

HEALTH SAVINGS ACCOUNT (HSA)
Appointment of Financial Professional
Form - for Employers



To be completed by the Employer and Financial Advisor.

Send completed form to: advisors@HealthSavings.com

EMPLOYER INFORMATION

Company Name _____

Federal Tax ID # _____

Physical Address _____

City _____ State _____ ZIP _____

ADVISOR INFORMATION

First Name _____ Last Name _____

Phone _____ Email _____

Firm/Agency Name _____

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 Fees are charged against the participant's account quarterly and withdrawn from the investments based on the average daily balance, then from cash, if necessary. All fees must be disclosed to Participants prior to HSA enrollment.

Please indicate the fee to be collected from Participants' accounts:

_____ Annual basis point advisory fee

EMPLOYER SIGNATURE

Authorized Signer Name (*printed*) _____ Date (*mm/dd/yyyy*) _____

Signature _____

ADVISOR SIGNATURE

Authorized Signer Name (*printed*) _____ Date (*mm/dd/yyyy*) _____

Signature _____