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	
SE	SECRETARY'S CERTIFICATE OF:	
Th	The undersigned does hereby certify, for and on behalf of the named entit	y, that:
1.	I am the duly elected, qualified and acting Secretary of this entity, a	
2.	2. The individuals named in Section 2 hereto are the (a) duly elected, qualif their respective names, or (b) individuals named in the attached Resolu ("Resolution(s)") as authorized to transact for and on behalf of the Corp Resolution(s). The signatures of the officers/individuals set forth opposite	tion(s) of the Board of Directors of the Corporation poration with respect to the matters enumerated in the
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 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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	IN WITNESS WHEREOF, I have hereto affixed by signature as of this	day of, 2 0 .
		CORPORATE STAMP, SEAL,
Sig	Signature	ORIGINAL MEDALLION GUARANTEE, or SIGNATURE VALIDATION PROGRAM STAMP
	Title	
	To be in full force and effect, the officer executing this Secretary's Certificate cannot be named in Section 2 .	
an St	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 no requests for trades, account changes, and account information may be delay	
2	2. Incumbency Certificate	
1.	1	
١.	Name Title	
	Signature	
2.		
	Name Title	
	Signature	
3.	2	
٥.	Name Title	
	Signature	
4.		
	Name Title	
	L Signature	
То	To name additional authorized signers, attach a separate sheet that includes all info	rmation requested above; sign and date the sheet.

Form Continues on Next Page 1 of 2

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

Federated Hermes Client Services 1-800-245-4270