

**Health Savings Account
Application & Enrollment Package**

Thank you for your interest in American Chartered Bank's Health Savings Account program. Using this application will help insure the successful opening of an American Chartered Bank HSA. All information necessary to open your HSA is included in this package. If you have additional questions regarding HSA enrollment contact our HSA Processing Department by phone at (847) 407-2603 or through email at hsa@americanchartered.com. For additional information about Health Savings Accounts please visit our web-site at www.americanchartered.com.

**Want to fill out an application online?
Go to <https://www.americanchartered.com/HSAchecking.aspx>
to complete your free HSA Checking account application.**

For group enrollments:

Forward your completed application to your benefits/human resources officer or as directed.

**For individual applicants mail
your completed application to:**

American Chartered Bank
HSA Processing
PO Box 5994
Carol Stream, IL 60197-5994
Fax (847) 407-2633

Overnight Delivery Address:

American Chartered Bank
HSA Processing
20 N. Martingale, Suite 600
Schaumburg, IL 60173

Applicant Name: _____

APPLICATION (CHECK WHEN COMPLETED)

- HSA Eligibility Section
- Include all required personal information for the HSA Applicant
- Naming an authorized signer? Include all required personal information for the Authorized Signer
- Include contribution year information. This is important for accurate tax reporting.
- Indicate your HSA account choice (HSA Checking, Certificate of Deposit or HSA Investment Account)
- Selection of additional HSA products & services, VISA debit card, checks, Online Banking, Bill Pay and E-Statement
- HSA Investment Account Supplement (only required if you are choosing the HSA Investment Account - mutual fund option)

BENEFICIARY DESIGNATION (CHECK WHEN COMPLETED)

- Beneficiary section (Optional)
- Spousal consent section completed, signed and witnessed. (Only required if you are married and are naming someone other than your spouse as the primary beneficiary)

SIGNATURE CARD (CHECK WHEN COMPLETED)

- Signed by the account holder (Include social security number where indicated on card)
- Signed by authorized signer if applicable (Include social security number where indicated on card)

FUNDING (CHECK WHEN COMPLETED)

- CONTRIBUTION:**
Are you making a contribution? Include a check payable to yourself with the contribution year clearly indicated on the face of the check.
- PAYMENT FOR INITIAL CHECK ORDER:**
Are you ordering printed checks? If so, include a separate check payable to American Chartered Bank for the printing charge.

Member FDIC

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Member FDIC

ELIGIBILITY REQUIREMENTS (REQUIRED):

Answer the following four questions to determine if you are eligible for a Health Savings Account (HSA)*.

1. I am covered under a Qualified High Deductible Health Plan (QHDHP). TRUE FALSE
2. I am not covered by a health plan, other than a QHDHP, which provides any of the same benefits as the QHDHP. TRUE FALSE
3. I am not eligible for Medicare (age 65) or if I am eligible, I am not enrolled in Part A or B. TRUE FALSE
4. I am not a dependent on another person's tax return. TRUE FALSE

If you answered FALSE to any of the four questions above DO NOT CONTINUE. You are not eligible to open a Health Savings Account. By signing and submitting this application you affirm your eligibility to establish a Health Savings Account.

*You may open an HSA if you are transferring HSA funds from another custodian even if you answered false to any of the four questions above. However you may no longer be qualified to make additional contributions. We recommend you check with your tax advisor before making further contributions.

IMPORTANT INFORMATION ABOUT OPENING AN ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you. When you open an account, we will ask for your name, residence address, date of birth, and other information that will allow us to identify you. We may also ask to see a copy of your driver's license, social security card or other identifying documents.

RULES AND CONDITIONS APPLICABLE TO HEALTH SAVINGS ACCOUNTS:

General Information: An HSA is a custodial account which is created exclusively for the benefit of the HSA holder, and which is generally used to pay qualifying medical expenses. If you are eligible, you or your employer can make contributions to your HSA. Qualifying distributions from your HSA are tax-free.

