

Indemnification Agreement for Power of Attorney Registration



The USA PATRIOT Act requires Federated to obtain, verify, and record information that identifies each person authorized to act on an account. Failure to provide required information may result in processing delays. Additional documentation may be requested. If we are unable to verify this information, the transaction will not be processed.

*Required Fields

Complete this form to place the name of your Power of Attorney in the registration of your account. Please use black ink and print clearly in CAPITAL LETTERS.

1. Account Registration and Address of Record

Enter the registration as it appears on your statements

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt. #	Daytime Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Evening Phone Number

2. Account Information

<input type="text"/>	<input type="text"/>
Fund Name or Number	Full Account Number
<input type="text"/>	<input type="text"/>
Fund Name or Number	Full Account Number

3. Power of Attorney Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name*	Middle Initial*	Last Name*	Date of Birth*	Social Security Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address*	City*	State*	Zip Code*	
<input type="text"/>				
Email Address				

4. Appointment

I, of do hereby make, constitute
Name of Shareholder Name of State

and certify that , whose signature is:
Name of Attorney-in-Fact Signature of Attorney-in-Fact

and whose address is: , has been appointed with authority.
Address of Attorney-in-Fact

- I hereby certify that I have designated the foregoing person as my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:
- to transmit to the Federated Funds (the "Funds"), their transfer agent, Boston Financial Data Services, Inc. ("Boston Financial"), or State Street Bank and Trust Company ("State Street") to act either orally or in writing in accordance with procedures established by either the Funds, State Street, or Boston Financial from time to time, instructions for the purchase, redemption, exchange or transfer of shares with respect to any account(s) I may hold with the Funds;
 - to make, draw, sign, endorse, negotiate, cash, deliver, and stop payment on checks drawn on any of my Fund account(s); and
 - to enter into all other lawful transactions for any of my Fund account(s), including transfer into the name of said Agent or direct remittance of the proceeds of the sale to said Agent.

I agree to indemnify and hold State Street Bank and Trust Co., Boston Financial Data Services, Inc., the Funds, and their respective officers, directors, affiliates and agents, harmless from acting on instructions, either oral or in writing, believed to have originated from my Agent and from any and all acts of my Agent for the shares held in my Fund account(s).

This authorization and indemnity is a continuing one and will remain in full force and effect and be binding on my heirs, executors, successors, beneficiaries, or assigns until revoked by me by a written notice delivered to the Funds, State Street, or Boston Financial. Such revocation will not affect any liability in any way resulting from transactions initiated prior to Federated's acting on the revocation within a reasonable amount of time.

In case of my death, disability, or incompetence, this authorization will continue, and the Funds, State Street, Boston Financial, and their respective agents and assigns will not be responsible for any action taken based on this authorization until the Funds have received written notice of my death, disability, or incompetence.

5. Shareholder's Authorization

I have read this Indemnification Agreement for, and Certification of, Power of Attorney Registration in its entirety before signing.

Signature of Shareholder

Signature of Shareholder

Date

Date

6. Shareholder Notarization

STATE OF

s.s.:

On this _____ day of _____, _____ before me personally appeared,

_____ to me personally known to be the individual described in and
Name of Shareholder/Grantor

who completed this Indemnification Agreement.

Notary Public

7. Affidavit of Attorney-in-Fact

I, _____ verify that
Name of Power of Attorney

_____ did appoint me his/her true and lawful attorney
Name of Shareholder

by signing this Indemnification Agreement for Power of Attorney on _____
Date

8. Attorney-in-Fact Notarization

STATE OF

s.s.:

On this _____ day of _____, _____ before me personally appeared,

_____ to me personally known to be the individual described in and
Name of Attorney-in-Fact

who completed this Indemnification Agreement.

Notary Public

9. 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



Retail Client Services 1-800-245-4770

Please call this number if you are a Federated Lifemember or if you purchased shares directly from the Fund and are not investing through an Investment Professional.

Broker/Dealer Client Services 1-800-245-5051

Please call this number if you are a Financial Intermediary or if you purchased shares through an Investment Professional.

For more information visit our website at **FederatedInvestors.com**