

Tax-Free

Savings

Tax-Free

Contributions

Tax-Free

Disbursements



Health Savings Accounts

Save Today for a Healthy Future™

NATIONAL ADVISORS TRUST
HEALTH SAVINGS ACCOUNTS

HSAToday™ Custodial Account Agreement

Introduction

Read this Agreement thoroughly before completing the Application. By signing the Application, you understand and agree to the terms and conditions of this Agreement and have executed an Application in order to establish an HSA with the Custodian under Section 223, its sub-sections, and applicable rulings and provisions of the Code. You and we acknowledge that the PSP is your authorized representative and agent and may perform certain services such as certification, record keeping and procedural services for you and/or to the employer group to which you belong. This Agreement is mutually acknowledged and agreed upon by the Custodian and the Account Holder (known collectively as the “Parties”).

A Health Savings Account (“HSA”) is an individually owned account maintained at a financial institution where tax-favored contributions can be made on behalf of individuals covered under certain High Deductible Health Plans (“HDHPs”) with tax-free distributions allowed for qualified medical expenses. Note: An individual establishing an HSA is not entitled to tax favored treatment unless certain federal requirements are met. These requirements are summarized in this Agreement. Your HSA funds will be initially invested in a Money Market Mutual Fund and will not reside in an FDIC insured savings or checking account. The Custodian will select the Money Market Mutual Fund and the prospectus of the actual fund will be available at www.myHSAToday.com.

An HSA is established pursuant to federal tax law, and is neither endorsed by nor sponsored by an employer. Rather, it is an individual account arrangement between an account holder and a custodian or trustee. As a result, the HSA is not part of an employer’s ERISA benefit plan, even if the employer contributes to it or the employee makes pre-tax contributions to the HSA under an employer’s cafeteria plan.

Definitions

Account: Your individual HSA with the Custodian.

Account Balance: The current amount of money maintained within your Account, which is calculated as all cash contributions plus any earnings and adjusting credits, less any losses, applicable fees, distributions, and reconciliation adjustments.

Account Holder: The Individual who is the primary member or subscriber of the HDHP and who executed the Application. The Account Holder is the owner of the HSA. Herein referenced as “you” or “your”.

Agreement: This Custodial Account Agreement, HSA Disclosure Statement, HSA Terms and Conditions Statement, and Privacy Protection Notice.

Application: The Application & Beneficiary Designation Form.

Beneficiary: The person or persons named on the Application who would succeed in ownership of the Account upon your death.

Code: The Internal Revenue Code of 1986, as amended, and all rules and regulations adopted thereunder.

Contribution: The money deposited into your HSA by you or on your behalf.

Custodian: The financial institution that maintains your Account. The Custodian is National Advisors Trust Company, FSB. Herein referred to as “we”, “our” or “us”.

Disbursement: Any money withdrawn from your HSA. May also be referred to as a Distribution.

ERISA: The Employee Retirement Income Security Act of 1974, as amended, and all rules and regulations adopted thereunder.

Plan Service Provider (“PSP”): This entity performs various administrative services on either an employer group or individual account holder basis and is an authorized representative and agent of the Account Holder. This entity is registered with the Custodian and may be, but is not required to be, an insurance agency or licensed third party administrator. You agree to allow us to share information with the PSP (and its agents and sub-contractors) as may be necessary for the PSP to perform services related to the Account.

Article I – Duties and Responsibilities of the Custodian

We will establish an HSA for an individual upon submission of a properly executed Application. Our sole obligations are as set forth herein. We assume no fiduciary status with regard to your HSA.

We will maintain your personal information, including but not limited to, your name, address, phone numbers, and tax identification number as confidential information and will release such information only when necessary for completing transactions, when required to do so by court order or governmental agency, or if you give us written permission.

We will maintain your Account as a separate account, distinct from all other accounts, for your exclusive benefit and the benefit of your beneficiaries and we shall be responsible for performing only such services as are described in this Agreement.

