



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