

Agent as "Attorney-In-Fact" Form

Bankers Trust – Health Advantage Checking

Regulations require that only one individual own a Health Savings Account (HSA), however, Bankers Trust provides for the designation of an attorney-in-fact who can exercise your rights with respect to the HSA. The agent designated as attorney-in-fact must be an adult covered under the high deductible health plan (HDHP). Furthermore, this designation of an attorney-in-fact is applicable only to the funds held in your Bankers Trust HSA.

Please check one of the following:

- I do not currently have an attorney-in-fact designated.
- This request is to replace my current attorney-in-fact, _____.
- This request is to revoke my previous designation of the attorney-in-fact, _____.

Account Owner Information

Name: _____ Account: _____

Attorney-In-Fact Information

Name: _____

Social Security: _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Password: _____ Validation Question: _____

Pursuant to my HSA Account Agreement with Bankers Trust, I hereby designate _____ as attorney-in-fact on my Health Savings Account (HSA). By designating the attorney-in-fact, I authorize him/her to perform transaction on my behalf including:

- Request funds disbursements via check, debit card withdrawal, ACH, wire transfer, or by any other means;
- Make deposits or transfers to the HSA;
- Inquire on the HSA including current balance, transaction history, or any other information pertaining to the HSA;
- Request research such as duplicate statements or copies of cleared checks;
- Order checks and debit cards; and
- Notify Bankers Trust of any HSA-related disputes.

You specifically authorize Bankers Trust, as custodian of your HSA, to reply upon this authorization and designation until such time, if any, that Bankers Trust receives a written revocation of this authorization and has time to act upon the revocation. You understand that you are responsible for ensuring the attorney-in-fact reads and understands the HSA account documents and disclosures that have been provided to you. You further understand that you bear sole responsibility for any tax consequences that result from any actions taken by the attorney-in-fact regarding your HSA.

No present or future ownership or right of survivorship is given to the attorney-in-fact by this authorization. Upon notice to Bankers Trust of your death, this authorization terminates and rights to the funds in your HSA will be transferred to your beneficiaries. In the event you did not name a beneficiary or your beneficiary predeceases you, your HSA balance will be transferred to your estate.

Account Owner's Signature Date

Attorney-In-Fact's Signature Date

Banker's Signature Date