Definitions: High Deductible Health Plan (HDHP) generally means, as defined in IRC Section 223(c)(2), a health plan which satisfies the following requirements regarding deductibles and expenses for tax years 2009 & 2010:

	Minimum Deductible		Defined Max Out-Of-Pocket Expenses		Maximum HSA Contribution	
	2009	2010	2009	2010	2009	2010
Individual	\$1,150	\$1,200	\$5,800	\$5,950	\$3,000	\$3,050
Family	\$2,300	\$2,400	\$11,600	\$11,900	\$5,950	\$6,150

Individuals who are 55 or older and are covered under a high deductible health plan are eligible for an additional \$1,000 catch-up contribution for 2009 and 2010. In general catch up contributions for a spouse must be made into a separate HSA account opened in the name of the spouse.

PERSONAL INFORMATION (REQUIRED): PLEASE PRINT CLEARLY

Name: _____
(First) (Initial) (Last)

Social Security Number: _____ Birth Date: _____

Residence Street Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Patriot Act regulations require that we obtain a valid residential street address from all new customers. If you use a PO Box as an alternate mailing address, you must also provide us with a valid residential street address for verification purposes. Your account will not be opened without this information. In an effort to avoid additional address verification follow up, you may include a copy of your drivers license, a utility bill, or a paystub showing your current residential street address.

Alternate Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Business Phone #: _____

Form of Identification: Driver's License State ID Passport ID Number: _____

ID Issue Date: _____ ID Expiration Date: _____ ID State of Issue: _____

City & State where you were born: _____, _____ Your mother's maiden name: _____
(City) (State)

E-Mail Address (Required for Online Banking and E-Statements): _____@_____

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ACCOUNT TYPE / OPENING DEPOSIT (REQUIRED):

Type of Account Desired (If no choice is made the default will be HSA Checking)

HSA Checking HSAs Investment Account (Mutual Fund Option) HSA CD / Term: _____

Please indicate HDHP insurance coverage : Individual, or Family **Insurance Plan Effective Date:** _____

When including a deposit indicate type: Regular – Contribution Year: _____ Rollover
(If no choice is made the default will be a regular - current year contribution)

ADDITIONAL HEALTH SAVINGS ACCOUNT PRODUCT & SERVICE OPTIONS:

I would like to order personalized checks for my HSA Account*. Please including a separate check made payable to American Chartered Bank for the check-printing fee of \$17.20 for single checks or \$19.20 for duplicate checks. (Checks are not offered with HSA Certificate of Deposits and check printing fees are subject to change without notice.)

I would like a free Visa Debit Card* issued in my name. (Visa Debit Cards are not offered with HSA Certificate of Deposits)

Free Online Banking: To enroll in Online Banking visit the bank's web site at www.americanchartered.com and click on 'ENROLL IN ONLINE BANKING' found on the Online Banking section of the home page. To enroll you will need your account number which will arrive in your welcome packet. (Online Banking is required with the HSA Investment Account product)

Free Electronic Statements: Your HSA account will automatically be set up with secure Electronic Statements (E-Statements). Your nine (9) digit E-Statement passwords is assigned to you and will be the **first five (5) characters of your email address (in capital letters) plus the last four (4) digits of your social security number.** No thanks, please send me a paper statement.

** Purchases made with either a Visa Debit Card or checks will be reported by the Bank as "normal distributions" for the year in which the transaction is posted to your account. You should not use your Visa Debit Card or checks for non-qualifying or non-medical purpose. You may be subject to IRS penalties if you do. We ask that you submit an HSA withdrawal form when requesting a non-qualifying or non-medical distribution. This form is available on our website at <https://www.americanchartered.com/personalHealthSavings.aspx>.*

DESIGNATION OF AUTHORIZED SIGNER (optional, not applicable with CDs):

If you wish to grant your spouse or another third party access to your account as an Authorized Signer please complete all the required fields below and have the Authorized Signer sign the signature card where indicated.

Name: _____
(First) (Initial) (Last)

Residence Street Address: _____

Social Security Number: _____ Birth Date: _____

Form of Identification: Driver's License State ID Passport ID Number: _____

State of Issue: _____ ID Issue Date: _____ ID Expiration: _____

Mother's Maiden Name: _____ City of Birth: _____ State of Birth: _____

I authorize American Chartered Bank to issue an additional Visa Debit Card on my account to the authorized signer designated above. If more than one person signs this application, all such persons agree to be jointly and severally liable for the performance of the obligations set forth in the Visa Debit Card Agreement, to be sent with the cards. I acknowledge I will be liable for the use of the Visa Debit Card by the authorized signer.

