

Systematic Investment Program (SIP) Systematic Withdrawal Program (SWP) Form



Complete this form to establish recurring systematic services on your account through Automated Clearing House (ACH) or by check. Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Account Information

Complete a separate form for each account number.

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Full Account Number

Enter the registration as it appears on your statement.

- I have one/multiple funds under this number; apply this service to all funds.
- I have multiple funds under this number; apply this service only to the fund(s) listed in Section 2.

2. Account Service Options

2a. Request Type

Select all that apply:

- Add New Banking Instructions *(Completion of Section 3 is required)*
- Replace Existing Banking Instructions *(If applicable, please indicate which banking instructions to replace)*

Previous Bank Name

- Replace Banking Instructions on **existing** Systematic Investment/Systematic Withdrawal Program (SIP/SWP).

2b. Definitions

- **Systematic Investment Program (SIP) by ACH (\$50 minimum per fund)** — withdraw money from your bank account by ACH and purchase shares for your mutual fund account.

Note: A SIP will only occur if the mutual fund account has an existing balance.
- **Systematic Withdrawal Program (SWP) by ACH (\$50 minimum per fund)** — withdraw money from your mutual fund account and deposit by ACH to your bank account. *This form cannot be used to set up recurring IRA distributions; complete the IRA Request for Distributions Form.*
- **Systematic Withdrawal by Check with Special Mailing Instructions (\$50 minimum per fund)** — withdraw money from your mutual fund account and issue a check to the payee(s) on the account to a different address or to a different payee and different address.

 - *Contact Client Services to set up Systematic Withdrawal by Check where the checks will be payable exactly as the account is registered and sent to the address of record.*
 - *This form cannot be used to set up recurring IRA distributions; complete the IRA Request for Distributions Form.*

2c. Services Selection

By selecting any of the services, you:

- Authorize the Federated Hermes Funds (the "Funds") or their transfer agent to act as specified under each systematic option below.
- Understand this/these service(s) will be effective after the verification process and will continue indefinitely until you request cancellation or are deemed to be a "lost shareholder."
- Agree that if the day selected falls on a non-business day (weekend or holiday), the applicable **investment** will occur on the **following** business day and/or the applicable **withdrawal** will occur the **prior** business day.
- Agree that if no date is chosen, the transaction will occur as indicated on this form: on the **15th day** of the month for **systematic requests by ACH**; on the **24th day** of the month for **systematic request by Check**.

2. Account Service Options (continued)

2c. Services Selection (continued)

<input type="text"/> Fund Name and Share Class or Fund Number	<input type="text"/> Amount (\$)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date
Select one: <input type="checkbox"/> SIP by ACH <input type="checkbox"/> SWP by ACH <input type="checkbox"/> Systematic Withdrawal by Check	Frequency: <input type="checkbox"/> All Months <input type="checkbox"/> Other (Check months below) <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	

<input type="text"/> Fund Name and Share Class or Fund Number	<input type="text"/> Amount (\$)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date
Select one: <input type="checkbox"/> SIP by ACH <input type="checkbox"/> SWP by ACH <input type="checkbox"/> Systematic Withdrawal by Check	Frequency: <input type="checkbox"/> All Months <input type="checkbox"/> Other (Check months below) <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	

For additional funds, attach a separate sheet that includes all information requested above; sign and date the sheet.

2d. Special Mailing Instructions for Systematic Withdrawal by Check

<input type="text"/> Fund Name and Share Class or Fund Number		
<input type="text"/> Payee		
<input type="text"/> Street Address or P.O. Box		
<input type="text"/> City	<input type="text"/> State	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Zip Code

For additional instructions, attach a separate sheet that includes all information requested above; sign and date the sheet. *An original Medallion guarantee of your signature in Section 5 is required.*

3. Bank Information

The Funds or their transfer agent require information about your bank account for Systematic Investment and Systematic Withdrawal Programs by ACH. To use these services, **please select one of the following:**

- Attach a voided check for your bank account here. **Please use tape; do not staple.**
- Enter your Bank Account information below:

<input type="text"/> Bank Name (Domestic Bank Only)	<input type="text"/> Branch		
<input type="text"/> Bank Street Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Zip Code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank Phone Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ABA Routing Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank Account Number	
<input type="text"/> Name(s) on Account			
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

4. Cost Basis Election for Systematic Withdrawals

Please select one of the cost basis accounting methods listed below. If no standing order is elected or if no instructions are received with the redemption order, our default cost basis method of Average Cost (ACST) will be applied. ACST controls the selection of shares used to calculate the cost basis and computes the loss or gain on the redemption.

- Average Cost (ACST)
- First In First Out (FIFO)
- Last In First Out (LIFO)
- High Cost First Out (HIFO)

- Low Cost First Out (LOFO)
- Loss Gain Utilization (LGUT)*
- 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 mutual funds that produce tax Form 1099-B to report cost basis information on covered shares beginning January 1, 2012.

This is a general interpretation of the tax laws. Specific questions about your situation can be directed to your tax or investment professional.

* Loss Gain Utilization will decrement lots taking losses first. For lots that yield a loss, short-term lots will be redeemed ahead of long-term lots. For gain, long-term lots will be redeemed ahead of short-term lots.

5. Acknowledgements and Signature Certifications

By signing below, you:

- Agree that the Funds, their transfer agent, their respective officers, directors, affiliates and agents will not be liable for any loss, liability, cost, or expense that may occur as a result of acting upon any instructions, provided reasonable processes are used to confirm the instructions are genuine.
- Agree that the Funds, their transfer agent, their respective officers, directors, affiliates and agents will not be responsible or liable for any act of omission beyond that imposed by law.
- Acknowledge that fund shares purchased by ACH may not be available for up to seven (7) calendar days.
- Understand that all Systematic Investment and Withdrawal Programs, Systematic Withdrawal by Check and Systematic Exchange continue indefinitely (including through a fund reorganization) until or unless you request cancellation or are deemed a "lost shareholder."
- Acknowledge that (i) if the Funds determine that you are a lost shareholder, all account activity, program elections, and mailings may be suspended; and (ii) 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.
- Understand that this agreement may be terminated at any time by notifying the Funds, their transfer agent, or my/our Financial Intermediary. Termination will go into effect as soon as the Funds or their transfer agent have a reasonable opportunity to act on it.

All investors must sign exactly as their names appear in the registration, including any capacity (e.g., Custodian, Trustee, etc.).

SIGN
HERE

Signature and Title of Owner, Trustee, Executor, etc. _____
Date

Daytime Phone Number

SIGN
HERE

Signature and Title of Co-Owner, Co-Trustee, Co-Executor, etc. _____
Date

Daytime Phone Number

An **original** MSG is required for Systematic or Telephone Withdrawals by: (1) wire or ACH; or (2) check, if the payee is a third party and/or it will be mailed to an address other than the address of record. 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.

Original Medallion Guarantee

5. Acknowledgements and Signature Certifications (continued)

An **original MSG** is also required from the bank owner if the bank account does not match the name on the mutual fund account.

SIGN
HERE

Signature of Bank Account Owner (if different from above)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Date

SIGN
HERE

Signature of Bank Account Co-Owner (if different from above)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Date

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.

Original Medallion Guarantee

6. 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