

HEALTH SAVINGS ACCOUNT (HSA)

Investment Firm Establishment Guide (IFEG)

Instructions

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Appointment of Financial
Professional Form



HealthSavings

ADMINISTRATORS

Investing in a Healthy Future



INSTRUCTIONS

With the release of the Department of Labor's (DOL) fiduciary rule, Financial Professionals have never been better positioned to provide guidance on investment health savings accounts (HSAs). We make it easy by providing the tools, resources and expertise you need. Plus, we've designed our program so that HSAs are no longer too high touch or too high maintenance to administer. That means that Investment Firms can easily increase distribution of funds while Financial Professionals benefit from providing a valuable new service to their clients.

Simply review the information provided, complete the **Investment Firm Set-Up Form & Agreement** and return to your Sales Director, or to:

Advisor Services



EMAIL: advisors@HealthSavings.com



FAX: (804) 726-1570



MAIL TO:
10800 Midlothian Tpke
Ste 240
Richmond, VA 23235

After we receive your Investment Firm Set-Up Form & Agreement, you can expect to receive:

- Your fully signed agreement, set up confirmation and advisor registration instructions within 7-10 business days
- Instructions for enrolling Plan Sponsors and Participants within 15-20 business days
- Assistance with onboarding Plan Sponsors and answering Participant questions

Investment Firm

Financial Professional

Sales Director



ROLES & RESPONSIBILITIES

- Selects HSA investment options
- Completes Investment Firm Set-Up Form & Agreement
- Communicates with Financial Professionals regarding online advisor registration and instructions for enrolling Plan Sponsors and Participants

- Completes online advisor registration to gain access to the Advisor Portal
- Identifies Plan Sponsors and Participants who are good candidates for an investment HSA
- Consults the Plan Establishment Guide (PEG) for additional information and responsibilities

- Explains the investment firm set-up process and ensures the Investment Firm Set-Up Form & Agreement is completed and submitted
- Returns fully signed agreement and confirms when the set-up process is complete
- Provides instructions for online advisor registration and enrolling Plan Sponsors and Participants
- Consults the Plan Establishment Guide (PEG) for additional responsibilities



TIMELINE



Selects HSA investment options and completes Investment Firm Set-Up Form & Agreement

Ensures the Investment Firm Set-Up Form & Agreement is completed and submitted



Communicates with Financial Professionals regarding online advisor registration and instructions for enrolling Plan Sponsors and Participants

Returns fully signed agreement and confirms set-up process is complete; provides instructions for online advisor registration and enrolling Plan Sponsors and Participants



Encourages Financial Professionals to complete online advisor registration

Answers questions, as needed



Encourages Financial Professionals to advise on investment HSAs

Completes online advisor registration to gain access to the Advisor Portal

Identifies Plan Sponsors and Participants who are good candidates for an investment HSA

Answers questions, as needed



Facilitates investment HSA enrollments using the instructions provided

Facilitates investment HSA enrollments using the instructions provided

Answers questions, as needed

UNDERSTANDING INVESTMENT FIRM SET UP

The first step is completing the Investment Firm Set-Up Form & Agreement. Questions about the information we're collecting? We're here to help!

Corporate Overview & Logo

This is required for investment firm set up and will appear in your clients' online portals. Your corporate overview and logo will appear alongside *HealthSavings'* branding in the Advisor, Employer and Member Portals. In addition, the *HealthSavings* logo will appear on statements and debit cards. Our future plans include enhancements for private labeling. Interested? Talk with your Sales Director.

