

2. Beneficiary Information (continued)

C.

Name of Beneficiary: Primary Secondary

Social Security Number

Name of Custodian/Guardian if Beneficiary is Minor

Street Address Apt. #

Date of Birth

City State Zip Code

Percentage

D.

Name of Beneficiary: Primary Secondary

Social Security Number

Name of Custodian/Guardian if Beneficiary is Minor

Street Address Apt. #

Date of Birth

City State Zip Code

Percentage

3. Authorization

The account owner(s) must sign this section exactly as his/her name(s) appears in the registration to authorize this account update.

Signature of Owner

Signature of Joint Owner

Date

Date

Important Reminder! To minimize the possibility of future account escheatment to the state, please be sure that you notify your beneficiaries of their designation.

4. Mailing Instructions

Please mail this form to **The Federated Funds:**

Regular Mail:
P.O. Box 8600
Boston, MA 02266-8600

Overnight Delivery:
30 Dan Road
Canton, MA 02021-2809

Federated Client Services 1-800-341-7400

For more information, visit our website at FederatedInvestors.com

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