Signature Card for Check Writing Redemption



Complete this Signature Card to obtain a checkbook for your account. This account service option is available for certain money market funds; check the prospectus for availability. Checks are **not** available for Individual Retirement Accounts (IRAs).

Important Information about Check Writing Services

Only account owners named in the registration may write checks and only **one** signature is required. Checks are personalized with the account registration, address, fund name, and account number. Any changes to the account owner's name(s) or signature style require a new Signature Card to be submitted.

New checkbooks will be issued and mailed within approximately 30-calendar days after UMB Bank receives the Signature Card. If your address has been changed within the last 30 days, an **original** signature Medallion guarantee is required.

This account service option continues indefinitely (including through a fund reorganization) until or unless you request cancellation or are deemed a "lost shareholder." If the Fund determines that you are a lost shareholder, all account activity, program elections and mailings may be suspended; and 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.

When your check is presented for payment, shares are redeemed from your Federated Hermes money market account. These shares will continue to earn the daily dividend until the date of redemption.

Signature Card for Check Writ	ing	
Please complete all applicable fi	elds using blue or black ink, and print clearly i	n capital letters.
Fund Name		Full Account Number
Name of Owner, Custodian, POA, Guardian, Executor, Trustee, Authorized Officer, etc.		Social Security or Taxpayer ID Number
Name of Co-Owner, Co-Trustee, Authorized Officer, etc.		Social Security or Taxpayer ID Number
Mailing Address	City	State Zip Code
Phone Number	Email Address	
exactly as they would sign a check, including any capacity (i.e., Custodian, Trust Signature and Title of Owner, Custodian, Trustee, etc. Signature and Title of Co-Owner, Co-Trustee, etc.		Date Date
Signature and Title of Co-Owner, Co-Trustee, etc.		Date
Signature and Title of Co-Owner, Co-Trustee, etc.		Date
The above represents my/our l	egal signature(s).	
Delivery Instructions		
Please send this form to The Fed	derated Hermes Funds:	
Regular Mail: P.O. Box 219318 Kansas City, MO 64121-9318	Overnight Delivery: 801 Pennsylvania Avenue, Suite 219318 Kansas City, MO 64105-1307	Fax: 1-800-358-6269
	ke to request that the signature of the addres	ssee (or a representative of the addressee) be required ice.

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

CHECK WRITING ACCOUNT AGREEMENT

Each person signing the Check Writing Signature Card on the reverse hereof (an "Applicant") certifies that his or her signature thereon represents such Applicant's legal signature. Each Applicant guarantees the genuineness of any other Applicant's signature appearing on the Signature Card. The Fund from which Applicant's checks are to be paid, Applicant's Broker (if any), and UMB Bank, n.a., or its bank affiliates (collectively, the "Bank") and any of their successors are authorized to recognize such signature in the payment of checks, drafts and other instruments ("Checks") against Applicant's investment account ("Account"), any (1) of the signatures on the Signature Card, standing alone, being sufficient.

Each Applicant agrees to be bound by the Check Writing and Payment Processing Terms and Conditions (the "Terms"), which may be forwarded to the Applicant by Federated Hermes Funds (the "Funds") from time to time. The Terms may be amended by the Funds and shall be binding on Applicant and the Account when an Applicant receives notice of any such changes. Capitalized terms not otherwise defined herein shall be defined as set forth in the Terms.

Each Applicant hereby appoints the Bank as Applicant's agent for purposes of this Check Writing Account Agreement. The Bank is authorized, upon the presentment of Checks or other electronic debits drawn on the Account (collectively, "Debits"), to transmit such Debits to the Funds or its Transfer Agent or to the Broker (as appropriate) as requests to redeem shares in the Account in an amount sufficient to pay such Debits, and to effect their payment. Applicant agrees that Bank may honor electronic payments to or from the Account as authorized by Applicant when such payments are processed in accordance with law and the applicable payment system rules.

Applicant agrees that the Account is subject to the applicable terms and restrictions as set forth in the Terms or current Fund prospectus. These terms and restrictions include, but are not limited to, charges for check writing and payment processing services and potential imposition of discretionary liquidity fees.

Applicant agrees that payments made from the Account under this Check Writing Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time. Applicant consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the provision of check writing or other payment services under this Agreement.

The Bank may refer to the signature card for this Account or to another document upon which your signature appears to determine the authenticity of your signature on a check, and may use an automated process to reproduce and retain your signature from a check. The Bank may use a check paid from your Account as a source document for your signature (sometimes called a "reference image") and the signature will be deemed authentic, unless you inform the Funds or your Broker that your signature on the check was not valid within thirty (30) calendar days of the date you received your Account statement on which the item was first identified as having been paid. You will be considered to have received your Account statement within five (5) calendar days after the statement ending date. If the Bank returns a check because it believes in good faith that the signature does not match an authorized signature on file, the Funds, the Broker and the Bank will be not liable to you even if you authorized the check.

Applicant agrees to examine the statement for the Account promptly. Applicant agrees to report any claim that a Check or other payment made from the Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement by any account holder. Failure to notify the Funds, the Broker or the Bank within that time will preclude any claim against the Funds, the Broker and the Bank by reason of any unauthorized or missing signature, alteration, or error of any kind. In the event the Funds, the Broker or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the Check or other payment improperly made.