMP2000 Medallion Signature Guarantee ("MSG")** or Signature Validation Program stamp ("SVP") is required.

Bank Account Owner's Signature

Date

Bank Account Co-Owner's Signature

Date

If an **original** MSG or SVP is required, please contact the guarantor *in advance* to confirm signature and document requirements. An MSG and SVP are designed to protect the account from fraud and may be obtained from any of the following institutions:

- bank or trust company;
- savings association;
- credit union; or
- broker, dealer, or securities exchange member.

**Original Medallion Guarantee or Signature Validation Program Stamp**

Signature verification by a notary public is not an acceptable substitute.

**11. Account Service Options (continued)**

**11b. Systematic Distribution/SWP Information**

**Fund 1**

\_\_\_\_\_

Fund Name

\_\_\_\_\_

Amount (\$)      Start Date

Frequency:  All Months    Other (Check months below)

January     February    March       April

May           June         July         August

September    October    November    December

**Fund 2**

\_\_\_\_\_

Fund Name

\_\_\_\_\_

Amount (\$)      Start Date

Frequency:  All Months    Other (Check months below)

January     February    March       April

May           June         July         August

September    October    November    December

**12. Related Accounts - Concurrent and Accumulated Purchases**

The front-end sales charge may be reduced or eliminated by combining purchases in all related accounts of the Funds.

**12a. Existing Accounts**

_____	_____	_____
Fund Name and Share Class	Fund Number	Full Account Number
_____	_____	_____
Fund Name and Share Class	Fund Number	Full Account Number
_____	_____	_____
Fund Name and Share Class	Fund Number	Full Account Number

**12b. Additional Related Accounts**

_____	_____
<b>Spouse Full Legal Name</b> (First, MI, Last, Suffix)	Social Security or Tax ID Number
_____	_____
Fund Name and Share Class	Fund Number      Full Account Number
_____	_____
Fund Name and Share Class	Fund Number      Full Account Number
_____	_____
Fund Name and Share Class	Fund Number      Full Account Number

**Children must be under age 21 to be listed as an eligible related account.**

_____	_____
<b>Child Full Legal Name</b> (First, MI, Last, Suffix)	Social Security or Tax ID Number
_____	_____
Fund Name and Share Class	Fund Number      Full Account Number
_____	_____
Fund Name and Share Class	Fund Number      Full Account Number
_____	_____
Fund Name and Share Class	Fund Number      Full Account Number

To add additional existing and/or related accounts, attach a separate sheet that includes all information requested above; sign and date the sheet.



## 13. Fund Document Delivery and Account Access

### 13a. Householding

Only one mailing of the following documents will be sent if two or more members of a household with the same last name own separate accounts in the same fund:

- Prospectus
- Annual and semi-annual report
- Any proxy or information statement (each account receives a separate proxy card)

**If you prefer to receive duplicate documents — one for each account — check this box.**

To update this preference in the future, please call Client Services.

### 13b. Online Account Access/Electronic Delivery (E-Delivery)

A full range of easy-to-use services are available to help you securely manage your investments online. For 24/7 access to your account information, transaction processing, and E-Delivery, simply sign up at *My Federated Hermes Account* under Account Login. *Note: Some trade restrictions may apply.*

To go paperless, select to receive any or all of the following documents electronically:

- |   |   |
|---|---|
| <input type="checkbox"/> Account Statements         | <input type="checkbox"/> Newsletter and Marketing Materials     |
| <input type="checkbox"/> Fund Documents and Reports | <input type="checkbox"/> Tax Documents ( <i>if applicable</i> ) |
| <input type="checkbox"/> Proxy Materials            | <input type="checkbox"/> Select All                             |

**Note:** If you have selected to receive Account Statements electronically and wish to receive *one cumulative year-end paper statement*, check this box.

#### By consenting to E-Delivery, you understand:

1. In place of paper documents, you will receive an email notifying you when the items chosen to be received electronically are available online via [FederatedHermes.com/us](http://FederatedHermes.com/us).
2. E-Delivery will continue until you revoke your consent.
3. You must provide any changes to your email address. If emails are returned as undeliverable, your account will be reset to receive paper documents until a valid email address is provided.
4. E-Delivery is provided free of charge; however, your internet service provider and/or telephone company may charge you for internet access.

