## Redemption by Mail Form

your account.



Complete this form to redeem all or a portion of account shares. If redeeming due to death, a separate form must be completed by each surviving owner or Transfer on Death ("TOD") Beneficiary. If redeeming to banking instructions that are not currently on file, please complete the Banking Instructions Form.

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

1. Account Information				
Account 1				
Full Account Number				1
Enter the registration as it ap	onears on the statement			
Redemption Instructions				
•	 deem all shares, or enter a percenta	age, dollar, or share a	amount for each f	und you wish to redeem.
			o □\$ □ Shares	I
und Name <b>or</b> Fund Numbe	r		s □\$ □ Shares	Enter %, \$, or Share Amount
und Name <b>or</b> Fund Numbe	r		·	Enter %, \$, or Share Amount
		LAII L1%	o □\$ □ Shares	
Fund Name <b>or</b> Fund Numbe	r	I □AII □%	o □\$ □ Shares	Enter %, \$, or Share Amount
und Name <b>or</b> Fund Numbe	r			Enter %, \$, or Share Amount
end the redemption by				
Make the check paya  ☐ All owners named				
☐ Surviving Owner				
	Name of Surviving Owner			
☐ TOD Beneficiary				
☐ Estate	Name of TOD Beneficiary			I
= Estate	Name of Estate			
☐ Trust				
	Name of Trust			
☐ Other				
	Please specify			
Mail the check to:				
☐ The address of reco	ord for the account.			
$\ \square$ The following addr	ess:			
Street Address		City		State Zip Code
Note: If checks remain un	cashed for 180 days, future dividen	ds and capital gains	will not be distrib	outed, but will be reinvested into

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□ All	□%	□\$	☐ Shares	und you wish to redeem.
	□%	□\$	□ Shares	
	□%	□\$	□ Shares	
	□%	□\$	□ Shares	
	□%	□\$	□ Shares	
	□%	□\$	□ Shares	
	□%			
	□%			
		□\$	Chausa	Enter %, \$, or Share Amount
	□%		□ Shares	
	□ %			Enter %, \$, or Share Amount
_ □ All		□\$	☐ Shares	
	_ 0/	Enter %, \$, or Share Amount		
	□%	□ \$		
				Enter %, \$, or Share Amount
tly on file,	please	com	plete the Ba	anking Instructions Form.
				I
City				State Zip Code
nd capital	gains ı	will no	ot be distrib	outed, but will be reinvested int
vner, pleas	e prov	ide:		
ate of Death				
ate of Death				
0 days. esidence.				
	City and capital wner, pleas ate of Death	City	City and capital gains will not compare the compare th	vnd capital gains will not be distrib

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3.	Cost Basis A	Account El	lection l	Viethods

Print Name

	ing methods listed below. If no standing order is asis method of Average Cost (ACST) will be apposente to standard or the redemption.	
□ Average Cost (ACST)	☐ Low Cost First Out (LOFO)	
☐ First In First Out (FIFO)	☐ Loss Gain Utilization (LGUT)+	
<ul><li>□ Last In First Out (LIFO)</li><li>□ High Cost First Out (HIFO)</li></ul>	☐ Specific Lot Identification (SLID)  If electing SLID, please choose a secondary	method:
	Note: Average Cost cannot be chosen as a	secondary cost basis account method.
Internal Revenue Service regulations require shares beginning January 1, 2012.	mutual funds that produce tax Form 1099-B to	report cost basis information on covered
investment professional.	aws. Specific questions about your situation	-
<ul> <li>Loss Gain Utilization will decrement lots ta long-term lots. For gain, long-term lots will</li> </ul>	king losses first. For lots that yield a loss, short-toe redeemed ahead of short-term lots.	term lots will be redeemed ahead of
4. Required Signature(s) for Tax Identifica	tion Number Certification	
It is important to certify the TIN or SSN. Acc or SSN are subject to backup withholding un of taxable distributions. To prevent backup with the proceeds completes this section to certi Representative, Trustee, etc., capacity must Under penalty of perjury, I certify that:	ification Number (TIN) or the Social Security Nur ording to federal income tax laws, accounts that der which the Federated Hermes Funds or their to withholding, the Executor, Administrator, Person fy that the number is correct. If the signer is the be included with the signature or the redemption	t do not have a correct and certified TIN transfer agent must withhold a percentage al Representative or other recipient of Executor, Administrator, Guardian, Legal
1. The TIN shown below is correct, (or I am	waiting for a number to be issued to me), and	
the Internal Revenue Service (IRS) that it i	ding because (a) it is exempt from backup withh s subject to backup withholding as a result of fai t is no longer subject to backup withholding, ar	lure to report all interests or dividends, or
3. Each owner of the account is a U.S. perso	on (including a U.S. resident alien).	
Note: If a TIN has not been established for t	he estate, the redemption will be processed us	ing the TIN currently listed on the account.
Signature(s) of Executor, Trustee, or recipi	ent of the proceeds:	
Signature and Title, if applicable (Executor, Truste	e)	Social Security Number of recipient
Print Name		Tax ID Number of Estate or Trust
Signature and Title, if applicable (Executor, Truste	e)	

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## 5. Signature and Medallion Guarantee of Authorized Person

To authorize the redemption, the current owner(s), surviving owner, TOD Beneficiary, Legal Representative(s), Trustee(s), or Affiant **must** sign below, including any capacity (i.e., John Smith, Executor).

Note: An **original** STAMP2000 Medallion Guarantee ("MSG") is **not** required if you provide a certified death certificate for the deceased owner and you are the surviving owner of a joint tenant with rights of survivorship account, and the redemption check is made payable to you and mailed to the address of record, which has not been changed in the past 30 days. All other redemptions require an original MSG.

If you were a TOD beneficiary on the former account, by signing below you no known disputes as to the persons entitled to a distribution under the non-proportion and no known claims that would affect the distribution requested.	u also certify that obate or the amo	nt: unde ounts to	r pena be dis	alty c stribu	of per uted t	jury, o ead	there are ch person,	
Signature and Title (if applicable) of owner, surviving owner, TOD Beneficiary, Executor,	Trustee, or Affiant	Date					_	
Phone Number								
Signature and Title of co-Executor or co-Trustee		Date						
Phone Number								
If an <b>original</b> MSG is required, please contact the guarantor <i>in advance</i> to confirm signature and document requirements. An MSG is designed		iginal Medallion Guarantee						
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.

## 6. Mailing Instructions

Please mail this form and any other documentation to The Federated Hermes Funds.

Regular Mail: Overnight Delivery:

P.O. Box 219318 801 Pennsylvania Avenue, Suite 219318

Kansas City, MO 64121-9318 Kansas City, MO 64105-1307