



Health Savings Account (HSA) Customer Signature Card

9	8									UMB Health Savings Account Number (10-digit number found on your HSA statement)
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Individual HSA Owner Information

First Name	MI	Last Name	Social Security
Street Address (No Post Office Box)			Phone (Day)
PO Box, Apartment or Lot #		City	State ZIP

The Account Owner ("Owner") of the HSA identified above adopts this Signature Card in order to (1) provide UMB Bank, n.a. ("Bank") with a representative signature for Owner, which Bank is authorized to recognize in the payment of checks or the transaction of any other business on the above account; and (2) if the signature of any Additional Authorized Signer is set forth below, to provide Bank with authorization to pay funds from the HSA in accordance with any such signature, and to provide information regarding the HSA to any such Additional Authorized Signer identified herein. The authority of any Additional Authorized Signer may only be revoked by notifying Bank in writing. The notice must include the Account Number and be sent to Bank's address as set forth at the bottom of this Signature Card. Bank has a reasonable period of time to act on any such notice.

Owner and each Additional Authorized Signer authorizes Bank to treat a fax transmission of this form or an electronic transmission of an image of this form, such as a PDF, containing his or her signature as a original signature.

Owner and each other Additional Authorized Signer acknowledges and agrees that the HSA is governed by the terms of Bank's Health Savings Account Terms and Conditions, a copy of which was previously provided to Owner, and by the terms of the HSA Documents identified in the Adoption and Enrollment Agreement that Owner signed to open the account. The Health Savings Account Terms and Conditions may be amended by Bank from time to time, and are binding on Owner when Bank notifies Owner of the changes as required by law. Owner and each Additional Authorized Signer authorizes Bank to obtain such credit reports on such person and to verify such person's employment and credit history as Bank deems necessary from time to time. Owner and each Additional Authorized Signer further authorizes federal, state or local agencies, as well as other banks, creditors and employers, to disclose pertinent records concerning any information requested by Bank.

Account Owner's W-9 Certification

Under penalties of perjury, I certify (1) that the Taxpayer Identification Number shown above is my correct Taxpayer Identification Number (interest paid, if any, will be reported under this number), (2) that I am exempt from backup withholding, or I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, (3) that I am a U.S. person (including a U.S. resident alien), and (4) the Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: Cross out item (2) above if you have been notified that you are subject to backup withholding because of under reporting interest or dividend on your tax return.

Note: *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Signature of Account Owner	X	Date
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Additional Authorized Signer(s):

Name	Signature (please use black ink)	Social Security	Date of Birth
	X		
	X		

**Return completed form to: UMB Bank, n.a.
Mailstop 1170204 – CI Center
P.O. Box 419226
Kansas City, MO 64141-6226
Or Fax to: 816.843.2247**