

Health Savings Account (HSA) Investment Firm Contact Form

To be completed by the Investment Firm/Agency.

Complete and return this form to: advisors@HealthSavings.com

Investment Firm/Agency

Investment Firm/Agency Name _____ TIN _____

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

City _____ State _____ ZIP _____

Phone _____ Fax _____ Website _____

Brokerage Firm *(if applicable)* _____

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

Primary Contact

First Name _____ Last Name _____

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

Secondary Contact

First Name _____ Last Name _____

Phone _____ Email _____

Signature

Investment Firm/Agency

Authorized Signer Name *(printed)* _____ Title _____

Signature

Date