

Signature Card for Check Writing

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Email: newaccounts@siebert.com | Phone: 800.872.0444 | Fax: 212.486.2784

This account service option is available for certain money market funds. Please check the prospectus for availability.

Check Writing provides the convenience of drawing checks whenever you need a portion of your investment. You can make a check payable in any amount and to any party. When a bank presents a check for payment, shares are redeemed from your Federated money market account. Shares you are redeeming by check will continue to receive the daily dividend until the check is presented for payment.

Complete this Signature Card to obtain a check book for your account. Please use black ink and print clearly in CAPITAL LETTERS.

Note: We comply with section of 326 of the USA Patriot Act. This law requires us to verify certain information about you while processing your application.

Important Information about Check Writing

Your checks are personalized with the account registration, address, fund and account numbers. This Application is NOT for IRA Accounts.

Mailing Instructions

Muriel Siebert & Co., Inc.
ATTN: NEW ACCOUNTS
15 Exchange Place, Suite 800
Jersey City, NJ 07302

Completion Instructions

1. If the account has more than one owner, all owners must sign the Signature Card. Only one signature is required on the checks.
2. Sign below exactly as you will sign checks so the written name represents your legal signature. For example, if your name appears in the registration as "William R. Smith" and you typically sign checks "Wm. R. Smith", please sign the Signature Card "Wm. R. Smith".
3. Only those named in the registration may write checks.
4. Any future changes to the names of the account owners or to the signature style will require a new signature card to be completed and on file.

Check this box if you would like to request that the signature of the addressee (or representative of the addressee) be required for delivery. Please note your account will be assessed a \$15.00 fee for this service.

Signature Card for Check Writing – Please Print

Name of Owner, Custodian, POA, Guardian, Executor, Trustee, Authorized Officer, etc.	First Name	M.I.	Last Name
	Social Security or Taxpayer ID Number		
Name of Co-Owner, Co-Trustee, Authorized Officer, etc.	First Name	M.I.	Last Name
	Social Security or Taxpayer ID Number		
	Address Line 1		Address Line 2
	City	State/Province	Zip/Postal Code

SIGN	
	Signature of Owner, Custodian, POA, Guardian, Executor, Trustee, Authorized Officer, etc. The above represents my legal signature.

SIGN	
	Signature of Co-Owner, Co-Trustee, Authorized Officer, etc. The above represents my legal signature.

Fund Name

Account Number, if known

UMB Bank, Warsaw, Missouri

APPLICATION CHECK WRITING AGREEMENT CONTINUES ON NEXT PAGE 1 OF 2

Internal use only

PCS = 1450	TCS = 1470	Product Code #012
GCS = 1460	MCS = 1480	

Check Writing Account Agreement

Each person signing the Check Writing Signature Card on the reverse hereof (an "Applicant") certifies that his or her signature thereon represents such Applicant's legal signature. Each Applicant guarantees the genuineness of any other Applicant's signature appearing on the Signature Card. The Fund from which Applicant's checks are to be paid, Applicant's Broker (if any), and UMB Bank, n.a., or its bank affiliates (collectively, the "Bank") and any of their successors are authorized to recognize such signature in the payment of checks, drafts and other instruments ("Checks") against Applicant's investment account ("Account"), any (1) of the signatures on the Signature Card, standing alone, being sufficient.

Each Applicant agrees to be bound by the Terms and Conditions for Check Writing (the "Terms"), which may be forwarded to Applicant by Bank from time to time. The Terms may be amended by the Bank, and shall be binding on Applicant and the Account when an Applicant receives notice of any such changes. Each Applicant hereby appoints the Bank as Applicant's agent for purposes of this Check Writing Account Agreement. The Bank is authorized, upon the presentment of Checks or other electronic debits drawn on the Account (collectively, "Debits"), to transmit such Debits to the Fund or its Transfer Agent or to the Broker (as appropriate) as requests to redeem shares in the Account in an amount sufficient to pay such Debits, and to effect their payment. Applicant agrees that Bank may honor electronic payments to or from the Account as authorized by Applicant, when such payments are processed in accordance with law and the applicable payment system rules.

Applicant agrees that the Account is subject to the applicable terms and restrictions, including charges for check writing and payment processing services, as set forth in the current Prospectus or in a separate fee schedule for each Fund.

Applicant agrees that payments made from the Account under this Check Writing Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time. Applicant consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the provision of check writing or other payment services under this Agreement. The Bank may refer to the signature card for this Account or to another document upon which your signature appears to determine the authenticity of your signature on a check, and may use an automated process to reproduce and retain your signature from a check. The Bank may use a check paid from your Account as a source document for your signature (sometimes called a "reference image") and the signature will be deemed authentic, unless you inform the Fund, your Broker or the Bank that your signature on the check was not valid within thirty (30) calendar days the date you received your Account statement on which the item was first identified as having been paid. You will be considered to have received your Account statement within five (5) calendar days after the statement ending date. If the Bank returns a check because it believes in good faith that the signature does not match an authorized signature on file, the Fund, the Broker and the Bank will be not liable to you even if you authorized the check.

Applicant agrees to examine the statement for the Account promptly. Applicant agrees to report any claim that a Check or other payment made from the Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement by any account holder. Failure to notify the Fund, the Broker or the Bank within that time will preclude any claim against the Fund, the Broker and the Bank by reason of any unauthorized or missing signature, alteration or error of any kind. In the event the Fund, the Broker or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly give, such liability shall not exceed the face amount of the Check or other payment improperly made.