The HSA Authority™
Your HSA Partner

Fax to: 260.427.7185

Investment Enrollment Form

REQUIRED INFORMATION FOR ENROLLMENT

Name:_____

Address: _____

City, State, Zip: _____

Email: _____

Daytime Phone: _____

Last 4 Digits of SSN: X X X - X X - ___ ___ ___ ___

AUTHORIZATION TO ESTABLISH AN INVESTMENT ACCOUNT

I have exceeded the $1,000 threshold and wish to establish an investment account as part of my HSA. Please accept this form as my authorization to establish an investment account in my name. I understand that investments come with risks and could result in the loss of principle.

I understand I must be registered for online banking to enroll in, access, and manage my HSA Investment account.

I understand that within 5 business days of Tower Bank's receipt of the enrollment form I will receive an email to the email address provided above that contains further instructions on additional steps I need to complete in order to access the investment account, initiate investment elections, and transfer money from my HSA Checking account to my HSA Investment account.

HSA Investment Option Terms and Conditions, along with further program details, are provided on the HSA investment website prior to enrollment.

Account Holder Signature: _____

Date: _____

CONTACT US

If you should have any questions, please contact Customer Care at 888.472.8697, option 1. Return the completed form to The HSA Authority by fax or mail:

Fax: 260.427.7185

Address: The HSA Authority
ATTN: Processing Center
PO Box 11454
Fort Wayne, IN 46858