EMPLOYER INFORMATION:

Employer Name: _____

Employer Contact Name: _____

Employer Contact Number: _____ Address: _____

City: _____ State: _____ Zip Code: _____

DESIGNATION OF BENEFICIARIES:

The following individual(s) or entity shall be my primary and/or contingent beneficiary(s). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If a primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(s) shall be increased on a pro-rated basis. If no primary beneficiary(s) survives me, the contingent beneficiary(s) shall acquire the designated share of my account.

Beneficiary Name and Address	Date of Birth	Relationship	Primary or Contingent	Share (Percent)
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

SPOUSAL CONSENT

This section should be reviewed if the residence of the Account Holder is located in a community or marital property state, and the Account Holder is married. Due to important tax consequences of giving up one's community property interest, individual's signing below should consult with a competent legal or tax advisor.

- I am not married:** I understand that if I become married in the future, I must complete a new Designation of Beneficiary form.
- I am married:** I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the spousal consent portion on the attached signature card and my spouse's signature must be witnessed by someone other than myself.

RULES AND REGULATIONS

American Chartered Bank is hereby appointed to serve as custodian of my Health Savings Account.

By signing the attached signature card I understand and agree to be bound by the rules and regulations which apply to Health Savings Accounts as established by this Application and the HSA Custodial Agreement and any amendments to them. I also agree to be bound by the Bank's agreements, rules, regulations, and disclosures applicable to this account and any additional accounts that I establish with the Bank in the future.

I understand the eligibility requirements for the type of HSA deposit that I am making, and I state that I do qualify to make the deposit. The HSA Custodial Agreement and all account disclosures will be provided at account opening. If this account is opened electronically or through the mail they will be mailed to me no later than 10 business days after this account is opened.

Within seven (7) calendar days from the date I open this HSA, I may revoke it by mailing or delivering a written notice to the custodian of the account.

I assume complete responsibility for:

- (1) Determining that I am eligible for a HSA each year I make a contribution
- (2) Ensuring that all contributions I make are within the limits set forth by the tax laws
- (3) The tax consequences of any contribution (including rollover contributions) and distributions.

I authorize American Chartered Bank to release to my employer account related information necessary to support the posting of contributions to my Health Savings Account including account number, social security number and bank routing information.

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The Bank must receive a signed signature card before completing the account opening process.

Health Savings Account SIGNATURE CARD		
HSA OWNER'S NAME	DATE	ACCOUNT NUMBER (For Bank Use Only)
HSA ACCOUNT OWNER'S ADDRESS		TYPE OF ACCOUNT <input type="checkbox"/> HSA Checking <input type="checkbox"/> HSA CD
HSA ACCOUNT OWNER'S SIGNATURE		SOCIAL SECURITY #
AUTHORIZED SIGNER'S SIGNATURE (if applicable)		SOCIAL SECURITY #
<p>The depositor agrees to be bound by the rules and regulations regulating this account as described in the Custodial Agreement and account disclosures and by any amendments to them. The depositor has read and certifies under provision of perjury to the truthfulness of the tax withholding certificate appearing below. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Signatures shown above are specimen or facsimile signatures of person(s) authorized to effect transactions on this account by the current depository resolution that filed with the Bank. If Single Name Account: This account is owned by the party named hereon.</p> <p>TAX WITHHOLDING CERTIFICATE: Under penalties of perjury, the depositor certifies (1) that the tax identification number shown on this form is the depositor's correct tax payer identification number and that (2) the depositor is not subject to backup withholding either because (a) the depositor is exempt from such withholding, (b) the depositor has not been notified that the depositor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified the depositor that the depositor is no longer subject to backup withholding. **Strike the part (2) of this paragraph if the depositor has been notified that the depositor is subject to backup withholding due to underreporting and has not received a notice from the Internal Revenue Service that backup withholding has terminated.</p> <p>Account number release: I authorize American Chartered Bank to release to my employer account related information necessary to support the posting of electronic credits to my Health Savings account including account number, SSN and bank routing information.</p> <p>By signing this card I acknowledge that I have read and agree to all the conditions contained in this HSA account application. I also authorize American Chartered Bank to release to my employer account related information necessary to support the posting of contributions to my Health Savings account including account number, SSN, and bank routing information.</p>		