HSA Investment Options

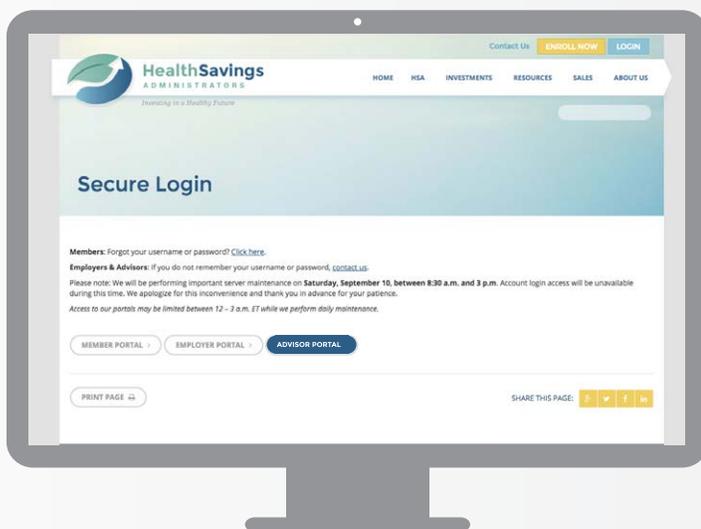
Your firm may create custom fund line-ups for distribution through your HSA program. Want to offer model portfolios or ETFs? We can do that! The only requirement is that the funds must be traded via Matrix/Broadridge. Consider choosing more funds vs. less to provide your Financial Professionals and their clients with optimal choice and flexibility. When submitting your custom line-up(s), XLSX or CVS files are preferred.

HSA Set-Up Options

If your clients include individual Participants who are not affiliated with Plan Sponsors, we can facilitate enrollment by creating an Individual Investor HSA for your Investment Firm. After set up is complete, we will provide instructions for enrolling Participants. For account access and/or limited trading authority, Financial Professionals will need their Participants to complete and submit the Appointment of Financial Professional Form.

HOW TO ACCESS THE ADVISOR PORTAL

After your Investment Firm has been set up, you will receive a special, firm-specific username and password that your Financial Professionals can use to complete online advisor registration, gain access to the Advisor Portal and establish their connection to your firm.



To begin advisor registration and gain access to the Advisor Portal:

1. Go to <http://healthsavings.com/login/>
2. Click **Advisor Portal**
3. Enter the firm's username
4. Enter the firm's password

After log in, your Financial Professionals will register themselves and create their own username and password. They should use their personal username and password to log into the Advisor Portal in the future.

Remember, Financial Professionals will not see Plan Sponsor or Participant data in the Advisor Portal until they have clients signed up for your HSA program.

HOW TO SIGN UP PLAN SPONSORS

Once your Financial Professionals have identified Plan Sponsors who are good candidates for your investment HSA program, simply ask the Plan Sponsors to complete our Plan Set-Up Form located in our **Plan Establishment Guide (PEG)**. This guide provides detailed information regarding the plan set up process and how we help with onboarding your Plan Sponsors. Need tips for identifying which Plan Sponsors are good candidates? See our **Advisor Information brochure**.



HOW TO ENROLL INDIVIDUAL PARTICIPANTS

For individual Participants who are not affiliated with Plan Sponsors, we can create an Individual Investor HSA for your Investment Firm. After set up is complete, we will provide your firm with a special enrollment username and password that can be distributed to individual Participants so that they can enroll in your firm's HSA online.

To enroll, individual Participants will:

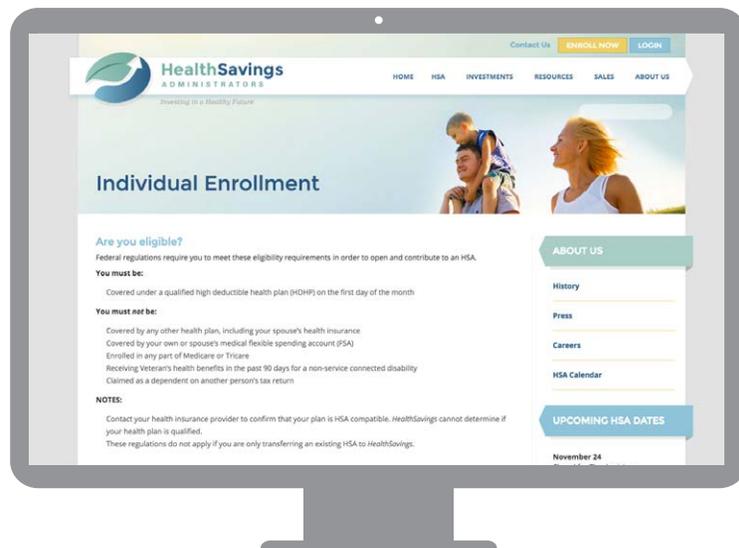
1. Go to <http://healthsavings.com/enroll-now/>
2. Confirm their HSA eligibility, and click **Proceed to Enroll**
3. Click **“Yes, Requires Username & Password”**
4. Enter the firm's enrollment username
5. Enter the firm's enrollment password

After log in, individual Participants will begin the enrollment process and create their own username and password. They will use their personal username and password to log into the Member Portal in the future.

