



Health Savings Account Paper Application Kit

Welcome to your NueSynergy HSA - the simple, smart way to manage your healthcare expenses.

Important Information about Procedures for Opening a New Account

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 customer who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

WealthCare Saver is the Custodian of your HSA. To apply for an HSA, you must meet the eligibility requirements. Refer to IRS Publication 969, "Health Savings Accounts and Other Tax Favored Health Plans" for more information. You may download a copy of this publication from www.irs.gov. The publication is also available by calling 1-800-829-3676. You are solely responsible for determining whether you are eligible for an HSA, and for determining you remain eligible in the future.

The HSA Activation Kit you requested is enclosed and includes:

- ✓ Consent to Electronic Communications
- ✓ USA PATRIOT Act Notice
- ✓ HSA Investment Terms and Conditions
- ✓ HSA Debit Card Agreement
- ✓ HSA Program Custodial Agreement and Privacy Policy
- ✓ HSA Fee Schedule
- ✓ HSA Interest Rate Schedule

Important Note: *In order to establish an HSA and begin using your account, you must complete, sign and return this HSA Application to your Administrator at:*

NueSynergy, Inc.
4601 College Blvd. Ste 280
Leawood, KS 66211
Email: customerservice@nuesynergy.com

If you have any questions regarding Health Savings Accounts or the information contained in this HSA Application Kit, please contact your Administrator.

HSA Accountholder Authorization

INSTRUCTIONS

1. Complete and sign this form in order to establish your HSA. (* = Required Fields)
2. Return this Application to your Administrator at the address located on Page 1.
3. If you have any questions regarding this form, please contact your Administrator.

Step 1: Accountholder Information

*=Required Fields

*Name (First, MI, Last)

 - -

*Social Security Number

*Email Address

*Birth Date (MM/DD/YYYY)

*Permanent Address (May Not Be a P.O. Box)

*City

*State

*Zip Code

SIGNATURES

Under penalties of perjury, I certify that: (1) The Social Security Number shown on this Application is my correct taxpayer identification number, and (2) I am a U.S. citizen (including a U.S. permanent resident alien) or employee authorized to work for U.S. employer.

Each of the parties signing below agrees to be bound by the terms and conditions of this HSA and by such signatures each party respectively acknowledges his or her understanding and/or agreement with such terms and conditions, including all the provisions within this packet (Consent to Electronic Communications, USA PATRIOT Act Notice, HSA Program Custodial Agreement and Privacy Policy, HSA Fee Schedule, HSA Interest Rate Schedule).

I understand and agree that until I register and create a username and password on my Administrator's HSA account website ("Portal") using the URL contained in my Welcome Materials, log in to my account and electronically accept the Consent to Electronic Communications Agreement, I may not receive certain optional electronic account communications and will receive required HSA communications via U.S. mail which will include:

- Monthly HSA statements (a fee for paper statements will apply according to the HSA Fee Schedule)
- Annual tax statements
- Required account notices (*i.e. Overdraft Notices, Address Information Changes*)
- Annual WealthCare Saver Privacy Policy

*HSA Accountholder's Signature

Date

Authorized User Election (OPTIONAL)

You have the option to add an Authorized User (Spouse and/or Legal Dependent) to your account.

An Authorized User may receive a debit card to be used in conjunction with your account and may call to receive balance information and information related to transactions made with his/her card.

Please consult your Administrator or your Debit Card Agreement for more information.

If you would like to add an Authorized User, please fill in the information below.