We agree to provide you with a statement of activity on a monthly basis. Unless you file with us a written objection to the statement within 20 days after the statement is furnished, we will be relieved and discharged from all liability to you or your beneficiary with respect to all matters set forth in such statement.

We will apply interest to your Account at a variable rate based on the performance of the

fund. No interest will be applied on the first \$100 in your Account. The current interest rate can be found at www.myHSAToday.com/nat/.

We may accept cash contributions on your behalf during your tax year and such contributions will be applied to the tax year in which they were received by us unless otherwise designated by you. The total cash contributions are limited to the maximum statutory amounts (as established under Code Section 223) or as otherwise in this Agreement. Such contributions will be deposited into your account at the first available opportunity after we have established the validity of the deposit.

We agree to submit reports to the Internal Revenue Service (the “IRS”) and to you as prescribed by the IRS.

We encourage you to retain a copy of this document with your personal financial records.

We have the authority to contract the services of qualified entities for the sole purpose of providing administrative services for your Account. This entity will be bound by a separate agreement, executed by that entity and us and will enumerate the duties to be performed.

We will assume all Disbursement from your Account to be a Normal Distribution and not subject to income or excise tax unless notified by you within 10 days of the Distribution. A Normal Distribution is defined as a withdrawal of money from your Account for the exclusive purpose of a qualified medical expense as defined by the Code.

We will not provide any investment advice to you now or in the future even if investment options become available through your Account.

We agree to charge fees as indicated in the Fees section of this Agreement. Such fees will be assessed against your Account Balance unless an alternative method of payment is indicated in this Agreement or requested by you in writing and agreed to by us. We reserve the right to change the fees as indicated in this Agreement from time to time and will provide you with notice of the change prior to the effective date of the change.

We are not responsible for inquiring into the nature or amount of any contribution made to your Account by you or on your behalf by another individual or entity. We are not responsible for inquiring into the amount or timing of any distribution from your Account requested by you, or whether such contributions or distributions are for medical expenses or otherwise complies with the Code. All materials provided by us are intended solely to provide a general description of HSAs and how they work, and are designed and distributed with the understanding that they do not constitute or include legal, tax, or other professional advice. We assume no responsibility for tax or other consequences to anyone arising from the establishment or use of an HSA with us. By signing the Application, you acknowledge and agree that nothing in this Agreement is construed to confer fiduciary status upon us. You have the full responsibility for any tax or investment consequences of all contributions to and distributions from the Account.

We may have additional duties or responsibilities as detailed in this Agreement.

Article II – Duties and Responsibilities of the Account Holder

You agree to provide the PSP and us with the necessary information as may be required under this Agreement and the Code.

You agree that it is your responsibility to determine your eligibility to establish and contribute to an HSA. You represent that, for any period in which a contribution is made, you: i) are covered under a high deductible health plan (HDHP); ii) are not covered (as a dependent or otherwise) under any plan that is not an HDHP; iii) are not entitled to Medicare; and iv) cannot be claimed as a tax dependent on anyone else’s tax return.

You agree that it is your responsibility to be aware of the nature or amount of any contribution to your Account made by you or on your behalf by another individual or entity. You further agree that it is your responsibility to be aware of any amount or timing of any distribution from your Account requested by you, or whether such contributions or distributions comply with the Code. You have the full responsibility for maintaining records relating to contributions and distributions and receipts for qualified medical expenses and any tax or investment consequences of all contributions to and distributions from the Account.

You are required to keep an accurate record of all contributions, receipts, investments, distributions and all other transactions relating to the Account. You may be required to produce such records in the event of an audit by the Internal Revenue Service.

You agree to pay the fees for services performed under this Agreement, as discussed in the Fees section of this Agreement.

You agree to indemnify, hold harmless, and to defend the PSP, and us against any and all claims arising from liabilities incurred by reason of any action taken by the PSP or us in good faith pursuant to this Agreement.

