

Fulton Bank, Custodian  
 c/o Health Savings Administrators, LLC  
 10800 Midlothian Turnpike, Suite 240  
 Richmond, VA 23235  
 Phone: 888-354-0697 • Fax: 804-355-5375

**Health Savings Account  
 Enrollment Form**  
  
**Group Enrollment**

Office Use: Date ___/___/___
Cust# _____
RAN _____
RB# _____

*Note: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.*

**My Information**

Social Security # \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_  
m m d d y y y y

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone # ( ) \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_ Email address \_\_\_\_\_

This Account is for a High Deductible Health Plan (HDHP) with the following type of coverage:  
 Single (self-only)       Family (self and at least one other individual)

Form of Identification (*Photo ID required – Check the appropriate box, fill in the ID number, and attach a copy of the ID*)  
 Driver's License    State ID    Military ID    Passport    Permanent Resident Card ID# \_\_\_\_\_

Issuing State/Branch/Country \_\_\_\_\_ Date of Issuance: \_\_\_/\_\_\_/\_\_\_\_\_  
m m d d y y y y      Date of Expiration \_\_\_/\_\_\_/\_\_\_\_\_  
m m d d y y y y

High Deductible Health Plan Information	Employer Information
Insurance Company _____	Employer Name _____
Annual Insurance Deductible \$ _____	Mailing Address _____
Insurance Effective Date ___/___/_____ <small>m m d d y y y y</small>	City State Zip _____

**Health Savings Account Statement Options**

Unless otherwise agreed, all Health Savings Account/HSA Fund Advantage Account statements will be made available via e-mail containing a link to your online account. The notice will be sent to the email address above and all Health Savings Account/HSA Debit Card Account statements will be sent by regular mail (U.S. Postal Service) to the address above.  
 I request that all Health Savings Account/HSA Fund Advantage Account statements be sent to me by regular mail.

**Beneficiary Information**

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal percentages in the account. Multiple contingent beneficiaries with no percentage indicated will also be deemed to share equally. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage of any remaining beneficiary(ies) shall be increased on a pro-rated basis. If no primary beneficiary(ies) shall survive me, the contingent beneficiary(ies) shall acquire the designated percentage(s) of my account.

Name	Relationship	DOB	SSN	Primary or Contingent	% of benefit

**Health Savings Account Investment Options - Select one option only**

I understand that I may choose to invest the funds in my Health Savings Account (HSA) either in a deposit product, the Fulton Bank HSA Debit Card Account, that is insured by the FDIC, is an interest-bearing checking account held by Fulton Bank, and is not subject to investment risks *or in a non-deposit investment product, the Fulton Bank HSA Fund Advantage Account, that is not insured by the FDIC or any Federal Government Agency, is not a deposit or other obligation of, or guaranteed by Fulton Bank, and is subject to investment risks, including possible loss of the principal amount invested.*

**Option 1: I choose to apply for and invest in the Fulton Bank HSA Fund Advantage Account.** I have received and read the Supplemental Terms, Conditions and Disclosures for HSA Fund Advantage Accounts, which includes important disclosures concerning non-deposit investment products, as well as the current prospectus for the fund in which I am investing (available at the "Investments - Mutual Funds" section of our website or by contacting the fund directly) and I agree to be bound by their terms. I have carefully considered the fund's investment objectives, risks, fees and expenses, which are contained in the prospectus.

I understand that:

1. The available mutual funds (i) are not bank deposits, nor insured by the FDIC, (ii) are not obligations of, endorsed by, or guaranteed by Fulton Bank or any other bank or savings institution, (c) are not guaranteed by the federal government or any federal governmental agency, and (d) will fluctuate in value and may be sold for more or less than the amount invested.
2. Investing in a Fulton Bank HSA Fund Advantage Account is not a requirement and that investing in mutual funds involves risks, and that I may instead choose to invest in a Fulton Bank HSA Debit Card Account and earn interest from Fulton Bank.
3. Fulton Bank is not a registered investment advisor, nor is it acting in the capacity of a registered investment advisor with respect to the offering of Fulton Bank HSA Fund Advantage Accounts, but that Fulton Bank has retained Fulton Financial Advisors, N.A. ("FFA"), an affiliate, to select the mutual funds available for HSA Fund Advantage Accounts. Furthermore, I understand that under no circumstances is Fulton Bank or FFA offering any of the mutual funds available for the HSA Fund Advantage Accounts, that neither Fulton Bank nor FFA is making any representations or warranties with respect to any of the available funds, and that Fulton Bank and FFA disclaim any and all liability, contingent or otherwise, for the performance of the available mutual funds.
4. Past fund performance is no guarantee of future results.
5. Share price, yield and return will vary and I may have a gain or loss when I sell my shares.

I have authority and the legal capacity to purchase mutual fund shares, am of legal age, and believe each such investment is suitable for me. It is my responsibility to obtain and read the prospectus of any fund into which I exchange.

I understand that I must designate one fund as my Primary Fund and that all subsequent contributions to and withdrawals from my HSA Fund Advantage Account will be made through this fund. My Primary Fund selection is indicated below: (Please choose **only one fund** from the choices on our web page):

**Primary Fund Name:** \_\_\_\_\_ **Symbol** \_\_\_\_\_

**OR**

**Option 2: I choose to apply for and invest in the Fulton Bank HSA Debit Card Account.** I have received and read the Supplemental Terms, Conditions and Disclosures for HSA Debit Card Accounts and I agree to be bound by its terms. I authorize Fulton Bank to investigate my credit, either directly or through any agency, and to obtain a credit report on me from any credit bureau. I understand that Fulton Bank will retain this Enrollment Form and any other credit information, even if my application is not approved. If approved, I request a Debit Card (the Visa Check Card) to access the HSA Debit Card Account and I agree not to use the Debit Card in any illegal activity.

