

# Health Savings Account (HSA) Appointment of Financial Professional (Broker of Record) Form

To be completed by the Participant  
and Financial Advisor.

Send completed form to:  
Email: [advisors@HealthSavings.com](mailto:advisors@HealthSavings.com)

## 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) \_\_\_\_\_

## Secondary Contact

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. Fees are charged against the participant's account quarterly and withdrawn from the investments based on the average daily balance, then from cash, if necessary. Please indicate the fee to apply to this Participant's account:

\_\_\_\_\_ annual basis point advisory fee

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## Participant Authorization

By granting the above named Financial Services Firm/Agency, Primary Agent/Representative and Secondary Agent/Representative (together, the "Financial Professional") Account Access or Account Access and Limited Trading Authority, Participant acknowledges and agrees that Financial Professional acts as agent of the Participant regarding the Participant's *HealthSavings* Account ("Account") and that the Financial Professional will be bound by all terms that govern the Account. Participant authorizes the primary Financial Agent/Representative 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 Professional prior to receipt and processing of the Notification. Participant authorizes HSAA and its affiliates to deduct compensation due to the Financial Professional 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 Professional. 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 Financial Representatives

\_\_\_\_\_ (initial) **Account Access:** Participant appoints the primary Agent/ Representative and/or the secondary Agent/ Representative and grants the appointed Agent(s)/Representative(s) access to the records of the Accounts including tax forms, balance and investment history. 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 Agent/Representative to direct investment of the Account or exercise any discretionary authority over the Account. Further, this grant of Account Access does not authorize the Agent/Representative 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 and grants the primary Agent/Representative and/or the secondary Agent/Representative access to the records of the Accounts including tax forms, balance and investment history. Further, Participant authorizes the appointed Agent(s)/Representative(s) 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 Agents/ Representatives 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 Agent's/Representative's Financial Services 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 Professionals listed above to act as my agents 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 provided 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 Representative(s) prior to receipt and processing of the notification. I authorize HSAA to pay the Financial Representative(s) 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Financial Representative Signature(s)

By signing below, Financial Representative(s) represents and warrants that he/she is authorized by his/her Financial Services Firm (Broker Dealer | Registered Investment Advisor | Financial Advisor | Bank) and/or Insurance Agency to enter this agreement, to act as an appointed Financial Representative(s) and receive the compensation described herein and that receipt of such will not violate any applicable laws or regulations. Further, Financial Representative(s) 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 HSAA receives instructions from the authorized representatives of the Financial Services Firm and/or Insurance Agency to do so, will result in Financial Representative(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 Representative(s) 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, his/her Financial Services Firm and/or Insurance Agency. Furthermore, Financial Representative(s) is/are 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, and The Financial Representative(s) shall be solely responsible for requesting a password to be used by authorized users. Financial Representative(s) shall be solely responsible for the protection of such passwords to ensure that only authorized users access the website. Financial Representative(s) 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. Financial Services Firm and/or Insurance agency, as applicable, shall indemnify HSAA for any and all losses arising from unauthorized access to Participant's account resulting from unauthorized access thereto resulting from breach or unauthorized access to Financial Services Firm's/Insurance Agency's computer/data network or devices having access through such network. All authorized users agree to not give the password or make it available to any person not authorized to access the website. Further, Financial Representative(s) 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

Case Number \_\_\_\_\_