You understand that no portion of the Account may be invested in Life Insurance. You also understand that you may not borrow from the Account or pledge any portion of the Account as a security or collateral for a loan.

You may have additional duties or responsibilities as detailed in this Agreement.

Article III – Duties and Responsibilities of the PSP

The sole purpose of the PSP is to facilitate your administration of your Account and to

provide administrative assistance or services to you.

The PSP is appointed as an authorized representative and agent for the Account Holder and is acknowledged and recognized as such by the Custodian. The PSP is authorized by the Custodian to perform certain administrative services on behalf of the individual Account Holder or on behalf of the Account Holder's employer. We recognize that these services vary from PSP to PSP and that any service provided by a PSP is provided outside the duties and responsibilities of you. Any service performed by the PSP on your behalf does not relieve you of the responsibility of compliance with all applicable laws including but not limited to tax consequences of Contributions and Distributions.

The PSP is responsible for all services performed by the PSP and is not acting as our agent or subcontractor. We have no obligation or liability to the PSP in respect to the services provided to you.

Article IV – Disbursement Process

You may withdraw all or any of the balance of your Account at any time. To receive a withdrawal from your Account, you must instruct us, through your PSP, to distribute funds, in writing, at the address indicated on the Disbursement Request Form, by using the myHSAtoday.com, or by using other procedures as we may from time to time specify (known collectively as the “Disbursement Process”). We may offer additional methods of Distributions such as a Credit or Debit Card at a future time without amending this Agreement.

The availability of funds in your account may be subject to reasonable funds availability rules imposed by us. You may make Distributions from your Account up to the amount of your Account Balance. At no time may you withdraw more funds than are available in your Account.

You are responsible for complying with all laws governing withdrawals, transfers, and taxes.

Article V - Amendments

This Agreement may be amended automatically from time to time without any action on the part of Account Holder, the PSP, or the Custodian to comply with the provisions of the Code and related regulations. Such amendments may be made retroactively to the later of the effective date of this Agreement or the effective date of any future legal requirements.

Other amendments may be made without the consent of the person whose signature appears on the Application, and will become effective upon execution of such amendments.

Article VI – Beneficiary Designation

You have the authority and responsibility to designate at least one Account Beneficiary who will receive the benefit of the Account upon your death.

You also have the authority to change this designation at any time for any reason by providing us with written notice.

You understand that in the event of your death, your Account Balance, if any, will be distributed to the individual(s) listed as the Beneficiary(ies) on the Application (or subsequent Beneficiary Change Forms) with appropriate percentages of the Account Balance distributed as noted. If no Beneficiary is provided or if we cannot locate the Beneficiary after a reasonable search, the Account Balance, if any, will be paid to your estate.

If the designated Beneficiary is your spouse, that person may continue the Account as if originally established by him or her.

You understand that in some states, your spouse may be required to provide consent if not named as the Beneficiary. It is your responsibility to ensure that the Beneficiary designation made by you complies with applicable laws.

Article VII – Fees

All fees associated with the services performed by the Custodian under this Agreement are contained within the published Fee Schedule maintained on the website, www.myHSAtoday.com/natl/. We reserve the right to change such fees at any time but no such change that results in an increase in fees shall become effective without 30 days prior notice to you. Maintaining the Account after notice has been provided to you will be deemed as your acceptance of the new fees. In addition to the availability on the website, a copy of the published effective Fee Schedule may also be obtained by your PSP.

In addition to the fees indicated on the Fee Schedule, each Account will have an Account Set-Up Fee and a Monthly Account Fee. These fees will be assessed against the Plan Service Provider who has the authority to adjust these fees as they deem warranted based on the additional services provided. Other fees such as, but not limited to NSF Charges and Close Account Fees, will be assessed against your account as indicated on the Fee Schedule. It is your responsibility to ensure that all Account Fees are paid in accordance with this Agreement.