Authorized User #1

IMPORTANT NOTE: Legal Dependents under the age of 18 may not receive a debit card

*Required Fields

- -

* Name (First, Middle Initial, Last Name) *Social Security Number

/ / () -

*Birth Date (MM/DD/YYYY) *Day Telephone

*Full-Time Student: Yes No *Relationship to You: Spouse Legal Dependent *Gender: Male Female

*Address: Copy Primary Address on my Account Assign New Address for this Authorized User (fill in below)

*Address Line 1 Address Line 2 (Optional)

*City *State *Zip Code

Authorized User #2

IMPORTANT NOTE: Legal Dependents under the age of 18 may not receive a debit card

*Required Fields

- -

* Name (First, Middle Initial, Last Name) *Social Security Number

/ / () -

*Birth Date (MM/DD/YYYY) *Day Telephone

*Full-Time Student: Yes No *Relationship to You: Spouse Legal Dependent *Gender: Male Female

*Address: Copy Primary Address on my Account Assign New Address for this Authorized User (fill in below)

*Address Line 1 Address Line 2 (Optional)

*City

*State

*Zip Code

Authorized User #3

IMPORTANT NOTE: Legal Dependents under the age of 18 may not receive a debit card

*Required Fields

* Name (First, Middle Initial, Last Name)

*Social Security Number

*Birth Date (MM/DD/YYYY)

*Day Telephone

*Full-Time Student: Yes No *Relationship to You: Spouse Legal Dependent *Gender: Male Female

*Address: Copy Primary Address on my Account Assign New Address for this Authorized User (fill in below)

*Address Line 1

Address Line 2 (Optional)

*City

*State

*Zip Code



Add/Update HSA Beneficiaries

Please complete this form to designate your beneficiary. If you are married in common law, community property or marital property state, you may be required to designate your spouse as your primary beneficiary. If you wish to designate someone other than your spouse, your spouse must agree by signing in the spousal consent section (section 4).



Fax completed form to:
866.287.2022



Mail completed form to:
WealthCare Saver*
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
866.287.5675
M-F, 8 a.m. - 8 p.m. ET

Section 1: Account Information

ACCOUNT NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

LAST FOUR OF SSN

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Complete Next Page >

Section 2: Primary Beneficiary

I designate the following individual(s) or entity as my primary death beneficiary (ies) of this HSA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100%.

1

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

2

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

3

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

Section 3: Contingent Beneficiary Designation

I designate the following individual(s) or entity as my contingent death beneficiary (ies) of this HSA, and I hereby revoke all prior death Beneficiary designations made by me. Share percentages must equal 100%.

1

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

2

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

3

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

Consent to Electronic Communications

PLEASE READ THIS AGREEMENT CAREFULLY BEFORE REGISTERING FOR THIS SERVICE AND KEEP A COPY FOR YOUR RECORDS:

By registering for this service, you hereby agree and understand that you are providing your consent to the electronic delivery of account communications and documents about your Health Savings Account (HSA) ('Account'). You acknowledge that you have the required hardware and software (as noted below) and that you are able to log in and access information we have posted on your Administrator's HSA account website ("Portal"). If you do not consent to receive your HSA documents electronically, certain paper copies will be provided.

1. Categories of Electronic Communications

You are agreeing to electronic delivery of any and all disclosures or information relating to your Account. Your consent will apply both at the time of enrollment and in the future. Electronic Communications covered by your consent may include, but are not limited to:

- The Health Savings Account Custodial Agreement
- Health Savings Account Interest Rate Schedule
- Health Savings Account Fee Schedule
- WealthCare Saver* Privacy Policy
- Health Savings Account Investment Terms and Conditions
- IRS Tax Return Forms 1099-SA and 5498-SA
- Health Savings Account Debit Card Agreement
- Documents issued by mutual fund companies including prospectuses and trade confirmation
- Letters, notices or alerts regarding your Account including notices of changes in services or fees
- Quarterly Account statements and related forms
- Claims-related notifications and other related claims documentation and forms
- Any disclosure required by federal, state or local law, including disclosures under the federal Fair Credit Reporting Act and the financial privacy provisions of the Gramm-Leach-Bliley Act
- Other information, documents, data records and other legal notices that may relate to your Account (e.g., prospectuses, proxy solicitations).

These Electronic Communications may include your name and some information about your Account, including your balance; however, we will never include your full account number or social security number in Electronic Communications that are directly emailed to you. Electronic Communications may be viewed by any party with access to your Account or the email account you have provided to use for delivering these Electronic Communications.

