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THIRD PARTY AUTHORIZATION (Optional)

A THIRD PARTY DESIGNATION

I, the undersigned Account Holder, hereby designate the following individual ("third party") with the following authorization(s):

- ☐ All information related to the Health Savings Account (HSA), which includes account balances, contributions, distributions/payments, debit card transactions, claim details, beneficiary(s) and all investment related information.
- ☐ Only release limited information as listed below:

These authorizations shall continue until such time as FlexHSA receives written notice of their revocation.

B THIRD PARTY INFORMATION

Please enter all information for your designated third party. If the individual is affiliated with a Broker, enter firm information:

Authorized Third Party Information:

Name: _____ Date of Birth: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____

Firm Information (if applicable):

Firm Name: _____ Phone No.: _____
Broker Dealer Affiliation: _____

C ACCOUNT HOLDER'S AUTHORIZATION

I understand that it is my sole responsibility to direct my designated third party, and I direct and authorize FlexHSA to honor and follow all transactions directed by, or instructions, directions and confirmations received from my designated third party.

FlexHSA shall assume that the appointed third party is at all times qualified to act in that capacity. FlexHSA shall honor this direction and authorization until such time that FlexHSA receives written notice from me that this designation has been revoked. I, and not FlexHSA, shall be liable for the acts or omissions of the designated third party. FlexHSA shall not have any responsibility nor any liability for any loss of income or of capital, nor for any unusual expense which FlexHSA may incur, relating to any investment, or to the sale or exchange of any asset which I or my authorized third party may direct FlexHSA to make. FlexHSA will not act as an investment advisor to me and shall not have any duty to question my or authorized third party's directions, including those regarding the purchase, retention, or sale of any asset. I agree to be bound by the actions of the third party.

I understand that FlexHSA makes no judgment as to the advisability, appropriateness or compliance with federal or state laws, including Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, of such investments in my aforesaid account and will merely in good faith follow my directions or those of my designated third party in executing my instructions, directions and notices, as communicated thereto.

Signed this _____ day of _____, 20 _____.

Account Holder's Name: _____

Account Holder's Signature: _____ FlexHSA Account Number: _____

I, the undersigned, hereby accept my appointment as third party by the above Account Holder, and in that capacity I agree to be bound by all the terms and conditions that govern the Account Holder's account at Bank of America.

Third Party Signature: _____ Date: _____