Article VIII – Resignation or Removal of the Custodian

We may resign as the custodian hereunder without your consent, by providing notice of such resignation 30 days prior to the effective date of the resignation. In the event of our resignation, you shall appoint a qualified successor custodian. Upon our receipt of a written appointment of the successor custodian, we shall transfer and pay over to such successor the assets of the Account. If after 30 days from notice of resignation, we have

not received written appointment of a successor custodian, we shall pay or otherwise transfer the assets remaining in the Account to you. We have the right to reserve any necessary balance from the transfer that we deem necessary to make payment for any liabilities constituting a charge against the assets of the Account or a charge against us.

You may remove us as your custodian by providing notice to us at least 30 days prior to our removal. In the event of our removal, you shall appoint a qualified successor custodian who shall assume all rights, powers, privileges, liabilities and duties as your custodian. We will assign, transfer and deliver to the successor all funds and appropriate information of the Account. We have the right to reserve any necessary balance from the transfer that we deem necessary to make payment for any liabilities constituting a charge against the assets of the Account or a charge against us.

Article IX - Notice

Except as otherwise permitted by us, all instructions to us under this Agreement must be in writing. In connection with transactions regarding the Account, the PSP will act as your authorized representative and agent, and will receive written notices from you, which the PSP may communicate to us in written form or electronically in accordance with such procedures and practices as established. You will be bound by any instructions provided to us by the PSP. You must notify us in writing of any change in your PSP designation.

Any notice, report, payment, distribution or other material required to be delivered by us to you under this Agreement, shall be deemed delivered and effective (a) three days after the date mailed by us to your last known address of record as provided on the Application or the last notification of an address change received by us or (b) supplied to myRSC.com for electronic distribution when we have previous knowledge that you have access to the site.

Any notice or instructions required to be delivered by you to us under this Agreement shall be deemed delivered when actually received by us and should be sent to the address shown on the Application or such other address as we may make available to you. Notices should be U.S. mail, first class with postage prepaid and properly addressed.

Article X – General Provisions

Anything contained in this Agreement to the contrary notwithstanding, neither you nor your beneficiary shall be entitled to use any portion of the Account as security for a loan, nor shall we or any other person or institution engage in any prohibited transaction, within the meaning of section 4975 of the Code, with respect to the Account.

Except to the extent otherwise required by law, none of the amounts held in the Account shall be subject to the claims of any creditor of you or your beneficiary, nor shall you or your beneficiary have any right to anticipate, sell, pledge, option, encumber or assign any of the benefits, payments or proceeds to which you may be entitled under the Agreement.

Any dispute, controversy or claim arising out of or relating to the Agreement shall be submitted for and settled by binding arbitration upon receipt by either you or us of a written notice calling for such. A single arbitrator appointed by the American Arbitration Association shall conduct arbitration under the commercial rules then prevailing of the American Arbitration Association. The decision of the arbitrator shall be final and binding on both parties and may be entered and enforced in any court of competent jurisdiction by either party. The prevailing party in the arbitration proceeding shall be awarded reasonable attorney fees and all other costs and expenses incurred directly in connection with the proceedings, unless the arbitrator for good cause determines otherwise.

If any question arises as to the meaning of any provision of this Agreement, then we shall be authorized to construe or interpret any such provision, and our construction and interpretation shall be binding upon you and your beneficiary.

Throughout this Agreement, the singular form includes the plural where applicable.

Any provision of this Agreement which would disqualify the Account as an HSA for purposes of the Code, shall be disregarded to the extent necessary to make the Account qualify as an HSA under the Code.

The headings and articles of this Agreement are for convenience of reference only, and shall have no substantive effect on provisions of this Agreement.

The provisions of this Agreement shall be construed and interpreted in accordance with the internal laws of the state in which our principal office is located, except to the extent superseded by applicable federal law.

Notwithstanding any other articles which may be added or incorporated into this Agreement, the provisions of Articles I through X hereof and this sentence will be controlling. Any additional articles or provisions that are not consistent with Section 223, sub-sections, applicable rulings and provisions of the Code will be invalid.