Please notify me when the selected information is available at:

Email Address

## 14. Acknowledgments and Signature Certification

#### By signing below, you:

- Acknowledge that you have received, read, accepted and specifically incorporated the UMB Bank n.a. Traditional IRA Custodial Agreement or the UMB Bank n.a. Roth IRA Custodial Agreement by reference to this New Account Application.
- Acknowledge that you have received, read, and accepted the Privacy Policy and Notice.
- Verify that you have read the prospectus for each fund in which you are investing.
- Acknowledge that Federated Hermes does not act as a fiduciary with respect to shareholder accounts and does not provide investment, tax, or legal advice.
- Certify that you have authority and legal capacity to purchase mutual fund shares and are of legal age in your state.
- Appoint UMB Bank n.a., P.O. Box 219318, Kansas City, MO 64121-9318, as Custodian of your IRA.
- Understand that the account is effective the day the Custodian accepts this application by issuing a confirmation statement.
- **For corporations and other business entities:** I/we certify that each of the persons signing below has been elected and is now legally holding the office shown with his or her name, and is authorized to sell, assign, transfer and/or deliver any and all stocks, bonds, and/or other securities registered in the name of this corporation, partnership or business entity. I/we agree that the Funds or their transfer agent may rely upon this authorization until I/we notify the Funds or their transfer agent of any changes by submitting a corporate resolution that is certified within 12 months or a certificate of incumbency that is certified within 60 days of presentment.
- Acknowledge that the information provided in this Application is true, correct, and complete to the best of your knowledge.
- Authorize the Funds or their transfer agent to act on telephone instructions believed to be genuine for any service authorized on this form. Provided reasonable procedures are used to confirm telephone instructions are genuine, you agree that the Funds, their transfer agent, their respective officers, directors, affiliates and agents will not be liable for any losses, claims, expenses and liabilities that result from accepting such telephone instructions.
- Understand that all Systematic Investment and Withdrawal Programs, Systematic Withdrawal by Check and Systematic Exchange continue indefinitely until you request cancellation or are deemed a "lost shareholder."

**14. Acknowledgments and Signature Certification (continued)**

- 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.
- Acknowledge that certain fees may be charged to your account as described in the Fee Schedule below.
- Understand that mutual funds are not obligations of, or guaranteed by, any bank or insured by the FDIC. You understand that since a mutual fund investment involves risk, including possible loss of principal, the value of an investment, when sold, may be greater or less than the amount originally invested.
- Agree that neither UMB Bank n.a., Federated Securities Corp., the Funds, their transfer agent, nor their respective officers, directors, or affiliates will be responsible for the authenticity of any instructions given and will be fully indemnified and held harmless from any and all direct and indirect liabilities, losses or costs.

**Under penalties of perjury, I certify that:**

1. The taxpayer identification number shown on this form is correct, (or I am waiting for a number to be issued to me), and
2. The taxpayer listed on this form is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the taxpayer that it is no longer subject to backup withholding, and
3. Each owner of the account is a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Social Security or Tax ID Number

**All investors must sign exactly as their names appear in Section 1, including capacity (Trustee, Executor, Custodian, Officer, etc.).**

Signature of Owner, Trustee, Executor, Custodian, Officer, etc.

Date

Signature of Co-Trustee, Co-Executor, Officer, etc.

Date

**15. Annual Fee**

Each December, an annual fee of \$15.00 per IRA account type registered under the same Social Security or Tax Identification Number is automatically deducted by the Fund.

**16. Mailing Instructions**

Please mail this application and any additional documentation to **The Federated Hermes 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



# Privacy Policy and Notice

**Last Updated: January 1, 2024**

Federated Hermes, Inc. ("Federated Hermes," "we," "our," or "us") is committed to maintaining the confidentiality, security, and integrity of customer, client, and shareholder information. In this Privacy Notice, we describe how Federated Hermes obtains your nonpublic personal information ("Personal Information"), how it is used, and how it is kept secure.

California Residents: If you are a resident of California, you may have additional rights regarding your personal information. Please review our California Consumer Privacy Act ("CCPA") Notice regarding your rights under the CCPA. The applicable notice may be found here: <https://www.federatedhermes.com/us/policies/california-consumer-privacy-act-notice.do>.

## Personal Information Federated Hermes Collects

Federated Hermes may collect Personal Information about you from the following sources:

- We may collect Personal Information from you or your financial representative on account applications, other forms or electronically, such as your name, address, Social Security number, assets, and income.
- We may collect information from you or your financial representative through transactions, correspondence, and other communications, such as specific investments and account balances.
- We may obtain other Personal Information in connection with providing you a financial product or service, such as depository or debit account numbers.

## Information Sharing Policy

Except as described below, Federated Hermes does not share or disclose client, customer, or shareholder Personal Information. If you decide to close your account(s) or become an inactive customer, we will continue to follow these privacy policies and practices.

Federated Hermes will not disclose Personal Information, including account numbers, access numbers, or access codes for deposit or transaction accounts to any nonaffiliated third party for use in telemarketing, direct mail, or other marketing purposes.

