

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com  
Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

**For Internal Use Only:**  Agent Pays Fees  
Tracking Code: \_\_\_\_\_ Referral Code: \_\_\_\_\_

### PART 1. HSA OWNER

Title:  First Name:  M.I.:  Last Name:  Suffix:

Mailing Address:  Apt/Unit/Ste:  City:  State:  Zip:

Social Security Number: (###-##-####)  Date of Birth: (MM/DD/YYYY)  Email Address:

Primary Phone:  Type:  Account Number:

### PART 2. HSA CUSTODIAN (To be completed by the HSA custodian)

This is an amendment to an existing HSA

Name of Current Custodian/Account Holder:

Mailing Address:  Apt/Unit/Ste:  City:  State:  Zip:

Primary Phone:  Organization Number:


### PART 3. CONTRIBUTION INFORMATION

Contribution Amount:  Contribution Date:

**Regular** (Includes catch-up contributions as well as qualified HSA funding distributions from an IRA) Tax Year:  Amount:

**Transfer** (Direct movement of assets from an HSA or Archer MSA into this HSA) Amount:

**Rollover** (Distribution from an HSA or Archer MSA that is being deposited into this HSA) Amount:

 By selecting this option, I irrevocably designate this contribution as a Rollover.

## PART 4. INVESTMENT AND DEPOSIT INFORMATION

### Investment Information *(Complete this section as applicable)*

	Investment Description:	Qty or Amt:	Investment Number:	Term or Maturity Date:	Interest Rate:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Deposit Information

**Option 1. Check** *(If the contribution type is transfer, the check must be from a financial organization made payable to the custodian for the HSA)*

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**Option 2. Internal Account**

Account #:

Type:

Checking

Savings

**Option 3. External Account**

Name of Organization Sending the Assets:

Account #:

Type:

Checking

Savings

ABA (Routing) #:

## PART 5. ACCOUNT SETUP INFORMATION

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I have reviewed the HTC Fee Schedule.

### Account Setup Options

1. Please select an Account Activation Option<sup>1</sup>:

- Standard  
 Standard w/ Express Open

2. Please select an Annual Fee Option<sup>2</sup>:

- Health Savings Account

<sup>1</sup>If no election is made, "Standard" Activation will be selected by default.

### Fee Payment Options

1. Choose a method of payment for Account Setup Fees:

- Deduct from Account  
 Check Enclosed  
 Charge Credit Card  
*(Complete Credit Card Payment Method Section)*

2. Choose a method of of payment for subsequent Annual and Transactional Fees

- Deduct from Account  
 Charge Credit Card  
*(Complete Credit Card Payment Method Section)*

All accounts require a credit card on file as a secondary payment option to establish a new account. The credit card on file will not be charged unless indicated as the choice payment option or if the account does not have enough available cash for incurred fees.

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### Account Personal Identification Number

Please enter a 4-Digit PIN:



The undersigned agrees to be bound by the terms and conditions of this PIN request form and the Horizon Trust Company Self-Direct Account Agreement. The undersigned agrees to keep the requested PIN confidential.

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### Credit Card Payment Method

I have read and understand the HSA Account Agreement regarding the credit card charge(s) and I authorize the credit card payment by Horizon Trust Company for fees to establish and/or maintain this HSA. Not limited to, but including Activation Fee, Annual Fee, and any special service fee or transactional fees to keep my account in good standing.

Select a Credit Card Type:

- Visa    Mastercard    American Express    Discover

Cardholder Name:

Card Number:

Expiration Date: (MM/YY)

Security Code:

Billing Address:

Apt/Unit/Ste:

City:

State:

Zip:

## PART 6. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary. The total beneficiary share percentage designated MUST equal 100%. Treasury Reg 1.401(a)(9) defines an eligible trust as beneficiary as irrevocable or a revocable trust that it becomes reclassified as irrevocable upon death. If a revocable trust is listed as either a primary or contingent beneficiary, the account owner is responsible to ensure it meets the IRA requirements.