Your consent will continue to apply, and you will continue to receive electronically the applicable or requested information pertaining to your Account above until you are no longer an accountholder or until you withdraw your consent as noted below.

2. How to Withdraw Consent

At any time, you may withdraw your consent to receive account-related documents and communications electronically by contacting us in writing at Attn: WealthCare Saver*, PO Box 162177; Altamonte Springs, FL 32716 or by telephone at 1-866-287-5675. If you do, you will receive certain Account documents in paper form after the date on which you withdrew such consent. We will not impose a fee to process the withdrawal of your consent to receive Electronic Communications. However, you will no longer be able to receive notifications regarding your Account electronically. Any withdrawal of your consent to Electronic Communications will be effective only after we have a reasonable period of time to process your withdrawal request. If you withdraw your consent to receive Electronic Communications, you will still be able to log in to your Administrator's Account

website. A copy of your Account statement will be sent to you via U.S. mail each quarter; however, a fee may apply in accordance with the then current HSA Fee Schedule found on your Administrator's Account website or by calling WealthCare Saver at 1-866-287-5675.

3. Hardware and Software Requirements

To access and retain Electronic Communications, you must have the following:

- SSL-enabled web browser such as Microsoft Internet Explorer most current version and last prior version, Google Chrome most current version and last prior version, Mozilla Firefox most current version and last prior version, and Edge most current version.
- A personal computer or equivalent device capable of connecting, and actually connected, to the Internet via dial-up, DSL, cable modem, wireless access protocol or equivalent access. (Internet and/or e-mail access may incur charges from service providers or local telephone companies.)
- Acrobat Reader software version 6.0 or higher to view documents in Portable Document Format (PDF). This viewer is available for download, free of charge, from www.adobe.com
- Sufficient electronic storage capability on your hard drive or other data storage facility or a means to print or store notices and information through your browser software.

4. Requesting Paper Copies

You should not expect to receive a paper copy of any Electronic Communication, unless you request it, or we otherwise deem it appropriate to provide them. You may obtain certain paper copies of the Electronic Communications at any time by accessing the appropriate section of your Administrator's Account website and printing it yourself or by calling WealthCare Saver at 1-866-287-5675.

5. Communications in Writing

All communications in either electronic or paper format from us to you will be considered 'in writing.' You should print or download a copy of this Consent to Electronic Communications, and any other Electronic Communication that is important to you for your records. You should also download and print the HSA Custodial Agreement and Privacy Policy.

6. Terminations/Changes

We reserve the right, at any time and without notice, to stop providing you electronic statements and all other Electronic Communication and provide you with paper statements. We will provide you with notice of any such termination or change as required by law. Reasons for cancellation include, but are not limited to, not viewing your last three (3) electronic statements. A quarterly statement fee is assessed to customers who receive paper statements. Your Account will then be assessed the quarterly statement fee as stated in the then current HSA Fee Schedule found on your Administrator's Account website or by calling WealthCare Saver at 1-866-287-5675.

You are responsible for providing a current, valid email address, as well as to keep us informed of changes to your email address by updating your customer profile online or by calling WealthCare Saver at 1-866-287-5675. You understand that it is important to provide a current, valid email address or you may not receive important information related to your Account. If emails we send to you advising you of Account related information are returned to us, we may, in our discretion, cancel your enrollment for Electronic Communications. In order to resume electronic delivery of any and all disclosures or information relating to your Account, you will need to re-enroll for delivery of Electronic Communications by providing updated email address information.

You are also responsible for informing us if any statement or other Electronic Communication is not accessible, is incomplete or is unreadable. If you are unable to retrieve a copy of your statement, through no fault of ours, you will no longer be receiving electronic delivery of any and all disclosures or information relating to your Account. You may request that a copy of your Account statement be sent to you via U.S. mail; however, a fee may apply