Federated Hermes limits the sharing of Personal Information about you with financial and non-financial companies or other entities, including companies affiliated with Federated Hermes, and other, nonaffiliated third parties, to the following:

- Personal Information that is necessary and required to process a transaction or to service a client, customer, or shareholder relationship. For example, sharing Personal Information with a company that provides account record keeping services or proxy services to shareholders.
- Personal Information that is required or permitted by law. For example, to protect you against fraud or with someone who has a legal or beneficial interest, such as your power of attorney, or in response to a subpoena.
- Some or all of the information described above with companies that perform joint marketing or other services on our behalf. For example, with the financial intermediary (bank, investment advisor, or broker-dealer) through whom you purchased Federated Hermes products or services, or with providers of joint marketing, legal, accounting or other professional services.
- Personal Information (which may include anonymized Personal Information) with third-party vendors that offer Federated Hermes sales data and analytics services, which vendors are subject to confidentiality obligations. These services may include operational assistance, transaction processing, and assisting with sales and marketing efforts.

Notwithstanding any other provision of this Privacy Notice, for the avoidance of doubt, nothing herein prevents reporting possible violations of federal law or regulation to any governmental agency or entity or making other disclosures protected under the whistleblower provisions of federal law or regulation. However, the protections provided for Personal Information under state and federal privacy law is not superseded by the federal whistleblower rules. As a result, the release of Personal Information, even to a government agency or entity, remains protected under state and federal privacy rules, and could be considered a violation of federal privacy rules, until the SEC or other government entity specifically request the Personal Information to support a claim made by the whistleblower.

## Information Security

Federated Hermes uses federal guidance and standards to develop and implement its reasonable security safeguards to prevent unauthorized access to and otherwise protect your Personal Information. Specifically, Federated Hermes maintains physical, electronic, and procedural safeguards to protect your Personal Information, and has procedures in place for its appropriate disposal and protection against its unauthorized access or use when we are no longer required to maintain the information. Please refer to our Security Policy for further information regarding how Federated Hermes makes doing business with us online more secure and convenient here: <https://www.federatedhermes.com/us/policies/security-policy.do>.

If Federated Hermes shares Personal Information, it is made available for limited purposes and under controlled circumstances. We require third parties to comply with our standards for security, confidentiality, and integrity. These requirements are included in written agreements between Federated Hermes and such third-party service providers.

Each of the following sections explains an aspect of Federated Hermes' commitment to protecting your Personal Information and respecting your privacy.

### Employee Access to Personal Information

Federated Hermes employees must adhere to Federated Hermes' security, privacy, and confidentiality policies. Employee access to Personal Information is authorized for business purposes only and is based on an employee's need for the information to service client, customer, and shareholder accounts or comply with legal requirements.

### Visiting a Federated Hermes Website

- Federated Hermes' website maintains statistics about the number of visitors and the information viewed most frequently. These statistics are used to improve the content and level of service we provide to our clients, customers, and shareholders.
- Information or data entered into a website will be retained. The information we collect depends on how you use our website (see our Cookie Notice at: <https://www.federatedhermes.com/us/policies/cookie-notice.do>).
- "Cookies" are used to improve your online experience. A cookie is a small file stored on your computer that recognizes whether you have visited our site before and identifies you each time you visit.
- We may also obtain Internet Protocol ("IP") addresses to monitor the number of visitors to the site.

### Restricted Access Website

Federated Hermes provides restricted sections of its websites for investment professionals and certain customers, clients, or shareholders. Information entered in these sites is only accessible by those individual clients or shareholders, persons with whom they share access information, a limited number of Federated Hermes employees, and Federated Hermes' authorized service providers who maintain website functionality. Federated Hermes does not permit the use of that information for any purpose, or the renting, selling, trading, or otherwise releasing or disclosing of information to any other party.

### Email

If you have opted to receive marketing information from Federated Hermes by email, we require that all messages include instructions for canceling subsequent email programs. Some products or services from Federated Hermes are intended to be delivered and serviced electronically. Email communication may be utilized in such cases. Please do not provide any account or Personal Information such as Social Security numbers, account numbers, or account balances within your email correspondence to us. We will not use unsecured email to execute transaction instructions, provide personal account information, or change account registration.

### Surveys / Aggregate Data

Periodically, Federated Hermes may conduct surveys about financial products and services or review elements of information in an effort to forecast future business needs. We then generate reports that are used for Federated Hermes' own planning, analytical, and other related purposes.

### Changes to Our Privacy Notice

Federated Hermes reserves the right to modify this Privacy Notice at any time. We will notify you of any changes that may affect your rights under this Privacy Notice.

### We Welcome Your Comments

Federated Hermes welcomes your questions and comments about this Privacy Notice. Client Service Representatives are available at 1-800-341-7400, Option 4, Monday through Friday from 8:00 a.m. to 6:00 p.m. ET.

This Privacy Notice applies to Federated Hermes, Inc. and each of its wholly owned broker-dealer, investment advisor and other subsidiaries.