



Master Signature Card – Health Savings Account

Name: _____ Account Number: 95000021206780

Date: _____

By signing this card and opening a Health Savings Account with The Bank of New York Mellon (the "Bank"), I agree: (a) To be bound by the Deposit Agreement & Disclosure Statement applicable to the Health Savings Account established by this card, as that agreement may be amended from time to time; (b) To be bound by the Bank's agreements and disclosures applicable to any additional accounts that I establish with the Bank in the future as an individual, custodian, or single trustee.

This Master Signature Card Agreement will remain in effect as long as I continuously maintain at least one covered account with the Bank.



REQUEST FOR CHECKBOOK Please select if you would like to receive a checkbook.

Authorized Signature **REQUIRED** to process this form.

In accordance with the US Patriot Act we are required to verify the identity of all our account holders. To do so most efficiently please provide a residential address if this kit was mailed to a P.O. Box:

Street Address: _____

City: _____ State: _____ Zip: _____

Beneficiary Designation Form

I hereby certify that, if I die before distribution has been completed, the value of my account shall be distributed to the Primary Beneficiary(ies) named below. If all Primary Beneficiaries die before me, the Contingent Beneficiary(ies) named below will receive the value of my account.

PRIMARY BENEFICIARY(IES)			
Name		Name	
Address		Address	
City, State, and Zip		City, State, and Zip	
Relationship	SSN	Relationship	SSN
Date of Birth	Percent (%)	Date of Birth	Percent (%)
CONTINGENT BENEFICIARY(IES)			
Name		Name	
Address		Address	
City, State, and Zip		City, State, and Zip	
Relationship	SSN	Relationship	SSN
Date of Birth	Percent (%)	Date of Birth	Percent (%)

Important:

- ✓ Return the completed form by mail to BenefitWallet, P.O. Box 5212, Cherry Hill, NJ 08034-5212 or by Courier/Overnight by sending to BenefitWallet, 101 Woodcrest Road, Cherry Hill, NJ 08003-3620.
- ✓ If you have opened your account via e-signature, submit this form to obtain a checkbook and to designate a beneficiary.
- ✓ Do NOT return this form if you do NOT wish to open an HSA, obtain a checkbook or designate beneficiaries.



General Instructions

Purpose: Complete and return this form to open your account if you have not done so electronically, to provide a signature of record for the account, to indicate your desire to receive a checkbook for the account and to designate an account beneficiary.

Checkbook: To receive a checkbook, complete the requested information on the other side of this form. If you would like to designate another person to sign checks on your account you can download the "Additional Signature Authorization Form" from our website or by calling the toll free number on the back of your debit card. As the account holder you remain responsible for the use of HSA funds by all authorized signors.

Beneficiary Designations: To designate a beneficiary or beneficiaries for your account complete the requested information on the other side of this form. Note, one or more persons or entities may be designated as death beneficiary of your account (referred to as "Primary Beneficiaries"). You may also designate one or more persons to receive your account if no Primary Beneficiary survives you (referred to as "Contingent Beneficiaries").

Beneficiary designations can be made only on a form provided by or acceptable to us and will only be effective when filed with us during your lifetime. If you die before you receive all of the amounts in your account, payments from your account will be made according to your beneficiary designation(s).

The following procedures will be used in processing beneficiary designations:

1. If no percentages are assigned to beneficiaries in a Beneficiary classification (Primary or Contingent), the Beneficiaries within such class will share equally.
2. If the percentage total for each Beneficiary classification (Primary and Contingent) does not equal 100%, any remaining percentages will be divided equally among the Beneficiaries within such class.
3. If in a Beneficiary classification (Primary or Contingent) a Beneficiary dies before distribution of the account is made, that deceased Beneficiary's designated share shall be divided equally among the surviving Beneficiary(ies) within the class.
4. If no Beneficiaries are named or if all the named Beneficiaries predecease the account holder, the account will be paid to spouse of the account holder if then living, or if the spouse is not then living to the estate of the account holder.

A beneficiary designation remains on file and in force until a subsequent beneficiary designation form is completed by you and returned to us. Note, should we be made aware of your death we will correspond only with designated beneficiaries concerning the disposition of the account.

