

VISA® Debit Card Application 401



Complete this application to request a VISA® Debit Card for your account. *This account service option is available for certain money market funds; check the prospectus for availability. Debit cards are **not** available for IRAs or accounts with a foreign address.*

This is **not** a credit card; transactions are paid by automatic redemption of shares from your account.

An annual fee of up to \$25.00 for this service may be automatically deducted from your account each year.

Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Account Information

_____ | _____
Fund Name and Share Class or Fund Number | Full Account Number

Number of cards requested (one card per shareowner): 1 Card 2 Cards

1a. Owner Information:

_____ | _____ | _____
Full Legal Name (First, MI, Last, Suffix) | Social Security or Tax ID Number | Date of Birth

_____ | _____ | _____ | _____ | _____
Street Address | City | State | Zip Code | Duration

_____ | _____ | _____ | _____
Mailing Address (if different) | City | State | Zip Code

_____ | _____ | _____
Daytime Phone Number | Evening Phone Number | Email Address

_____ | _____
Mother's Maiden Name

_____ | _____ | _____ | _____ | _____
Previous Address (if less than 3 years at address above) | City | State | Zip Code | Duration

Financial and Employment Information:

_____ | _____
Bank Name | Bank Account Number

_____ | _____
Current Employer

_____ | _____ | _____ | _____
Employer Address | City | State | Zip Code

1b. Co-Owner Information:

_____ | _____ | _____
Full Legal Name (First, MI, Last, Suffix) | Social Security or Tax ID Number | Date of Birth

_____ | _____ | _____ | _____ | _____
Street Address | City | State | Zip Code | Duration

_____ | _____ | _____ | _____
Mailing Address (if different) | City | State | Zip Code

_____ | _____ | _____
Daytime Phone Number | Evening Phone Number | Email Address

_____ | _____
Mother's Maiden Name

_____ | _____ | _____ | _____ | _____
Previous Address (if less than 3 years at address above) | City | State | Zip Code | Duration

1. Account Information (continued)

1b. Co-Owner Information (continued):

Financial and Employment Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name	Bank Account Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Employer	Employer's Address	City	State Zip Code

2. Acknowledgements and Signature Certifications

By signing this application you:

- Apply to UMB Bank, n.a. or its successors or assigns ("Issuer") for a Federated Hermes VISA® Debit Card.
- Understand that the Issuer's approval of your VISA® Debit Card is subject to verification and investigation by the Issuer. You authorize the Issuer to obtain a credit report in connection with this application and from time to time after the card is issued to verify that you continue to qualify for the card.
- Authorize the automatic redemption of the annual fee.
- If this application is accepted and a card(s) is issued, you agree to be bound by the terms and conditions accompanying the card(s), by any agreement governing your account, and by the Rules adopted by VISA® and applicable to VISA® Debit Cards and VISA® Debit Card transactions as amended and in effect from time to time.
- Certify the information given on this form is true and correct.
- Authorize the Issuer to verify the credit, investments, and employment of each person signing this application now and from time to time in the future and to answer questions about the Issuer's experience with each person. You understand that the Issuer will retain the application whether or not it is approved.

Upon receipt of the VISA® Debit Card, you:

- Authorize the transfer agent to redeem shares so that card transactions are settled and the Issuer receives the proceeds of such redemptions.
- Understand that the card(s) and account are made available solely for the purpose of giving you access to your money market fund account and do not involve any extensions of credit.

This authorization may be terminated by the Issuer or you by written notification. You understand that you will be responsible for the amount of any transactions you authorize that may not have been debited from your account as of the date of such termination.

All investors must sign exactly as his or her names appear in the registration, including any capacity (Custodian, Trustee, etc.).

<input type="text"/>	<input type="text"/>
Signature and Title of Owner, Custodian, Trustee, etc.	Date
<input type="text"/>	<input type="text"/>
Signature and Title of Co-Owner, Co-Trustee, etc.	Date

3. 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