



HEALTH SAVINGS ACCOUNT SD AGREEMENT ADDENDUM

MAILING ADDRESS
Horizon Trust Company
P.O. Box 30007
Albuquerque, New Mexico 87190

FOR OVERNIGHT NIGHT MAIL ONLY:
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ACCOUNT HOLDER INFORMATION

Account Holder's Name : _____

Account # : _____

I have received an HSA Application and the Horizon Trust Company Self-Directed Account Agreement. I understand that the terms and conditions apply to the Health Savings Account and are contained in this agreement. I agree to the terms and conditions set forth.

Additionally, I assume complete responsibility for:

- Determining that I am eligible for an HSA each year
- Determining that I am eligible to make yearly contributions and ensuring that all contributions I make are within the limits set forth by the tax laws
- The tax consequences of any ineligible contribution
- Understanding eligible distributions and ineligible distributions

Signature : _____ Date : _____