During online enrollment, individual Participants will have the opportunity to make investment elections. We recommend that the Financial Professionals working with these Participants advise on their investments prior to enrollment; however, investment elections can be added or changed after enrollment as well.

Last but not least, Financial Professionals wishing to access individual Participant accounts and/or collect advisory fees will need Participants to complete and submit the Appointment of Financial Professional Form.

Financial Professionals will not be able to view their individual Participants through the Advisor Portal until we have received the Participant's completed Appointment of Financial Professional Form and the Participant has made his or her first HSA contribution or transfer/rollover into the HSA.



FREQUENTLY ASKED QUESTIONS

Does my Investment Firm need to be an insurance broker to offer HSAs?

Absolutely not! With the release of the DOL's fiduciary rule, Investment Firms and Financial Professionals have never been better positioned to offer investment HSAs to help clients save for their retirement health care expenses.

On average, Medicare covers about 59% of health care costs, leaving retirees to cover the remaining 41% from their retirement savings. In fact, Fidelity's Retirement Health Care Cost Estimate published in August 2016 reveals that the average couple retiring at 65 years old today will need an estimated \$260,000 to cover health care expenses in retirement, up from \$245,000 in 2015.

Investment Firms and Financial Professionals know what it means to be a fiduciary — and paying these retirement health care expenses tax free from an HSA rather than after tax from a 401(k), 403(b) or IRA is certainly in the best interest of many Participants.

To be eligible to open and contribute to an HSA, Participants must be covered under a qualified high deductible health plan (HDHP). This does not apply if the Participant is simply transferring an existing HSA to *HealthSavings*. For more about HSA eligibility, visit <http://healthsavings.com/>.

What if my client is already a *HealthSavings* customer?

That's great! If you would like access to your client's account to advise on investments, simply ask your client to complete and submit our Appointment of Financial Professional Form, and we will set up the appropriate access rights to your client's account. After access has been established, you will be able to view your client's account through the Advisor Portal.

Can I process investment transactions on behalf of my client?

Yes, if your client has granted you limited trading authority on the Appointment of Financial Professional Form. With limited trading authority, you will be able to change investment elections, transfer by percent, dollar or units, and/or rebalance investments, as needed.

How can I assess my client's risk tolerance on HSA investments?

We will soon launch our Investment Profile Questionnaire (IPQ) functionality, which will be embedded into the online enrollment process. Until then, be thinking about how you would adapt your existing risk tolerance questionnaire to accommodate your investment HSA offering.

Can I export my client's data from the Advisor Portal?

At this time, we are developing enhancements to enable this functionality in the Advisor Portal. Until then, transaction activity can be exported from the Participant's Member Portal. Simply ask the Participant to log into the Member Portal, then:

1. Go to Investing
2. Then, Transaction Information
3. Enter the transaction date range
4. Click Search
5. Then, click the Export to Excel icon and save the file



Send completed form, agreement, fund list(s) and logo via email to: **Email:** advisors@HealthSavings.com

Investment Firm/Agency Information

Investment Firm/Agency Name _____ Federal Tax ID # _____
Contact First Name _____ Contact Last Name _____ Title _____
Street Address (PO. boxes not accepted) _____ Suite _____
City _____ State _____ ZIP _____
Phone _____ Fax _____ Website _____ Email _____

Corporate Overview (up to 8,000 characters)



Investment Firm/Agency Logo

Please provide your logo using the following specs:

- **Max Size:** 200 pixels width x 80 pixels height
- **FileType:** JPG or PNG preferred
- **File Naming Convention:** **investmentfirmname_logo_widthpx_x_heightpx** (no spaces, use the bold areas to input your own info)
Example: ABCInvestments_logo_200px_x_80px.jpg

HSA Investment Options

The investment firm may customize fund line-ups for distribution through the HSA program. Funds must be traded via Matrix/Broadridge. Please include fund list(s) when submitting this form. (XLSX or CSV files preferred.)

