

DESIGNATION OF BENEFICIARY(IES) OR TRUST/TRUSTEE

Use this section to indicate who should receive the HSA funds upon your death

- Check here if you do not wish to designate a beneficiary at this time.
- The following individual(s) or entity shall be my primary and/or contingent death 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 death beneficiary is designated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries will also be deemed to share equally.

If any primary or contingent death beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely and the percentage share of any remaining death beneficiary(ies) shall be increased on a pro rata basis. If no primary death beneficiary(ies) survives me, the contingent death beneficiary(ies) shall acquire the designated share of my HSA.

If you do not designate a beneficiary to your HSA, please be advised the balance of your account will be distributed to your Estate upon death. Please consult your tax professional for additional information.

Name, Address & Phone # of Individual or Trust/Trustee	Date of Birth/ Creation Date	Social Security # TIN #	Relationship	Primary or Contingent	Share %
Phone: _____				Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	
Phone: _____				Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	

Please attach a separate page if you wish to add more than two beneficiaries.

LINKED BANK ACCOUNT

Complete the information below if you would like to link a bank account to your HSA. The account can be used to make electronic contributions, pay fees related to your HSA, or receive electronic withdrawals from your HSA. *If you do not make a contribution to your HSA within 180-days of opening, the account will automatically close.*

- Use my HSA to pay fees I may incur. If the fee exceeds the amount available in my account, pay with the specified linked account below.

Account Nickname _____ Bank Name _____
 Routing Number _____ Account Number _____
 Checking Savings Other Customer Service #: _____

DEBIT CARD & CHECK ORDERING

All Debit cards must be mailed to the Account Holder's primary address.

Would you like to receive a free Debit MasterCard for your Fifth Third HSA? Yes No

What name would you like on your primary card? _____

Regulations require that only one individual can own an HSA account, the Account Owner may want his/her spouse or a third party through an Authorized User to use a debit card and/or write checks. Please complete the section below if you wish to grant Authorized User this authority.

I understand that I assume sole responsibility for how this individual ("Authorized User") utilizes my HSA Account. By signing below the Authorized User acknowledges and agrees that they are able to act on behalf of the HSA Account Owner only. Access to other accounts of the HSA Account Owner will not be granted. Signature of Authorized User is required on the last page of this application.

Would you like a free Debit MasterCard issued to your Authorized User? Yes No

Authorized User's Name: _____ SSN: _____

Email: _____ Date of Birth: _____ / _____ / _____

Mother's Maiden Name: _____ Primary Phone: _____

DEBIT CARD & CHECK ORDERING (cont'd)

Debit Card(s) for Dependent(s): If you have family coverage, please complete the following information regarding dependents that are covered by your health plan. The information can be used to track qualified medical expenses associated with the dependent using the online HSA expense-tracking tool.

I would like the following Dependent to have a Debit Card in their name (\$10.00 charge for card). Yes No

First Name Last Name Date of Birth

Relationship to Account Holder SSN Mother's Maiden Name

I would like the following Dependent to have a Debit Card in their name (\$10.00 charge for card). Yes No

First Name Last Name Date of Birth

Relationship to Account Holder SSN Mother's Maiden Name

I would like the following Dependent to have a Debit Card in their name (\$10.00 charge for card). Yes No

First Name Last Name Date of Birth

Relationship to Account Holder SSN Mother's Maiden Name

Check Orders: Checks can be ordered once your HSA is funded. Each order consists of 50 checks for \$15.99, which will be charged directly to your Fifth Third HSA account. Order online from your HSA or by calling the HSA Support Center at 1-888-350-5353.

MONTHLY HSA STATEMENT

You can view your online statement by logging on to your account at www.53hsa.com. Click on the left menu bar "My Reports" then "Statements" to view or print out your monthly account statement.

SIGNATURE(s)

IMPORTANT: *Please read before signing:*

I understand the eligibility requirements for the type of HSA contributions that I will be making and state that I qualify to make contributions to my Fifth Third Bank HSA. I have received a copy of the Disclosure Statement, Fifth Third Bank Rules and Regulations, Fee Schedule and HSA Custodial Agreement, all of which may be amended from time to time. I understand that the terms and conditions, which apply to the Fifth Third HSA, are contained in the items as listed above and I agree to be bound by the terms and conditions of these documents.

I ASSUME COMPLETE RESPONSIBILITY FOR:

1. Determining that I am eligible for an HSA each year I make any contributions to my HSA.
2. Ensuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contributions (including rollover contributions) and distributions.

Signature of HSA Account Owner

Date

Signature of Authorized User

Date