This Agreement is part of a series of documents and agreements executed by the Parties relating to the Account, all of which shall be construed consistently to give effect to the intent of the Parties.

By executing the Application, you are bound by the terms and conditions of this Agreement.

HSA TERMS AND CONDITIONS STATEMENT

AGREEMENT – These terms govern the operation of this account unless varied or supplemented in writing. Unless it would be inconsistent to do so, words and phrases used in this document should be construed so that the singular includes the plural and the plural includes the singular. As used in this form, the words “we”, “our”, or “us” mean National Advisors Trust Company, FSB, and the words “you” or “your” mean the account holder(s). This account may not be transferred or assigned without our written consent.

Much of our relationship with our deposit customers is regulated by state and federal law, especially the law relating to negotiable instruments, the law regulating the methods of transferring property upon death and the rights of surviving spouses and dependents, the law pertaining to estate and other succession taxes, the law regarding electronic funds transfer, and the law regarding the availability of deposited funds. This body of law is too large and complex to be reproduced here.

The purpose of this form is to:

1. Summarize the rules applicable to the more common transactions;
2. Establish rules to govern transactions or circumstances, which the law does not regulate; and
3. Establish rules for certain events or transactions which the law already regulates but permits variation by agreement

We may permit some variations from this standard agreement, but any such variations must be agreed to in writing.

LIABILITY – You agree to the terms of this Account and the schedule of charges that may be imposed. You authorize us to deduct these charges as accrued directly from the account balance. You also agree to pay additional reasonable charges we may impose for services you request which are not contemplated by this agreement. You agree to be liable for any account deficit resulting from charges or overdrafts, whether caused by you or another authorized to withdraw from this account, and the costs we incur to collect the deficit including, to the extent permitted by law, our reasonable attorney’s fees.

DEPOSITS – Any items, other than cash, may not be accepted for deposit, and if accepted will be given provisional credit only until collection is final. Unless otherwise disclosed, interest on non-consumer accounts will be paid only on collected funds, subject to minimum balance or other limitations, if any. We are not responsible for transactions initiated by mail or outside depository until we actually record them. All transactions received after our “daily cut-off-time” on a business day we are open, or received on a day in which we are not open for business, will be treated and recorded as if initiated on the next following business day that we are open.

WITHDRAWALS – Unless otherwise clearly indicated on the account records, only you may withdraw or transfer all or any part of the account balance at any time on forms approved by us. We may charge against your account a check, even though payment was made before the date of the check, unless you have given us written notice of the postdating. The fact that we may honor withdrawal requests that overdraw the finally collected account balance does not obligate us to do so, unless required by law. Withdrawals will first be made from collected funds, and we may, unless prohibited by law or our written policy, refuse any withdrawal request against uncollected funds, even if our general practice is to the contrary. We reserve the right to refuse any withdrawal or transfer request that is attempted by any method not specifically permitted, which is for an amount less than any minimum withdrawal requirement, or which exceeds any frequency limitation. Even if we honor a nonconforming request, repeated abuse of the stated limitations (if any) may eventually force us to close this account. We will use the date a transaction is completed by us (as opposed to the day you initiate it) to apply the frequency limitations. On interest-bearing accounts other than time deposits, we reserve the right to require at least seven days’ written notice before any withdrawal or transfer.

ACH AND WIRE TRANSFERS – This agreement is subject to Article 4A of the Uniform Commercial Code in the state in which you have your account with us. If you originate a fund transfer for which Fedwire is used, and you identify by name and number a beneficiary financial institution, an intermediary financial institution or a beneficiary, we and every receiving or beneficiary financial institution may rely on the identifying number to make payment. We may rely on the number even if it identifies a financial institution, person or account other than the one named. You agree to be bound by automated clearing house association rules. These rules provide, among other things, that payments made to you, or originated by you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A-403(a) of the Uniform Commercial Code. If we do not receive such payment, we are entitled to a refund from you in the amount credited to your account and the party originating such payment will not be considered to have paid the amount so credited. If we receive a credit to an account you have with us by wire or ACH, we are not required to give you any notice of the payment order or credit.