SPOUSAL CONSENT FORM:
Complete this section <u>only</u> if the HSA Account Owner is married and their spouse <u>has not been</u> designated as the primary beneficiary.
*SIGNATURE OF SPOUSE:
SIGNATURE OF WITNESS: (Cannot be HSA account holder or spouse):
<p>* I am the spouse of the above-named Account Holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the Account Holder any interest I have in the funds or property deposited in this account, and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. The Custodian gave no tax or legal advice to me.</p>

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IMPORTANT - PLEASE NOTE:

Only complete pages 8 through 11 of this application if you are applying for the HSA Investment (mutual fund) Account described on page 3.

The application supplement for the **HSA Investment Account** option is continued on the next page.

**INVESTMENTS IN MUTUAL FUNDS ARE NOT FDIC INSURED, MAY LOSE VALUE,
AND ARE NOT GUARANTEED BY THE BANK.**

DISCLOSURE

Clients selecting the HSA Investment Account are urged to carefully weigh the advantages and disadvantages of investing HSA funds in the Investment Options versus holding them in their American Chartered Bank HSA Checking Account. Investors should carefully read the Investment Policy, available at www.americanchartered.com, together with the prospectus from each mutual fund selected before investing or sending money. These documents provide information regarding investment objectives and risk, as well as charges and expenses which may be imposed for early liquidation of mutual fund investments, etc. There are no guarantees that the Investment Options will make money. Additional contributions cannot be made to an HSA account to replace any losses that result from investing. Please keep all of these factors in mind when considering which account is right for you.

The Bank engages the support of Devenir Investment Advisors, LLC, a registered investment advisor and Devenir, LLC, a Broker Dealer member of NASD/SIPC (collectively, "Devenir"), to select the HSA Investment Account Investment Options. Devenir screens the Investment Options offered using a number of criteria which include, but are not limited to total fund performance, Morningstar® ranking relative to other funds with similar investment objectives, and track record. Devenir periodically reviews the Investment Options, and may recommend changes in the Investment Options being offered if a particular fund no longer meets the selection criteria. Participation in the Investment Options is voluntary.

Under no circumstances is American Chartered Bank offering any of the HSA Investment Account Investment Options, and the Bank makes no representations with respect to the Investment Options offered.

American Chartered Bank disclaims any and all liability, contingent or otherwise, for the performance of the Investment Options. Please see your financial advisor for personal investment advice.

**INVESTMENTS IN MUTUAL FUNDS ARE NOT FDIC INSURED, MAY LOSE VALUE,
AND ARE NOT GUARANTEED BY THE BANK.**

DEFINITIONS

1. **HSA Investment Account**--The HSA Investment Account provides account-holders the option to retain funds in an American Chartered Bank account, or to invest in Investment Options comprised of a variety of nationally-recognized mutual funds. This account consists of two sub-accounts:
 - (a) **American Chartered Bank HSA Checking Account**-- The American Chartered Bank HSA Checking Account is the NOW account established with American Chartered Bank for your HSA. The American Chartered Bank HSA Checking Account offers checking, debit card, access, and automated clearinghouse (ACH) access to deposited funds, although you may not elect to use all of these options).
 - (b) **Investment Options**-- American Chartered Bank HSA Checking Account balances in excess of \$1,000.00 may be transferred from the American Chartered Bank HSA Checking Account into Investment Options, an investment custodial account consisting of a variety of nationally-recognized mutual fund Investment Options. Available mutual fund Investment Options may be viewed at www.americanchartered.com.
2. **Investment Options Providers**-- American Chartered Bank is not a registered investment advisor, nor is the Bank acting in the capacity of a registered investment advisor with respect to the offering of American Chartered Bank HSA Investment Account Investment Options. The following entities have been engaged to support delivery of the Investment Options:

Registered Investment Advisor:	Devenir Investment Advisors, LLC (Devenir) – Minneapolis, MN
Record keeper:	Interactive Retirement Systems (Interactive) – Bloomington, MN (Running SRT Investment Recordkeeping)
Clearing Firm (Sub-Custodian):	Matrix Settlement and Clearing Services (Matrix) – Denver, CO

SUPPLEMENTAL TERMS AND CONDITIONS

1. Contributions, Withdrawals, and Transfer of Funds between Sub-Accounts and Investment Options

- (a) **HSA Contributions**--You agree to make all HSA contributions directly into your American Chartered Bank HSA Checking Account. You acknowledge that you cannot make contributions directly to your Investment Options.
- (b) **Transfers to Investment Options**--You may only fund your Investment Options with funds from your American Chartered Bank HSA Checking Account.
- (c) **HSA Distributions**--You agree to take all distributions from your HSA through your American Chartered Bank HSA Checking Account. You acknowledge that you cannot take distributions directly from your Investment Options. To withdraw, transfer or rollover funds to a new HSA Custodian, you agree to move your money from your Investment Options to your American Chartered Bank HSA Checking Account. If your distribution request exceeds your American Chartered Bank HSA Checking Account balance, you must transfer sufficient funds from the mutual funds in your Investment Options, which will come out of the mutual funds based on your current balance allocation instructions, and move these funds to your American Chartered Bank HSA Checking Account to cover the distribution request. Failure to do this may result in overdraft fees.
- (d) **Transfer of Funds between Your Investment Options and your American Chartered Bank HSA Checking Account**--You agree that the only method available to move money between your HSA Investment Options and your HSA Checking Account is through electronic means accessible through the American Chartered Bank Online Banking service.
- (e) **Confirmation of Investment Transactions**-- For investments in the Investment Options, you agree to accept electronic confirmation of your trades. You may obtain immediate confirmation of any transaction in the Investment Options by either using the *e-Delivery*, *Print* screen function following each transaction, or by monitoring your account online through the *Transaction History* tab.
- (f) **Trading Deadlines**-- Mutual fund trade orders must be submitted through the investment website no later than 4:00 p.m. EST for same business day execution. When both a buy and sell order are initiated on the same business day, the sell order will be executed on the same business day, and the buy order will be executed the next business day. Settlement takes place on the third business day.
- (g) **Liquidation of Investment Options**-- To allow for possible market fluctuations, any request to withdraw in excess of ninety (90) percent of the funds invested in any one mutual fund Investment Option will result in full liquidation of all funds invested in that mutual fund. Liquidated funds will be redeposited into your American Chartered Bank HSA Checking Account.

2. Investment Management Responsibility

- (a) **Investment Advice**-- You agree and acknowledge that when you use the Investment Options portion of your HSA, you, are solely responsible for determining the nature, potential value and suitability for you of any particular investment allocation, selection and strategy.
- (b) **Limited Custodial Duties for Investment Options**--You understand and agree that American Chartered Bank has a limited role in your HSA Investment Options. You authorize and acknowledge that we do not review trades prior to execution. Our role is limited to administrative record keeping as required by the IRS. We do not provide any fiduciary services or investment advice.
- (c) **Investment Accounts May Lose Value**-- Any amounts you direct to be transferred from your American Chartered Bank HSA Checking Account to your Investment Options are not deposits or obligations of the mutual funds, or any bank. The Investment Options are not insured by the FDIC or by any other governmental agency, and are subject to investment risks, including the possible loss of the principal amount invested, and may fluctuate in value.
- (d) **Prospectus**-- Before you make any investment, you should carefully review each fund's prospectus and consider its objectives, associated risks, and any fees or expenses that may apply. Investing entails the risk of loss of principal. You acknowledge and agree that a prospectus has been made available to you either electronically, or through a mutual fund's toll free phone number, prior to and following purchase of any investments in this program.

3. Service Fees

- (a) **Monthly HSA Investment Account Service Fees**-- A \$2.00 HSA Investment Account fee is applied to the American Chartered Bank HSA Checking Account monthly. This fee increases to \$3.50 in any month during which the average daily American Chartered Bank HSA Checking Account balance falls below \$1,000.00. You must maintain a sufficient balance in your HSA Checking Account to pay this fee, and authorize the Bank to deduct these fees from your American Chartered Bank HSA Checking Account balance monthly.
- (b) **Fees for Distributions**-- American Chartered Bank does not charge a fee for distributions from the American Chartered Bank HSA Checking Account or the Investment Options. If a distribution involves the liquidation of shares of a mutual fund that imposes a redemption fee, that fee will apply according to the terms of the fund's prospectus.