I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

### Beneficiary 1. Primary Beneficiary Contingent Beneficiary

Title:	First Name:	M.I.:	Last Name:	Suffix:	Share %:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Apt/Unit/Ste:	City:	State:	Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN or EIN:	Date of Birth: (MM/DD/YYYY)	Relationship:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

### Beneficiary 2. Primary Beneficiary Contingent Beneficiary

Title:	First Name:	M.I.:	Last Name:	Suffix:	Share %:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Apt/Unit/Ste:	City:	State:	Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN or EIN:	Date of Birth: (MM/DD/YYYY)	Relationship:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

### Beneficiary 3. Primary Beneficiary Contingent Beneficiary

Title:	First Name:	M.I.:	Last Name:	Suffix:	Share %:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Apt/Unit/Ste:	City:	State:	Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN or EIN:	Date of Birth: (MM/DD/YYYY)	Relationship:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			



Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached: \_\_\_\_\_

## PART 7. SPOUSAL CONSENT

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Spousal consent should be considered if either the trust or the residence of the HSA owner is located in a community or marital property state. (*Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin*)

### Current Marital Status

- I Am Not Married  I understand that if I become married in the future, I should review the requirements for spousal consent.
- I Am Married  I understand that if I choose to designate a primary beneficiary other than, or in addition to, my spouse should sign below.

### Consent of Spouse

I am the spouse of the above-named HSA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional.

I hereby give the HSA owner my interest in the assets or property deposited in this HSA and consent to the Beneficiary Designation indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse:	Spouse Name: <i>(Print or Type)</i>	Date: <i>(MM/DD/YYYY)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## PART 8. ACCOUNT OWNER AUTHORIZATION

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**Important: Please read before signing.**

I understand the eligibility requirements for the type of HSA deposit I am making, and I state that I do qualify to make the deposit. I have received a copy of the HSA Application, Self-Directed Account Agreement, the 5305-A Custodial Account Agreement, the Financial Disclosure, and the Disclosure Statement. I understand that the terms and conditions that apply to this HSA are contained in this Application and the Custodial Account Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this HSA, I may revoke it without penalty by mailing or delivering a written notice to the custodian.

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

Signature of HSA Owner:	HSA Owner Name: <i>(Print or Type)</i>	Date: <i>(MM/DD/YYYY)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Witness:	Witness Name: <i>(Print or Type)</i>	Date: <i>(MM/DD/YYYY)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Custodian:	Custodian Name: <i>(Print or Type)</i>	Date: <i>(MM/DD/YYYY)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## PART 7. IRA CUSTODIAN INFORMATION

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**Horizon Trust Correspondence**  
PO BOX 27068  
Newark NJ 07101

**Phone:** (888) 205 - 6036  
**Fax:** (505) 212 - 0494

**Email:** [operations@horizontrust.com](mailto:operations@horizontrust.com)  
**Website:** [www.horizontrust.com](http://www.horizontrust.com)



# FEE SCHEDULE

## Self-Directed Retirement Accounts

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### TRADITIONAL, ROTH, SEP, SIMPLE

#### Service Fees

Setup Fee and Year 1 Annual Fee	\$2,995
Annually After Year 1 <sup>1</sup>	Multiplier
\$0 - \$40,000	\$395
\$40,001 - \$80,000	0.0100
\$80,001 - \$150,000	0.0060
\$150,000 - \$250,000	0.0040
\$250,000 - \$1,000,000+	0.0030

### SPECIALTY ACCOUNTS

Service Fees	CESA	HSA	Precious Metals
Activation Fee	\$250	\$250	\$250
Annual Fee	\$395	\$395	\$395

### SERVICES & OPTIONAL FEES

Express Account Open <sup>2</sup> (Recommended) .....	\$50	Returned Check Fee .....	\$30 each
Overnight Mail Fee .....	\$50	Late Fee .....	\$25 per 30 days
Form 1099-R .....	\$100	Termination Fee .....	\$500
Stop Payment .....	\$30 each		

Fees are subject to change with 30 days written notice. <sup>1</sup>The annual fee is calculated by multiplying the account value by the multiplier. The annual fee is billed in the anniversary month each year. <sup>2</sup>Express Account Open is same day processing when establishing a new account. All Horizon Trust accounts require a credit card on file as a secondary payment option to establish an account. The credit card on file will not be charged unless indicated as the choice payment option, or if the account does not have enough available cash for incurred fees.

Signature of Account Owner: <input type="text"/>	Account Owner Name: (Print or Type) <input type="text"/>	Date: (MM/DD/YYYY) <input type="text"/>
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