

**To be completed by the Participant
and Financial Advisor.**

Send completed form to:

Email: advisors@HealthSavings.com **Fax:** (804) 726-1570

Participant Information

First Name _____ Last Name _____

Social Security Number _____ Phone _____ Email _____

Investment Firm/Agency Information

Investment Firm/Agency Name _____

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

City _____ State _____ ZIP _____

Phone _____ Fax _____ Website _____

RIA Firm Number (if applicable) _____ Branch ID Number (if applicable) _____

Select one:

- Investment Firm/Agency has completed the Investment Firm Set-Up Form & Agreement
 Investment Firm/Agency has not completed the Investment Firm Set-Up Form & Agreement

Primary Advisor

First Name _____ Last Name _____

Phone _____ Email _____ IAR Rep ID (if applicable) _____

Investment Firm/Agency Fee

The Investment Firm/Agency is compensated by an asset-based advisory wrap fee. Please indicate the fee to apply to this Participant's account:

_____ annual basis point advisory fee

Participant Authorization

By granting the above named Investment Firm/Agency and Primary Advisor (together, the "Financial Advisor") Account Access or Account Access and Limited Trading Authority, Participant acknowledges and agrees that Financial Advisor acts as agent of the Participant regarding the Participant's *HealthSavings* Account ("Account") and that the Financial Advisor will be bound by all terms that govern the Account.

Participant designates the primary Financial Advisor as the Participant's Financial Advisor to exercise all rights and powers set forth herein with respect to the Account(s). Participant may revoke this authorization by notifying *HealthSavings* Administrators ("HSAA") in writing, but such notification will not affect the Participant's responsibility for any actions of the Financial Advisor prior to receipt and processing of the Notification. Participant authorizes HSAA and its affiliates to deduct compensation due to the Financial Advisor as set forth above from assets held in the account registered in the Participant's name, including any transactional fees/commissions ("other compensation") due to the Financial Advisor. Such other 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, signed by the Participant, is received by HSAA.



Powers Participant Grants Primary Advisor

_____ (initial) **Account Access:** Participant appoints the Financial Advisor as the Financial Advisor for the Account. Participant grants the Financial Advisor 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 Advisor 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 Advisor to transfer, withdraw or disburse money or assets from the Account except in connection with the assessment and collection of applicable fees.

_____ (initial) **Account Access and Limited Trading Authority:** Participant appoints the Financial Advisor as the Financial Advisor for the Account. Participant grants the Financial Advisor access to the records of the Account. Further, Participant authorizes the Financial Advisor 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 Advisor to transfer, withdraw or disburse money or assets from the account except in connection with the assessment and collection of applicable fees.

Note: Limited Trading Authority is subject to approval from the Primary Advisor’s Investment Firm and/or Insurance Agency.

Participant Signature

I, the Account Owner have read this form in its entirety and agree to be bound by the terms stated above, and hereby designate the Financial Advisor listed above to act as my Financial Advisor and to exercise all rights and powers set forth herein with respect to the Account(s), including but not limited to managing access to my Account and Account information through the HSAA/website.

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

I authorize HSAA to pay the Financial Advisor from assets held in the Account registered in my name, an annual investment advisory fee to be billed quarterly in arrears, determined based upon the value of the 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 is delivered to HSAA. This authorization shall also extend to the benefit of successors and assigns of the Primary Advisor who are agents of the Investment Firm/Agency named above.

Signature

Date



Primary Advisor Signature

By signing below, Financial Advisor represents and warrants that he/she is authorized by his/her Investment Firm (Broker Dealer | Registered Investment Advisor) and/or Insurance Agency to enter this agreement, to act as an appointed Financial Advisor and receive the compensation described herein. Further, Financial Advisor represents and warrants that he/she will comply with all instructions provided by the Participant, and 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 and warranties, or if instructed from the Financial Advisor’s Investment Firm and/or Insurance Agency to do so, will result in Financial Advisor’s access to the Account and the payment of any compensation from or related to the Account to be terminated immediately. In the event of such termination, Financial Advisor 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 his/her Investment Firm and/or Insurance Agency.

Furthermore, Financial Advisor is responsible for managing access to the Participant’s Account. FPS Trust (Custodian) and HSAA 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 shall be solely responsible for requesting a password to be used by authorized users. Financial Advisor shall be solely responsible for the protection of such passwords to ensure that only authorized users access the website. Financial Advisor 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 agrees to notify HSAA immediately should any previously authorized user become ineligible for access, so that the password may be deactivated.

Signature

Date

FOR OFFICE USE ONLY

Sales Director _____

Partner Code _____

Case Number _____