HSA INVESTMENT ACCOUNT
Supplemental Terms, Conditions, and Disclosures

- (c) **Fees for Rollovers--** The Bank does not currently charge a fee if you transfer your HSA account balance to another HSA provider. If a transfer fee is imposed in the future, you will be notified of any fee changes a minimum of thirty (30) days before it becomes effective. All rollovers or transfers out of your HSA Investment Account will require you to liquidate all holdings for cash distribution through your American Chartered Bank HSA Checking Account. If a rollover distribution involves the liquidation of shares of a mutual fund that imposes a redemption fee, that fee will apply according to the terms of the fund's prospectus.
- (d) **Mutual Fund Fees and Expenses--** In addition to the Monthly Service Fees, mutual funds available through the Investment Options may also charge fees and expenses, including 12(b)(1) fees, as stated in each mutual fund's prospectus. Some mutual funds may impose exchange fees and/or redemption fees. Please review each fund's prospectus carefully before investing to ensure any potential fees are fully understood.
- (e) **Payments to Service Providers--** Some or all of the mutual funds available through the Investment Options, or their affiliated advisors and distributors, may make payments to the respective providers, or their affiliates for administrative, recordkeeping, transfer agent, and distribution services they provide in connection with distribution of the mutual fund. The mutual funds may make certain plan expense payments to Interactive for recordkeeping services it provides in connection with the Investment Options. These plan expense payments may be used in part to offset sub-custodial fees charged by Matrix, and the investment advisory fees charged by Devenir. This may create an incentive for Devenir, acting as investment advisor, to select mutual funds for the Investment Options. A more detailed description of the methodology employed to select mutual fund Investment Options is outlined in the HSA Investment Policy, available at www.americanchartered.com

4. General

- (a) **Use of Investment Accounts--** You confirm and agree with respect to your use of the HSA Investment Account options:
- (1) That American Chartered Bank, as Custodian, is responsible for meeting all requirements to report information to you and your beneficiaries, including without limitation, proxy and prospectus information on any investments you hold in the Investment Options. This information is accessible electronically through links provided at www.americanchartered.com.
 - (2) That you must direct the investment of your health savings account assets allocated to the Investment Options custodial account through Matrix by giving your investment directions directly to Bank's designated investment Record keeper. American Chartered Bank's investment Record keeper will communicate all such directions to Matrix. Matrix is authorized and directed to follow all such directions received from American Chartered Bank's investment Record keeper.
 - (3) That American Chartered Bank's investment Record keeper will have total responsibility for maintaining all records regarding your investment custodial account balances with Matrix.
 - (4) That your American Chartered Bank HSA Investment Account is eligible to participate in the investment custodial account with Matrix because it is a "Health Savings Account" as defined under Section 223(d) (1) of the Internal Revenue Code of 1986.
 - (5) That under the terms of your American Chartered Bank HSA Investment Account, your investment assets may be aggregated in American Chartered Bank's investment custodial account for investment purposes with the assets of other HSA Investment Account holders.
- (b) **Access, Passwords and Security--** You will be responsible for the confidentiality and use of your access number(s), password(s) and account number(s). You agree to hold American Chartered Bank harmless for any damages of any kind resulting from your decision to disclose your access number(s), password(s), or account number(s) to any third party, including but not limited to, entities that aggregate account information or website content, or persons who are or claim to be acting as your agent, proxy, or investment manager. You agree to immediately notify American Chartered Bank if you become aware of:
- Any loss or theft of your access number(s), password(s) and/or account number(s); or
 - Any unauthorized use of any of your access number(s), password(s) and/or account number(s).
- (c) **Indemnification--** You agree to defend, indemnify and hold American Chartered Bank, Interactive, Matrix, and Devenir harmless from and against any and all claims, losses, liability costs and expenses (including but not limited to attorneys' fees) arising from your violation of this Supplemental Agreement, state or federal securities laws or regulations, or any third party's rights, including but not limited to infringement of any copyright, violation of any propriety right and invasions of any privacy rights. This obligation will survive the termination of this Agreement.
- (d) **Notice of Errors--** You agree to notify us of any errors you find on any statements within sixty (60) days of the mailing of such statements. In the absence of such notice, you shall be deemed to have approved the statement and we shall be relieved of and discharged with respect to all matters set forth.
- (e) **Modifications--** We may amend these Supplemental Terms and Conditions to the HSA Custodial Agreement at any time. We will provide you with a copy of any amendment at least thirty (30) days before the amendment becomes effective. You will be deemed to have consented to any amendments unless, within thirty (30) days from the date we mailed the amendment, you notify us in writing that you do not consent.