HSA Set-Up Options

Does your client base include individual participants who are not affiliated with Plan Sponsors?

- Yes (If yes, please answer the following questions.)
 No (If no, skip to the next section.)

Do you anticipate HSA enrollments from these individuals within the next 3-6 months?

- Yes No

Would you like to facilitate enrollment for these individuals by setting up an Individual Investor HSA for your Investment Firm?

- Yes No

Preferred investment program _____

NOTE: To cover our administrative services, *HealthSavings* will deduct the following fees from participant accounts:

- \$45 annual administrative fee
- Quarterly custodial fees based on the choice of investment program

Advisor Permissions (select all that apply)

Advisors of the investment firm are authorized as:

- Registered Representative(s) and/or Licensed Agent(s)**
Compensated by commissions and applicable sales charges paid by the investment product(s)
- Registered Investment Advisor(s) (RIA)**
Compensated by an advisory fee charged against the accounts

Advisor(s) of the investment firm are authorized to have the following level of access to participant accounts:

- View only Limited trading authority

Platform Access Agreement

This agreement ("Agreement") is entered into this _____ day of _____ (month), _____ (year), by and between Health Savings Administrators, LLC, ("HSAA") and _____ ("Investment Firm/Agency").

WHEREAS, HSAA, through the IPX platform and FPS Trust "FPS" acting as the custodian of assets, provides employee benefit recordkeeping services, including but not limited to Employer/Plan Sponsor and Employee/Participant support, fulfillment of certain transactions while acting in a directed capacity, and online account management in a health savings account ("HSA") qualified medical plan account (the "Account Services") to individuals ("Participants") participating in certain HSA-qualified medical benefit plans ("Plans");

WHEREAS, Investment Firm/Agency is a Registered Investment Advisory firm and/or Broker-Dealer in good standing with their home state or the U.S. Securities and Exchange Commission (“SEC”), as applicable, and a member of the Financial Industry Regulatory Authority (“FINRA”);

WHEREAS, Investment Firm/Agency desires that its representatives (“Sales Personnel”) be available advisors/agents for those Accounts and Plans serviced on the IPX Platform;

WHEREAS, certain Participants in the Plans may appoint Sales Personnel as their designated advisor/agent (“Authorized Advisor/Agent”) to their HSA account(s);

WHEREAS, the parties hereto wish to enter into this Agreement pursuant to which Investment Firm/Agency, acting through its Sales Personnel, agrees to permit the marketing of their approved investment products available within one or more Plans to Plan Participants for whom the Sales Personnel act as Authorized Advisors/Agents;

WHEREAS, HSAA will submit orders for the purchase and sale of shares/units of certain HSAA available investment providers offered through the Plan(s) (“Mutual Funds and Exchange Traded Funds”), or as set forth on Exhibit A, attached hereto, as the same may be amended from time to time (the “Approved Investment List”), as directed by authorized parties for execution;

WHEREAS, for certain share class investments (institutional/retirement share classes) held within plan level trading accounts, a Custodial Broker Dealer will be designated as Broker Dealer of Record (the “Capturing Broker Dealer”) for purposes of effecting ongoing directed Mutual Fund transactions and collecting fees from the Mutual Funds and/or stable value funds in which the assets of the Plan are invested, including Rule 12b-1 fees or other fees for servicing and distribution (collectively, “Commission Compensation”) from the authorized investment provider products. The Capturing Broker Dealer will notify FPS at the end of each calendar quarter of the amount of Commission Compensation collected and FPS will instruct the Capturing Broker Dealer to transmit such Commission Compensation and supporting data to the Investment Firm/Agency;

WHEREAS, the parties acknowledge and agree that the Capturing Broker Dealer is not a party to this Agreement and that said Capturing Broker Dealer only takes instructions from FPS to process unsolicited Mutual Fund orders for the Plan and to collect and pay Commission Compensation to Investment Firm/Agency;

WHEREAS, certain authorized Sales Personnel may instruct HSAA to assign a specified asset based fee (“Wrap Fee Compensation”) to be applied to an account and HSAA will deduct such Wrap Fee Compensation on a prorated basis from the value of the account and transmit such Wrap Fee Compensation to the Investment Firm/Agency together with information prepared by HSAA as to the amount of such Wrap Fee Compensation payable to each Sales Personnel.

