

Investment Enrollment Form

REQUIRED INFORMATION FOR ENROLLMENT

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Daytime Phone: _____

Last 4 Digits of SSN: XXX-XX- ____ _

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 that within 5 business days of Old National'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 HSA Authority Operations at 888-472-8697, option 2. Return the completed form to The HSA Authority by fax or mail:

Fax: 812-468-1173
Address: The HSA Authority
ATTN: HSA Operations
PO Box 3606
Evansville, IN 47735

Not FDIC Insured	No Bank Guarantee	May Lose Value	Not a Deposit	Not Insured by any Federal Government Agency
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