

Secretary's Certificate



Please complete all applicable fields using blue or black ink, and print clearly in capital letters. In addition, please attach the applicable Resolution(s) of the Board of Directors of the Corporation as referenced below.

1. Secretary's Certificate

SECRETARY'S CERTIFICATE OF: _____

The undersigned does hereby certify, for and on behalf of the named entity, that:

1. I am the duly elected, qualified and acting Secretary of this entity, a _____ Corporation (the "Corporation") and am authorized to execute and deliver this Certificate in the name of and on behalf of the Corporation.
2. The individuals named in Section 2 hereto are the (a) duly elected, qualified and acting incumbents of the offices set forth opposite their respective names, or (b) individuals named in the attached Resolution(s) of the Board of Directors of the Corporation ("Resolution(s)") as authorized to transact for and on behalf of the Corporation with respect to the matters enumerated in the Resolution(s). The signatures of the officers/individuals set forth opposite said offices/names are their true and genuine signatures.
3. The Resolution(s) is duly adopted by the Board of Directors of the Corporation at a meeting of the Board of Directors duly called and held on [][][][][][][][][][][][][][][][][][][], remain in full force and effect on the date hereof, and is the only Corporate Resolution(s) of the Corporation relating to the subject matter therein contained.
4. Any party to whom the Secretary's Certificate is provided by the Corporation may rely upon the continuing enforceability and validity of the Resolution(s) until such party receives the actual written notice from the undersigned of the modification, amendment, or rescission thereof.

IN WITNESS WHEREOF, I have hereto affixed by signature as of this _____ day of _____, [2 | 0 |][][] .

Signature

Title

To be in full force and effect, the officer executing this Secretary's Certificate **cannot** be named in **Section 2**.

Certification: If the company does not have a corporate stamp or seal: an original STAMP2000 Medallion Guarantee, Signature Validation Program Stamp, or notarization from within your firm is acceptable.

Certification is valid for 12 months and must be renewed annually. If not, requests for trades, account changes, and account information may be delayed.

**CORPORATE STAMP, SEAL,
ORIGINAL MEDALLION GUARANTEE, or
SIGNATURE VALIDATION PROGRAM STAMP**

2. Incumbency Certificate

1. _____
Name

Title

Signature

2. _____
Name

Title

Signature

3. _____
Name

Title

Signature

4. _____
Name

Title

Signature

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

3. Delivery Instructions

Please send this form and any additional documentation to **The Federated Hermes Funds**:

Fax:
ATTN: CMS
1-800-358-4964

Regular Mail:
ATTN: CMS
P.O. Box 219318
Kansas City, MO 64121-9318

Overnight Mail:
ATTN: CMS
801 Pennsylvania Avenue, Suite 219318
Kansas City, MO 64105-1307

Federated Hermes Client Services 1-800-245-4270