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|---------------------------------------------------|----------------------|----------------------|--------------------------|----------------------|----------------------|-------------------------|----------------------|
| For Internal Use: Complete all that apply. | | | | | | Internal Use: | |
| Affiliation | Broker Dealer | AIN # | Code In. Ong. | SVC | Software | Invoice In. Ong. | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MGA | TPA | Marketing | Employer Fed ID # | | | | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Instructions: All fields must be completed. Return this application with to: **BPC Inc, P.O. Box 7500, Champaign, IL 61826-7500**

Please send checks payable to BPC, Inc. Document and setup fees as outlined by BPC's Fee Proposal.

A. Setup Fee B. Check Order C. Initial Contribution D. Total Amount Enclosed

If you are opening this account on your own behalf, please complete all required fields, obtain required signatures, and mail this application to the address listed above. If you have power of attorney privileges for another individual and are opening this account on that individual's behalf, you must complete and submit a Power of Attorney Addendum with this application. Please contact BPC at (800) 355-2350 for information and to obtain the necessary form.

Accountholder's Personal Information - all fields required unless otherwise indicated

Social Security # - - Birth Date / /

First Name MI Last Name

Street Address

City State Zip

Preferred Mailing Method Street Address PO Box PO Box (optional)

P.O. Box City (optional) P.O. Box State (optional) P.O. Box Zip (optional)

Home Phone # - - Business Phone # - -

Form of Identification

Driver's License State ID Passport ID #

Email (optional)

Citizenship Status (select one): U.S. Citizen Resident Alien Non-resident Alien (If checked, please provide W8)

If not a U.S. Citizen enter Country of Citizenship

Employment Information - required if employed Not Employed Self Employed

Employer Name

City State

Job Title / Profession

Industry (select one)
 Agriculture Construction Finance, Insurance, Real Estate Manufacturing Mining Professional Services
 Public Administration, Government Retail Trade Transportation Wholesale Trade Other

Income Range (optional)
 \$0 - \$14,999 \$15,000 - \$34,999 \$35,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999 \$100,000+

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 to you: When you open an account we will need you and your authorized signer to provide name, street address, date of birth and other information that will allow us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents.



HSA Account Options

- I would like to order 50 duplicate checks, including 10 deposit tickets, at a cost of \$7.95. (Indicate amount on part B of Instructions section)
- I would like 1 free Visa® debit card issued in my name for my account.
- I am interested in receiving investment information. (Investment Accounts are Not FDIC Insured. Not Bank Guaranteed. May Lose Value.)

Type of Initial Deposit - Please check one

- Regular
- Rollover/Transfer
(Please attach the HSA transfer/rollover form or IRA rollover form)

Year of Contribution (Required)

| | | | |
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HSA Eligibility Requirements:

- Y N **Accountholder certification-** I certify that: (1) I am, or effective Effective Date of HDHP I will be covered by a single or family qualified High Deductible Health Plan (HDHP), with a deductible of Deductible of HDHP, (2) I certify that I am not covered by a health plan, other than a HDHP, which provides any of the same benefits as the HDHP, (3) I am not enrolled in Medicare, and (4) I may not be claimed as a dependent on another person's tax return.

If you answered NO to the above, you are not eligible to establish a Health Savings Account.

Your HSA account will be considered established for tax purposes as of your first date of eligibility under your HDHP, provided that you have signed and dated the application for your HSA on or before that date. If we receive the application after your first date of eligibility under your HDHP, your HSA account will be considered established as of the date you signed and dated this application. To receive tax favored treatment for distributions from your HSA account, any qualified medical expenses must be incurred after the date that your HSA account is established.

Authorized Signer (Optional)

If you wish to designate an authorized signer on your account, please complete all of the required fields below. If you are unable to provide all of the required information on your authorized signer, they will not be added to your account. You hereby designate the following individual as an authorized signer on your Health Savings Account. By designating an authorized signer on your account, you authorize the person designated below as "Authorized Signer" to transact business with and give instructions to HSA Bank regarding your health savings account; make deposits or withdrawals by any means acceptable to HSA Bank, including paper and electronic methods such as ACH and Internet-generated transactions; receive and have access to account information, including account balances and transactions; endorse any instruments such as checks, orders or other documents for the payment of funds; and to otherwise serve as agent for your HSA Bank health savings account.

You specifically authorize HSA Bank, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that HSA Bank receives a written revocation of this authorization, and has had a reasonable time to act upon the revocation. You understand that you are responsible for ensuring that your authorized signer reads and understands the HSA Bank Account Documents which have been provided to you. You hold harmless and indemnify HSA Bank against any claims against or losses HSA Bank may suffer arising out of HSA Bank's reliance on this authorization, and release HSA Bank from any liability arising from such reliance, unless otherwise prohibited by law. You understand that you bear sole responsibility for any tax consequences that result from any actions taken by the authorized signer regarding your account.

NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS GIVEN TO THE AUTHORIZED SIGNER BY THIS AUTHORIZATION. UPON NOTICE TO HSA BANK OF YOUR DEATH, THIS AUTHORIZATION TERMINATES, AND RIGHTS TO FUNDS IN YOUR ACCOUNT WILL BE TRANSFERRED TO YOUR BENEFICIARIES. IF YOU DID NOT NAME A BENEFICIARY, YOUR ACCOUNT BALANCE WILL ONLY BE PAYABLE TO YOUR ESTATE.

ALL FIELDS REQUIRED (P.O. Box Not Accepted)

| | | | |
|---------------------------------------|----------------------|----------------------|----------------------|
| First | | MI | Last |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security # | <input type="text"/> | - | <input type="text"/> |
| | <input type="text"/> | - | <input type="text"/> |
| Birth Date | <input type="text"/> | / | <input type="text"/> |
| | <input type="text"/> | / | <input type="text"/> |
| Street Address (No P.O.Box) | <input type="text"/> | | |
| City | <input type="text"/> | State | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| Home Phone # | <input type="text"/> | - | <input type="text"/> |
| | <input type="text"/> | - | <input type="text"/> |

Second Debit Card Option

- I would like a second FREE debit Visa® card issued, for the authorized signer listed above.



