

Indemnification Agreement for Power of Attorney Registration



Complete this form to add the name of an Attorney-in-Fact to the registration of your account.

The **USA PATRIOT Act** requires the Federated Hermes Funds ("the Funds") to obtain, verify, and record information that identifies each person authorized to act on 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, the transaction will not be processed.

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

1. Investor Information

Enter the registration as it appears on your statement

Street Address

City

State

Zip Code

Daytime Phone Number

Evening Phone Number

Email Address

2. Account Information

Fund Name and Share Class or Fund Number

Full Account Number

Fund Name and Share Class or Fund Number

Full Account Number

3. Attorney-in-Fact Information

Full Legal Name (First, MI, Last, Suffix)

Social Security Number

Date of Birth

Street Address

City

State

Zip Code

Daytime Phone Number

Email Address

4. Appointment

I, _____ of _____ do hereby make, constitute
Name of Shareholder Name of State

and certify that _____, whose signature is provided in Section 7 and whose address is:
Name of Attorney-in-Fact

_____, has been appointed with authority.
Address of Attorney-in-Fact

Address of Attorney-in-Fact

I hereby certify that I have designated the foregoing person as my true and lawful attorney or agent ("Agent") for me and in my name, place and stead to:

- transmit to the Funds, their transfer agent, SS&C Global Investor & Distribution Solutions, Inc. ("SS&C"), or State Street Bank and Trust Company ("State Street") to act either orally or in writing in accordance with procedures established by either the Funds, State Street, or SS&C from time to time, instructions for the purchase, redemption, exchange or transfer of shares with respect to any account(s) I may hold with the Funds;
- make, draw, sign, endorse, negotiate, cash, deliver, and stop payment on checks drawn on any of my Fund account(s); and
- enter into all other lawful transactions for any of my Fund account(s), including transfer into the name of said Agent or direct remittance of the proceeds of the sale to said Agent.

I agree to indemnify and hold State Street, SS&C, the Funds, and their respective officers, directors, affiliates and agents, harmless from acting on instructions, either oral or in writing, believed to have originated from my Agent, provided reasonable processes are used to confirm the instructions are genuine, or from any and all acts of my Agent for the shares held in my Fund account(s).

This authorization and indemnity is a continuing one and will remain in full force and effect and be binding on my heirs, executors, successors, beneficiaries, or assigns until revoked by me by a written notice delivered to the Funds, State Street, or SS&C. Such revocation will not affect any liability in any way resulting from transactions initiated prior to Federated Hermes' acting on the revocation within a reasonable amount of time.

In case of my death, disability, or incompetence, this authorization will continue, and the Funds, State Street, SS&C, and their respective agents and assigns will not be responsible for any action taken based on this authorization until the Funds have received written notice of my death, disability, or incompetence.

5. Shareholder Authorization

I have read this Indemnification Agreement for, and Certification of, Power of Attorney Registration in its entirety before signing.

Signature of Shareholder

____|____|____|____|____|____|____|____|

Date

Signature of Shareholder

____|____|____|____|____|____|____|____|

Date

6. Shareholder Notarization

STATE OF _____ s.s.:

On this _____ day of _____, 20____ before me personally appeared,

_____ to me personally known to be the individual described in and

Name of Shareholder/Grantor

who completed this Indemnification Agreement.

Notary Public

7. Affidavit of Attorney-in-Fact

I, _____ verify that _____

Name of Attorney-in-Fact

Name of Shareholder

did appoint me his/her true and lawful attorney by signing this Indemnification Agreement for Power of Attorney on _____

Date

Signature of Attorney-in-Fact

____|____|____|____|____|____|____|____|

Date

8. Attorney-in-Fact Notarization

STATE OF _____ s.s.:

On this _____ day of _____, 20____ before me personally appeared,

_____ to me personally known to be the individual described in and

Name of Attorney-in-Fact

who completed this Indemnification Agreement.

Notary Public

9. Signature and Medallion Guarantee of Authorized Person

To name an Attorney-In-Fact for a Trust Account, an original STAMP2000 Medallion guarantee is also required.

Signature of Trustee

____|____|____|____|____|____|____|____|

Date

____|____|____|____|____|____|____|____|

Daytime Phone Number

Signature of Co-Trustee

____|____|____|____|____|____|____|____|

Date

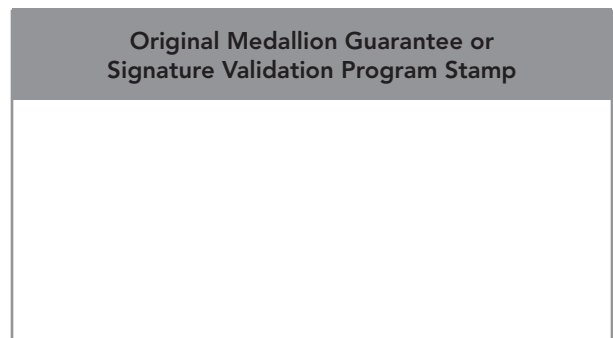
____|____|____|____|____|____|____|____|

Daytime Phone Number

If an **original** STAMP2000 Medallion Guarantee ("MSG") is required, please contact the guarantor *in advance* to confirm signature and document requirements. An MSG is 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.

Signature verification by a notary public is not an acceptable substitute. The Signature Validation Program Stamp may be used for non-financial transactions.



10. Mailing Instructions

Please mail 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

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

For more information, visit our website at [FederatedHermes.com/us](https://www.FederatedHermes.com/us)

Federated Shareholder Services Company