

mySOURCECARD™ ENROLLMENT FORM

PERSONAL INFORMATION - ENROLLMENT CANNOT BE PROCESSED WITHOUT REQUIRED INFORMATION

Name:
 (Required) (Print exactly as you would like it to appear on your card) (21 characters maximum, including spaces)

Date of Birth: - - Social Security Number: - -
 (Required) (Required)

Email Address:
 Required for electronic statements (If not provided, a paper statement will be sent and additional fees may apply.)

Street Address:
 (26 characters maximum, including spaces)

City:
 (17 characters maximum, including spaces)

State/Prov.: Zip Code: -

Phone Number: - -

Mother's Maiden Name:

Dependant's Name:
 (Required only for additional cards. Additional fees may apply.)

X _____ Date _____
 Enrolling Employee's Signature • Please read the Agreement before signing
 By signing above I indicate my acceptance of the terms and conditions of this Agreement, as well as receipt of the mySourceCard™ Cardholder Agreement and acceptance of the terms contained therein.

EMPLOYER INFORMATION - OPTIONAL

Employer's Name: _____

MYSOURCECARD™ ADDENDUM

The mySourceCard™, a MasterCard® Debit Card (the "Card"), is offered to you as an additional method of distribution from your Health Savings Account ("HSA" or "Account") as indicated in Article IV of the HSAtoday™ Custodial Account Agreement. By signing, using or accepting the Card, you agree that your use of the Card will be governed by the terms and conditions of this Addendum, the Cardholder Agreement supplied with the Card, and by the terms and conditions of the HSAtoday™ Custodial Account Agreement.



How the Card Program Works. As an owner of an HSA, you have been provided the Card for your use of purchasing goods and services at various MasterCard® acceptance locations. The Card may not be used to obtain a cash advance from any merchant, bank, or ATM. You agree to save all receipts in the event of an IRS audit and hereby understand that the acceptance of this Card at a merchant does not in any way make a statement to the qualification of such charge as a Tax-Free or Normal distribution from the Account. You agree that the amounts charged on your Card will be paid by electronically deducting the corresponding amount from your Account and you authorize such deductions to be made in accordance with this Agreement. Your total purchases may not exceed the available cash on deposit, excluding Investment Account Funds, in your Account at the time of purchase.

Fees. Your Plan Service Provider will establish the account setup and monthly fees associated with your HSA. You PSP will establish if such fees will be deducted from your account, paid by your employer, or paid by you with non-HSA funds.