OWNERSHIP OF ACCOUNT AND BENEFICIARY DESIGNATION – You intend these rules to apply to this account depending on the form of ownership and beneficiary designation, if any, specified on the application. We make no representations as to the appropriateness or effect of the ownership and beneficiary designations, except as they determine to whom we pay the account funds. The HSA is an Individual Account and therefore is owned by one person.

AMENDMENTS AND TERMINATION – We may change any term of this agreement. For other changes we will give you notice in writing or by any other method permitted by law. We may also close this account at any time upon reasonable notice to you and tender of the account balance personally or by mail.

STATEMENTS – You must examine your statement of account with “reasonable promptness”. If you discover (or reasonably should have discovered) any unauthorized payments or alterations, you must promptly notify us of the relevant facts. If you fail to do either of these duties, you will have to either share the loss with us, or bear the loss entirely yourself (depending on whether we exercised ordinary care and, if not, whether we substantially contributed to the loss). The loss could be not only with respect to items on the statement but other items forged or altered by the same wrongdoer. You agree that the time you have to examine your statement and report to us will depend on the circumstances, but that such time will not, in any circumstance, exceed a total of 20 days from when the statement is first made available to you.

You further agree that if you fail to report any unauthorized signatures, alterations, forgeries or any other errors in your account within 60 days of when we make the statement available, you cannot assert a claim against us on any items in that statement, and the loss will be entirely yours. This 60 day limitation is without regard to whether we exercised ordinary care. The limitation in this paragraph is in addition to that contained in the first paragraph of this section.

SET-OFF – You each agree that we may (without prior notice and when permitted by law) set off the funds in this account against any due and payable debt owed to us now or in the future, by any of you having the right of withdrawal, to the extent of such persons’ or legal entity’s right to withdraw. If the debt arises from a note, “any due and payable debt” includes the total amount of which we are entitled to demand payment under the terms of the note at the time we set off, including any balance the due date for which we properly accelerate under the note. You agree to hold us harmless from any claim arising as a result of our exercise of our right of set-off.

AGENCY (POWER OF ATTORNEY) DESIGNATION – Agents may make account transactions on the behalf of the parties, but have no ownership or rights at death unless named as beneficiary(ies).

PRIVACY PROTECTION NOTICE

PERSONAL INFORMATION PRIVACY PROTECTION NOTICE – At National Advisors Trust Company, FSB, protecting the privacy and confidentiality of your personal information is important to each of us. We value your business and the trust you put in us. To offer you the financial products and services you seek, we collect, maintain, and use information about you on a routine basis. To help you better understand how your personal information is protected, we are providing you with the following statement describing our practices and policies with respect to the privacy of customer information. In the event you terminate your customer relationship with us, or become an inactive customer, we will continue to adhere to the policies and practices described in this notice.

INFORMATION WE COLLECT – As your trusted financial institution, we collect, retain, and use nonpublic personal information about individual customers, allowed by law, to provide products and services to our customers. We may collect nonpublic information from such sources as:

- applications or other forms;
- information about your transactions with us, our affiliates, or others, and
- information we receive from a consumer reporting agency.

INFORMATION WE SHARE – We may disclose nonpublic personal information about you with our corporate affiliates and other non-affiliated third parties under certain circumstances to provide account services. Any nonpublic information shared is conducted in strict adherence to applicable law. We do not disclose any nonpublic personal information about you to anyone, except as permitted by law.

WHO RECEIVES INFORMATION AND WHY – We do not disclose any nonpublic personal information about our customers, or former customers, to anyone, except as permitted by law. We may exchange such information with our affiliates and certain non-affiliated third parties (under limited circumstances) to the extent permissible under law to service your account, report to credit bureaus, manage risk, and other financial services related activities.