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants contained herein, as well as other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Investment Firm/Agency authorizes HSAA to provide Sales Personnel with the access level(s) indicated in the form above.
2. Investment Firm/Agency acknowledges that the only compensation payable to it in connection with the services provided by Investment Firm/Agency under this Agreement is the Commission Compensation or Wrap Fee Compensation.
3. Each party hereto represents that it is an independent contractor and agrees that it will in no manner represent to the public that any relationship other than that of an independent contractor exists between it and the other party or that it has any power or authority to act for, bind or commit the other party.
4. The parties each hereby represent and warrant that: (a) it is a corporation, partnership, national association or other entity duly organized and validly existing in good standing under the laws of the jurisdiction in which it is organized; (b) it holds all licenses and registrations necessary to perform its obligations under this Agreement; (c) the execution and delivery of this Agreement and the performance of the transactions contemplated hereby have been duly authorized by all necessary action and all other authorizations and approvals (if any) required for the party’s own lawful execution and delivery of this Agreement and its performance hereunder have been obtained; (d) the Agreement does not violate or conflict with any other agreement to which it is a party; (e) and upon execution and delivery by each party hereto, this Agreement is intended to constitute a valid and binding agreement, enforceable against each party in accordance with its terms.



5. Investment Firm/Agency represents that it is a properly registered or licensed broker or dealer under applicable federal and state law and is a member in good standing of FINRA and the SEC. Investment Firm/Agency agrees that in performing the services under this Agreement, it and its Sales Personnel will comply at all times with the Conduct Rules of FINRA and all applicable laws.
6. HSAA and Investment Firm/Agency agree to mutually indemnify, hold harmless, and defend the other and its directors, officers, employees or agents against all losses, claims, liabilities and expenses (other than liability solely the fault of the Indemnified Party) arising from: (a) the acts or omissions of the indemnifying party or its agents in the performance of the indemnifying party's obligations under this Agreement or indemnifying party's breach thereof; and (b) indemnifying party's failure to comply with all applicable statutes, acts, ordinances, laws, rules, regulations, codes and standards, including without limitation, compliance with any statute, act, ordinance, law, rule, regulation, code or standard specific to the Services provided by the indemnifying party. Indemnifying Party will reimburse the Indemnified Party for any legal or other expenses reasonably incurred by the Indemnified Party in connection with investigating or defending any such loss, claim, liability or expense.
7. If indemnification sought pursuant to this Agreement is determined by a court or an arbitrator to be unavailable for any reason (other than a lack of contractual entitlement to indemnification under this Agreement), then, the indemnifying party shall contribute to the losses, claims, damages or liabilities, as though the same are the joint and several liability of the parties, for which such indemnification is held unavailable in such proportion as is appropriate to reflect the relative benefits to and the relative fault of the indemnifying party, on one hand, and the indemnified party on the other, in connection with the transactions to which such indemnification relates.
8. Each party's liability for any loss or damages, direct or indirect, in contract, tort or otherwise, arising out of the subject matter of this Agreement shall be limited to those actual and direct damages which are reasonably incurred by the injured party and caused by the other party's negligence, recklessness, or willful misconduct. In no event shall either party be liable to the other for any special, indirect, incidental, consequential, speculative, punitive or exemplary damages, including but not limited to lost profits, even if such party has knowledge of the possibility of such damages.
9. This Agreement may be terminated at any time by either party upon written notice to the other given ninety (90) days in advance.
10. Each party acknowledges and agrees that this Agreement and the arrangement described herein is intended to be non-exclusive and that each of the parties is free to enter into similar agreements and arrangements with other parties.
11. Neither this Agreement, nor any provision hereof, may be amended, waived, discharged or terminated orally, but only by an instrument in writing signed by both parties.
12. All notices and other communications hereunder shall be given or made in writing and shall be delivered personally, sent by express delivery or registered or certified mail (return receipt requested) or sent by facsimile or via e-mail in accordance with procedures established by agreement of the parties hereto, and shall be addressed to a party either at the address provided above or at a changed address specified by it in a notice to the other party. Any notice, demand or other communication given in the manner described in this Section 15 shall be deemed to have been delivered on receipt.
13. This Agreement may not be assigned by a party without the written consent of the other party.
14. Each party acknowledges that it may be provided with, or exposed to, confidential and proprietary information of the other party ("Confidential Information"). For purposes of this Agreement, Confidential Information shall include all business information of each party (including information pertaining to each party's computer or other systems, Plans or Participant data, including personal and financial information regarding Plan Participants and customer lists, as well as the confidential information of third parties with which each party conducts business), other than information that (a) was or becomes generally known to the public not as a result of disclosure by the other party, (b) was or becomes available to the other party on a non-confidential basis from a source other than the party, provided that the source was not known by the other party to the best of its knowledge after due inquiry to be bound by any agreement to keep such information confidential, or otherwise prohibited from transmitting the information to the other party by a contractual, legal or fiduciary obligation, (c) is independently developed, discovered or arrived at by the other party without use or reference to Confidential Information, or (d) is rightfully in the possession of the other party prior to disclosure by the party.

