Important Information on Patriot Act Requirements

To help the government fight the funding of terrorism and money laundering activities, federal law requires all
financial institutions to obtain, verify, and record information that identifies each person who opens an account.
What this means for you: When you open an account, we will ask for your name, address, date of birth, and other
information that will allow us to identify you. We may also ask to see your driver’s license or other identifying
documents. Your identity may be verified through the use of a database maintained by a third party. If your identity
cannot be verified, you understand that you may be required to provide additional information, and that your HSA
may be closed if additional verification is not possible. Upon such closure, funds deposited in your HSA will be
returned to you, less any fees, expenses or taxes chargeable against your HSA, or penalties or surrender charges
associated with the early withdrawal of any savings instrument or other investment in your HSA. We shall not be
liable for any tax consequences you may incur that result from the transfer of distribution of your assets as a result of
this distribution.

Electronic Disclosure

You must consent to receipt of documents in electronic form, including your Custodial Agreement and Disclosure
Statement, Designation of Representative by Accountholder, Interest Rate Disclosure and HealthcareBank Privacy
Policy and investment fund information. Your consent will apply to all future applicable notices relating to your
Health Savings Account (HSA), including confirmation of your online instructions or elections, until you are no
longer an accountholder or until you withdraw consent as provided below.

All communications will be provided electronically. If you wish to receive your HSA summary in paper form, you
may select that option by changing your election in your Participant Profile. Additional fees may apply for paper
copies of applicable notices (see fee schedule).

Security, Hardware and Software Information

In order to receive information and disclosures in electronic format, you must have access to a computer which is
able to comply with and adhere to the software and hardware requirements which are required to enable the online
delivery, which includes having appropriate browser software, such as Microsoft Internet Explorer, Netscape
Browser, or equivalent software and communications access to the Internet.

You will also need Adobe Reader to view and download the HSA Summaries and forms.

Withdrawing Your Consent

You may withdraw your consent to receive the initial account opening disclosures by exiting this online session any
time prior to submitting your application for processing. Your consent is not stored unless you complete this online
session. If you wish to withdraw your consent to electronic delivery of notices on a future date, please contact us at
the contact information listed on this website.

By checking the “I have read and agree to the Electronic Disclosure” box below, you indicated your consent to
receive the disclosures listed above electronically. You also confirm that you have the effective ability to access the
agreements and disclosures in electronic form.
HSA Account Creation Authorizations

By submitting the enrollment, you are requesting that a Health Savings Account (HSA) be opened in your name.

I affirm that all information I have provided is true and correct and may be relied upon by the Designated Representative and the HSA Custodian.

I understand the eligibility requirements for this HSA and I state that I am responsible for determine whether I qualify to make deposits to this HSA. I am responsible for:

A. Determining that I am eligible to make contributions to an HSA for each year I make contributions.
B. Ensuring that all contributions are within the maximum limitation set forth by the tax laws, taking into account my coverage and the applicable deductible under a high deductible health plan.
C. The tax consequences of any contributions (including rollover contributions) or distributions.
D. Seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitation, or the taxation of contributions or distributions from my HSA.

I certify that I have received and reviewed copy of the, Custodial Agreement and Disclosure Statement, Designation of Representative by Accountholder, Interest Rate Disclosure and Privacy Policy. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the Designated Representative or the HSA Custodian and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the Designated Representative and HSA Custodian harmless against any and all claims or losses arising from my actions.