HOW WE PROTECT YOUR INFORMATION – We restrict access to your personal and account information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Your confidence in us is important and we want you to know that your personal and account information is safe.

Service • Security • Trust

NATIONAL ADVISORS TRUST
HEALTH SAVINGS ACCOUNTS

NATIONAL ADVISORS TRUST, FSB
10881 Lowell Ave., Suite 100
Overland Park, KS 66210
Web: www.myhsatoday.com/nat/

Instructions for Completing the Application and Beneficiary Designation Form

Important: All fields marked with an asterisk (*) must be completed and the form returned to your Plan Service Provider, who will forward this form to DataPath Financial Services to establish your Health Savings Account. Before completing the Application and Beneficiary Designation Form, carefully read the HSA Custodial Account Agreement, HSA Terms & Conditions, and Privacy Protection Notice.

STEP 1

Fill out the “Account Holder Information” section. This will include your name and contact information. If you have listed both a street address and P.O. Box, be sure to check one of the options for “Preferred Mailing Address”. Your Social Security Number and Date of Birth are required for identification purposes. Your “Mother’s Maiden Name” and “City of Birth” are required for security purposes.

STEP 2

If you are applying for an HSA through your workplace, please fill out the “Employer Information” section. This includes your employer’s name and address.

STEP 3

Complete the “Eligibility Information” section to determine your eligibility for an HSA.

STEP 4

Fill out the “HDHP Information” section. “HDHP” stands for high-deductible health plan. To be eligible for an HSA, you must be covered by a high-deductible health plan. The “Carrier Name” is the insurance company. The “Plan Effective Date” is the date you are eligible for coverage under the insurance plan. The “Deductible Amount” is the dollar amount of your deductible.

STEP 5

Sign and date the application.

STEP 6

On the reverse side of the form, fill out the “Primary Beneficiary” and “Contingent Beneficiary” sections. The person(s) listed in this section(s), usually your spouse or children, will inherit your Health Savings Account upon your death. If no one is listed, the account will transfer to your estate.

STEP 7

On the reverse side of the form, fill out the “Electronic Funds Transfer” section to authorize transfers between your Personal Bank Account and your HSA.

STEP 8

Check the box in the “Debit Card Payment Method” section if you wish to receive a debit card as an alternative distribution method.

STEP 9

Remove this application from the booklet, and send it to your Plan Service Provider.

Application & Beneficiary Designation Form

Please complete this Application & Beneficiary Designation Form and return to your Plan Service Provider (PSP) indicated on the back of this form.

ACCOUNT HOLDER INFORMATION (Please Print)

*REQUIRED FIELD

*Name: (First) _____ (MI) _____ (Last) _____

*Preferred Mailing Address: Home Address Mailing Address

*Home Address: _____

*City: _____ State: _____ Zip Code: _____

*Mailing Address (if different from above): _____

*City: _____ State: _____ Zip Code: _____

*Home Phone: _____ Work Phone: _____

Email Address: _____ *Date of Birth: _____

*Social Security Number: _____

*Mother's Maiden Name (security purposes only): _____ *City & State of Birth: _____

EMPLOYER INFORMATION

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is your HSA funded through Cafeteria Plan deductions? Yes No

ELIGIBILITY INFORMATION (You must check yes on each question below to be eligible for an HSA)

Yes No I am currently, or will be upon the date of my first contribution, an eligible individual as described in the Custodial Account Agreement.

Yes No I understand that maintaining my eligibility is my responsibility and that the custodian will assume that all contributions are made while I am eligible to do so.

Yes No I am currently, or will be upon the date of my first contribution, covered by a High Deductible Health Plan (HDHP) that meets the qualifications detailed in the Custodial Account Agreement.