In recognition of the foregoing, each party covenants and agrees that it shall: (i) keep and maintain all Confidential Information in strict confidence, in order to avoid unauthorized use or disclosure; (ii) not disclose any Confidential Information to anyone outside



of the parties, except (a) with the other party's prior written consent; (b) where such information is requested or required by interrogatory, subpoena, deposition or other applicable judicial or governmental order or legal process (as advised by the other party's legal counsel and only after compliance with the provisions of this Agreement); or (c) where such information is requested by any governmental agency or regulatory body having or claiming to have authority to regulate or oversee any aspect of the other party's business in connection with such oversight or responsibility or the exercise of such authority; (iii) not make use of any Confidential Information for its own purpose or the benefit of anyone or any entity other than the other party or in any manner that is not in compliance with all applicable laws; (iv) at the other party's request, deliver promptly to the other party (or at the other party's option, destroy) any and all documents or other materials regarding or including any Confidential Information; and (v) take no action with respect to Confidential Information that is inconsistent with its confidential and proprietary nature. Additionally, each party shall disclose Confidential Information only to its employees and agents having a need to know such information in connection with the party's performance of its duties under this Agreement, and it shall instruct all such persons or entities with respect to the obligation to protect all Confidential Information. Each party shall immediately notify the other party if it has reason to believe that any person or entity with access to Confidential Information has violated or intends to violate the terms of this Agreement.

15. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia without giving any effect to the conflict of laws principles thereof.
16. Each party hereto agrees to comply with all applicable laws and regulations aimed at preventing, detecting, and reporting money laundering and suspicious transactions, including, without limitation, applicable provisions of the Bank Secrecy Act and the USA PATRIOT ACT, as well as regulations administered by the U.S. Department of the Treasury's Office of Foreign Asset Control. In addition, each party agrees to take all necessary and appropriate steps, consistent with applicable laws and regulations, to obtain, verify, and retain information with regard to Participant and/or account owner identification and source of funds.
17. Each party acknowledges that certain information made available to the other party may be deemed nonpublic personal information under the Gramm-Leach-Bliley Act or other federal and state privacy laws and the regulations promulgated thereunder (collectively, "Privacy Laws"). Each party hereby agrees: (a) not to disclose or use such information except as required to carry out its duties under this Agreement or as otherwise permitted by the Privacy Laws; (b) to establish and maintain procedures reasonably designed to insure the security and privacy of all such information; and (c) to cooperate with the other party and provide reasonable assistance in ensuring compliance with such Privacy Laws to the extent applicable to either party.
18. Each party hereto shall comply with all applicable state and federal laws as well as any applicable regulatory agency and self-regulatory organization rules and regulations.
19. Clarification of Obligations and Liabilities: The Broker Dealer of Record is not a party to this Agreement and its commitment under this Agreement only relates to the collection of and payment of compensation pursuant to HSAA's instructions. For clarification, the Investment Firm/Agency acknowledges and agrees that it is not prohibited by law, regulation or otherwise from receiving the Compensation and that the Broker of Record will not provide investment advice, investment recommendations, investment selection, suitability or any similar type of service relating to the selection, purchase, sale, trading or holding of mutual fund shares and/or stable value funds held for or by the Plan or exercise any "investment discretion" (as defined in Section 3(a)(35) of the Securities Exchange Act of 1934, as amended) with respect thereto.
20. FPS Trust (Custodian) and *HealthSavings* are not responsible for any loss, injury or damage, whether direct, indirect, special, consequential, exemplary, economic or otherwise, caused by the use of the website or the unauthorized access of the website. The financial advisor/professional shall be solely responsible for requesting a password to be used by authorized users. Financial advisor/professional shall be solely responsible for the protection of such passwords to ensure that only authorized users access the website. Financial advisor/professional shall ensure that all authorized users comply with the terms and conditions of this agreement and shall be solely responsible for any failure by the authorized users to do so. Because the provided password can be used to access sensitive account information, all authorized users should treat the password with the same degree of care and confidentiality that they use to protect other sensitive financial data. All authorized users agree to not give the password or make it available to any person not authorized to access the website. Further, financial advisor/professional agrees to notify *HealthSavings* immediately should any previously authorized user become ineligible for access, so that the password may be deactivated.



Signatures

HealthSavings Administrators, LLC

Authorized Signer Name (*printed*) _____ W. Patrick Jarrett _____ Title _____ President _____

Address _____ 10800 Midlothian Tpke, Ste 240 _____

City _____ Richmond _____ State _____ VA _____ ZIP _____ 23235 _____

Signature _____ Date (*mm/dd/yyyy*) _____

Investment Firm/Agency

Authorized Signer Name (*printed*) _____ Title _____

Address _____

City _____ State _____ ZIP _____

Signature _____ Date (*mm/dd/yyyy*) _____

FOR OFFICE USE ONLY

Sales Director _____

Alliance Code _____

Form Distributed to: HSAA FPS



Send completed form via email or fax to:

Email: advisors@HealthSavings.com

Fax: (804) 726-1570

Participant Authorization

By granting a Financial Professional Account Access or Account Access and Limited Trading Authority, Participant acknowledges and agrees that Financial Professional acts as agent of the Participant with regard to the Account and that the Financial Professional will be bound by all terms that govern the Account.

Participant designates the Financial Professional listed below as the Participant's Financial Professional to exercise all rights and powers set forth herein with respect to the Account(s). Participant may revoke this authorization by notifying us in writing, but such notification will not affect the participant's responsibility for any actions of the Financial Professional prior to receipt and processing of the Notification. Participant authorizes compensation payments to the Financial Professional from assets held in the account registered in the Participant's name and any fees/commissions ("compensation") due to the Financial Professional. Compensation shall be determined based on the type of investment products and value of the assets held in the account registered in the Participant's name at the end of each quarter (if applicable). This authorization will remain in full force and effect until written notice of its revocation is signed by the Participant.

Powers Participant Grants Financial Advisor *(select one)*

- Account Access:** Participant appoints the Financial Professional and firm designated as the Financial Professional for the Account. Participant grants the Financial Professional access to the records of the Accounts. Participant acknowledges and agrees that Participant remains solely and exclusively responsible for directing the investment of the Account and that this grant of Account Access does not authorize the Financial Professional to direct investment of the Account or exercise any discretionary authority over the Account. Further, this grant of Account Access does not authorize the Financial Professional to transfer, withdraw or disburse money or assets from the Account except in connection with the assessment of applicable fees.
- Account Access and Limited Trading Authority:** Participant appoints the Financial Professional and firm designated as the Financial Professional for the Account. Participant grants the Financial Professional access to the records of the Account. Further, Participant authorizes the Financial Professional to direct investment of the Account without further approval or direction from Participant. This grant of Account Access and Limited Trading Authority does not authorize the Financial Professional to transfer, withdraw or disburse money or assets from the account except in connection with the assessment of applicable fees.