HSA INVESTMENT ACCOUNT
Supplemental Terms, Conditions, and Disclosures

- (f) **Governing Law--** This Supplemental Agreement shall be construed and interpreted in accordance with the laws of the state of Illinois, except to the extent federal law applies. If any part of this Supplemental Agreement is held to be illegal or invalid, the remaining parts shall not be affected. Neither you nor our failure to enforce at any time or for any period of time any of the provisions of the Supplemental Agreement shall be construed as a waiver of such provisions, or your right or our right thereafter to enforce each and every such provision.

PROSPECTUS E-CONSENT

1. **We invite you to download, or print important fund information--** All The mutual funds are offered by prospectus only. Prospectuses contain more complete information on management fees, charges, and other expenses, and should be read carefully before investing.
2. **Electronic Delivery Consent--** You consent to receive the prospectuses for any mutual funds in the Investment Options in which you choose to invest electronically, and to read and agree to its terms before investing.
3. **Systems Requirements--** The mutual funds' online prospectuses are contained in hypertext markup language (HTML), and in Adobe Acrobat Portable Document Format (PDF). You may access a prospectus in HTML format without additional software. To access a prospectus in PDF, you must install Adobe Acrobat Reader on your computer, which may be obtained free of charge from <http://www.adobe.com/products/acrobat/readstep2.html>. Electronic delivery is provided free of charge; however, other online service provider charges may apply.

TRADING DISCLOSURES

1. The mutual fund performance data quoted represents past performance, which is no guarantee of future results. Current performance may be higher or lower than the performance data quoted.
2. Prospectuses containing complete information, including most recent month-end total returns, management fee charges, and expenses, are available through the links provided in the Investment Options listing at www.americanchartered.com, or by calling the toll free telephone number for each fund.
3. Investment return and the principal value of an investment will fluctuate so that shares, when redeemed, may be worth more or less than their original cost. An investment in mutual funds is insured by SIPC and is not insured by the FDIC.
4. Although money market funds available in the Investment Options seek to preserve capital, it is possible to lose money by investing in these funds.
5. All funds in your Investment Options are purchased at net asset value (NAV), without a front-end load.
6. Each fund company may charge a short-term redemption fee if shares are held for less than the timeframe listed in the prospectus.

ACKNOWLEDGEMENT (A SIGNED COPY OF THIS ACKNOWLEDGEMENT MUST ACCOMPANY ALL HSA INVESTMENT ACCOUNT APPLICATION)

By signing below, I acknowledge that:

1. I have read and understand this HSA Investment Account Supplemental Terms, Conditions, and Disclosure document.
2. When I use the Investment Options portion of my HSA Investment Account, I am solely responsible for determining the nature, potential value and suitability of any particular investment allocation, selection and strategy.
3. Funds in the Investment Options portion of my HSA Investment Account are not deposits or obligations of the mutual funds, or any bank, are not insured by the FDIC or by any other governmental agency, and are subject to investment risks, including the possible loss of the principal amount invested, and may fluctuate in value.
4. I understand that I cannot make additional contributions to my Health Savings Account to replace any losses that occur from investing.

Choose one of the following and sign below:

- This is an application for a new American Chartered Bank HSA Investment Account.
- This is a request to switch my existing American Chartered Bank HSA Checking Account to an HSA Investment Account. I understand I will keep the same account number.

Existing HSA Checking Account Number _____.

E-mail (Required) _____.

HSA Investment Account-Holder Signature

Date