



## 2. Beneficiary Information (continued)

C.

Name of Beneficiary:  Primary  Secondary Percentage

Social Security or Tax ID Number      Date of Birth or Date of Trust Agreement      Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address      City      State      Zip Code

D.

Name of Beneficiary:  Primary  Secondary Percentage

Social Security or Tax ID Number      Date of Birth or Date of Trust Agreement      Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address      City      State      Zip Code

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

## 3. Signature Authorization

All account owners must sign this form exactly as their names appear in the current registration to authorize this account update.

Signature of Owner Date

Daytime Phone Number

Signature of Joint Owner Date

Daytime Phone Number

## 4. Delivery Instructions

Please send this form to **The Federated 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

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

For more information, visit our website at [FederatedHermes.com/us](https://www.federatedhermes.com/us)

Federated Shareholder Services Company