Note: Limited Trading Authority is subject to approval from the Financial Professional's Investment Firm and/or Insurance Agency.

Financial Professional Information *(to be completed with assistance from the Financial Professional)*

I am/we are acting as: *(select one)*

- Registered Representative(s) and/or Licensed Agent(s)**
Compensated by commissions and applicable sales charges paid by the investment product(s)
- Registered Investment Advisor(s) (RIA)**
Compensated by advisory fee of _____ % (annually)



Participant Signature

I, the Account Owner have read this form in its entirety, agree to be bound by this document as it exists and as it may be modified, and designate the Financial Professional listed to act as my Financial Professional to exercise all rights and powers set forth herein with respect to the Account(s).

This authorization will terminate if notified in writing of my incapacity, disability or death. I may revoke this authorization by notifying in writing, but such notification will not affect my responsibility for any actions of my Financial Professional prior to receipt and processing of the notification.

Note: If my Financial Professional is a Registered Investment Advisor, I authorize to pay the Financial Professional from my assets held in the account registered in my name, an annual investment advisory fee to be billed quarterly in arrears and shall be determined based upon the value of my assets held in the account registered in my name at the end of each quarter. This Authorization will remain in full force and effect until written notice of its revocation signed by me. The authorization shall extend to the benefit of successors and assigns.

Name (printed) _____ Social Security Number _____

Signature _____ Date (mm/dd/yyyy) _____

Financial Professional Contact Information

First Name _____ Last Name _____

Title _____ Investment Firm/Agency Name _____

Select one:

- Investment firm/agency has completed the Investment Firm Set-Up Form & Agreement
- Investment firm/agency has not completed set up

Street Address (P.O. boxes not accepted) _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Website _____

Broker Dealer Name _____

Broker Dealer Number (NSCC Code) _____ Branch Number ID _____ Rep ID _____

RIA Firm Name _____

RIA Firm Number _____ Branch Number ID _____ IAR Rep ID _____



Payment Information

This section must be completed by the Financial Professional in order to receive compensation. Simply complete the payment instructions pertaining to your selected compensation method.

Registered Representative(s) and/or Licensed Agent(s)

Compensated by commissions and applicable sales charges as paid by the investment companies in which the Participant is invested. Please verify with your Broker/Dealer and/or Insurance Agency that all necessary selling agreements and appointments are executed and in good order. If selling agreements and appointments are not in place or not executed properly, Registered Representatives will NOT receive compensation on accounts. NOTE: Payments are contingent on investment companies' commission and payment schedule.

Registered Investment Advisor(s) (RIA)

Compensated by an asset-based advisory fee, calculated using the average daily account value and remitted quarterly.

Receipt of Payment (select one)

Check

Payee _____

Address _____

City, State, ZIP _____

Special Check Instructions _____

ACH

Bank Name _____

Account Number _____

Account Type (i.e. Savings, DDA) _____

Name on Account _____

ABA Routing Number _____

Financial Professional Signature

By signing below, Financial Professional represents and warrants that he/she is authorized by his/her Investment Firm (Broker Dealer | Registered Investment Advisor) and/or Insurance Agency to enter into this agreement, act as an appointed Financial Professional and receive compensation. Further, Financial Professional represents and warrants that he/she will comply with all solicitation directives of the Participant, that he/she holds all appropriate federal and/or state insurance and/or securities licenses and any applicable state permits/registrations required for providing the applicable services. Any breach of these representations or warranties, or if instructed from the Financial Professional's Investment Firm and/or Insurance Agency to do so, Financial Professional's access to the Account and the payment of any compensation from or related to the Account may be terminated. In the event of such termination, Financial Professional shall be responsible for notifying the Participant of such termination and for taking any necessary steps to cure the breach and/or resolve any matters with the Participant or their Investment Firm and/or Insurance Agency.

Name (printed) _____

Signature _____

_____/_____/_____
Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Sales Director _____

Alliance Code _____

Form Distributed to: HSAA FPS