HDHP INFORMATION

HDHP Carrier: _____ Check One: Single Coverage Family Coverage

Plan Effective Date: _____ Deductible Amount: \$ _____

ADOPTION AGREEMENT

This application is for the establishment of my individually owned Health Saving Account at the custodian displayed on the reverse side of this form. The information on this application is true and accurate to the best of my knowledge and I submit this form with full understanding and acceptance of the provisions contained within the Custodial Account Agreement, HSA Terms and Conditions Statement and the HSA Disclosure Statement. I also acknowledge that the Plan Service Provider (PSP) indicated on the reverse side of this form is authorized to perform transactions on my account and all such transactions initiated by the PSP should be treated as if initiated directly by me, the Account Holder.

Signature of Account Holder: _____ Date: _____

(Beneficiary Designation on Opposite Side)

Application & Beneficiary Designation Form (cont.)

Pursuant to Section VI of the Custodial Account Agreement, you are authorized to designate one or more individuals as your Account Beneficiary(ies). For each designated person below, include their address, city, state, zip, social security number (if known) and relationship to you in the space provided. You must also designate a percentage of your remaining account (if any) to be distributed to that individual.

Note: All percentages must add up to 100%.

PRIMARY BENEFICIARY(IES)

Name: _____ %
Address: _____ City: _____ State: _____ Zip: _____
SSN: _____ Relationship: _____

Name: _____ %
Address: _____ City: _____ State: _____ Zip: _____
SSN: _____ Relationship: _____

If all individuals listed as Primary Beneficiaries precede you in death or cannot be located after a reasonable search by the custodian, all non allocated funds (if any) in your account will be distributed to your Contingent Beneficiary(ies) designated below. In the event that no beneficiary can be located, your account balance (if any) will be distributed to your estate.

CONTINGENT BENEFICIARY(IES)

Name: _____ %
Address: _____ City: _____ State: _____ Zip: _____
SSN: _____ Relationship: _____

Name: _____ %
Address: _____ City: _____ State: _____ Zip: _____
SSN: _____ Relationship: _____

Note: Special rules apply in certain states if a married individual does not select his/her spouse as beneficiary. If you reside in a community or marital property state and designate a person other than your spouse as beneficiary, you must obtain authorization from your spouse. It is the responsibility of the Account Holder to ensure that the individual(s) designated as beneficiary(ies) are legally authorized to act in that fashion.

ELECTRONIC FUNDS TRANSFER

I hereby authorize my Plan Service Provider (PSP) to facilitate Electronic Funds Transfer (EFT) between my Health Savings Account (HSA) and my Personal Bank Account as indicated below. These EFT transactions will be facilitated by the PSP but will be initiated by the Custodian. EFT transactions will be either a withdrawal from my Personal Bank Account for subsequent deposit into my HSA or will be a withdrawal from my HSA for subsequent deposit into my Personal Bank Account.

Account Type: Checking Account Savings Account

Bank Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Routing Number (First 9 numbers on bottom of check): _____

Bank Account Number (Second set of numbers): _____

DEBIT CARD PAYMENT METHOD

I hereby request a mySourceCard™ MasterCard® debit card as an alternate distribution method from my HSA account. I understand that additional fees may apply. (See Article IV of the Custodial Account Agreement for terms of usage.) Print exactly as you would like it to appear on your card. 21 characters maximum, including spaces

Name on 1st Card:

Name on 2nd Card:

CUSTODIAN

National Advisors Trust
10881 Lowell Ave., Suite 100, Overland Park, KS 66210
Phone: (877) 527-3476 • Fax (913) 498-0798 • E-Mail: info@nationaladvisorstrust.com

CUSTODIAL ACCOUNT MANAGER

DataPath Financial Services, Inc.
P.O. Box 55068 • Little Rock, AR 72215
Web: www.myHSAtoday.com • Email: info@myHSAtoday.com

PLAN SERVICE PROVIDER

Name: _____ Serial Number: _____
Address: _____
Web: _____ E-mail: _____
Phone: _____ Fax: _____

MARKETING REPRESENTATIVE

Name: _____
Serial Number (to be completed by the PSP): _____

Official Use Only Account Number: _____ Date: _____
Notes: _____ Signature: _____