### **Terms and Conditions and Fees**

By signing below, I agree to the following provisions:

1. I certify that I am covered by a qualified High Deductible Health Plan (HDHP) as defined by the Internal Revenue Code (Code), I am not covered by a health plan, other than a HDHP, which provides any of the same benefits as the HDHP, I am not entitled to benefits under Medicare, and I may not be claimed as a dependent on another person's tax return.
2. I hereby appoint Fulton Bank as custodian for my Health Savings Account (HSA) and I authorize Fulton Bank to provide the information on this Enrollment Form to Health Savings Administrators, LLC and its successor(s), if any, so that they can provide administrative services for my HSA. Administrative services include, but are not limited to, providing enrollment assistance, processing contributions, processing distributions (payments or reimbursements), and submitting tax reports. I acknowledge that the administrative services provided by Health Savings Administrators and its successor(s), if any, are separate and apart from the custodial services provided by Fulton Bank.
3. I agree to an Initial Set Up Fee of \$20.00 and an Annual Administration Fee (for administrative services) of \$36.00 for my HSA. I understand that other fees will be assessed and that those fees depend on the investment option I have selected. I agree to the fees for the HSA Debit Card Account that are disclosed in the Supplemental Terms, Conditions and Disclosures for HSA Debit Card Accounts. I understand that those fees include, but are not limited to, an Annual Maintenance Fee (for custodial services) of \$24.00. I agree to the fees for the HSA Fund Advantage Account that are disclosed in the Supplemental Terms, Conditions and Disclosures for HSA Fund Advantage Accounts. I understand that those fees include, but are not limited to, a quarterly fee of .0009 times the account balance. I recognize that my employer may pay some or all fees. Should I terminate my employment, I will be responsible for payment of all prevailing fees.

**Terms and Conditions and Fees Continued**

4. I authorize Fulton Bank to act on my behalf for all transactions, to honor all distributions (payments or reimbursements) requested by me, and to debit from my HSA any unpaid fees that are due.
5. I am responsible for determining my eligibility for making contributions to my HSA, for ensuring that those contributions are within the limits set forth by the Code, and for all tax consequences of any contributions and any distributions (payments or reimbursements).
6. **I have received and read a copy of (a) this Enrollment Form, (b) the Health Savings Account Custodial Account Agreement, (c) the Additional Provisions for Health Savings Accounts, which includes the Arbitration Provision referred to above (with an explanation of how and when the Arbitration Provision will become effective if I do not reject it) and a Privacy Statement and Consumer Privacy Notice (with an explanation of how and when Fulton Bank shares nonpublic personal information with affiliates unless I direct it not to do so), (d) the Supplemental Terms, Conditions and Disclosures for HSA Debit Card Accounts (even if this is not the investment option I chose), and (e) the Supplemental Terms, Conditions and Disclosures for HSA Fund Advantage Accounts (even if this is not the investment option I chose). I understand that the terms and conditions that apply to this HSA are contained in those documents. I agree to be bound by those terms and conditions.**

**Signature**

*Under penalties of perjury, I certify that the Social Security Number shown on page one of this Enrollment Form is my correct taxpayer identification number, I am a U.S. person (including a U. S. resident alien), and that (check appropriate box):*

- I am not subject to backup withholding either because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because, the IRS has notified me that I am no longer subject to backup withholding.
- I am subject to backup withholding

I understand the eligibility requirements for the type of HSA contribution I am making and confirm I qualify to make the contribution. I hereby hold Fulton Bank, Fulton Financial Advisors, N.A., Health Savings Administrators, LLC and their officers, employees, agents and subcontractors harmless from any liability for effecting transactions and interpreting the tax status of all contributions and distributions (payments and reimbursements). Purchases made with the Debit Card will be reported by Fulton Bank as "normal distributions." I understand I should not use my Debit Card or checks for non-qualifying or non-medical purposes and that I am responsible for any IRS penalties. I understand that I am responsible for any and all tax consequences should I submit an HSA withdrawal form for any non-qualifying or non-medical transaction.

Signature \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**THE AGREEMENT GOVERNING MY HEALTH SAVINGS ACCOUNT WILL INCLUDE AN ARBITRATION PROVISION UNLESS I ACT WITHIN 30 DAYS TO REJECT THE ARBITRATION PROVISION. ARBITRATION WOULD HAVE A SUBSTANTIAL EFFECT ON MY RIGHTS IN THE EVENT OF A DISPUTE BETWEEN YOU AND ME. FOR EXAMPLE, IN A DISPUTE SUBJECT TO ARBITRATION, I WILL NOT HAVE A RIGHT TO A JURY TRIAL OR TO BRING OR PARTICIPATE IN A CLASS ACTION.**

**Calculations**

One Time Set Up Fee	\$ 20.00
Annual Administration Fee	\$ 36.00
Initial Contribution to Open HSA – Indicate Year of Contribution _____ (required)	\$
Total of Fees and Initial Contribution	\$

**Please have your employer mail this form, along with any fees or contribution, to:**

Fulton Bank – c/o Health Savings Administrators, LLC – 10800 Midlothian Turnpike, Suite 240 – Richmond, VA 23235

**Copy of Photo ID Required by Banking Guidelines**

The Patriot Act requires you to send a copy of the account holder's driver's license or photo ID with your application. If an additional person will have signature authority on the account they must also send a copy of their driver's license or ID. Here are some tips to making a readable copy of the driver's license:

- Set your copier to enlarge
- If the copier has the photo option, use that feature
- Choose Lighten and adjust up as needed.