# HSA APPLICATION KIT

*Use this form to establish an HSA*

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iPlanGroup
RETIREMENT DRIVEN BY YOU

Clear Form

# HSA NEW ACCOUNT APPLICATION

INTERNAL USE ONLY
Producer Code:

Account #: _____

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or completing a transaction on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application, please call iPlanGroup.

## 1. Account Owner Information

Type of HSA: ☐ Individual ☐ Family

Name: _____ SSN: _____ Date of Birth: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Phone : _____ Secondary Phone: _____ Email Address: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed U.S. Citizen: ☐ Yes ☐ No

Occupation: _____ Employer: _____ Years: _____

## 2. Contribution Information

Source of Funds (Select One):

| | | | | |
|---|---|---|---|---|
| ☐ **Regular** | Current Year Amount $ | Carryback* Amount $ | Tax Year | |
| ☐ **Catch-up (Age 55+)** | Current Year Amount $ | Carryback* Amount $ | Tax Year | |
| ☐ **Transfer (Source):** | ☐ HSA ☐ MSA ☐ Other (Specify): | | | |
| ☐ **Rollover** | ☐ HSA ☐ MSA ☐ Other (Specify): | | | |

* A carryback contribution is made in one tax year and credited for the prior tax year. It must be made by your tax filing due date, excluding extensions. Contributions made to your HSA will be for the current year unless you specify prior year.

**Note:** If you are funding the Account using the Transfer or either Rollover option, you must send iPlanGroup the original Transfer or Rollover forms.

## 3. Payment of Account Processing Fees

Please select one of the following options for how you would like to pay for your account fees:

☐ **By credit card:** [1]

Cardholder Name: _____ Expiration Date(mm/yy): _____

Card Number: _____ Security Code: _____

Billing Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

**By executing this Agreement, I authorize IRA Plan Partners, LLC DBA iPlanGroup to charge my credit card for the establishment and annual fees**

1) A Credit Card Processing Fee of 5% will be assessed on each credit card transaction.

☐ By enclosed check payable to ***IRA Plan Partners, LLC DBA iPlanGroup*** *(For account set-up and annual administration fee only)*

☐ By debiting fees from my account

## 4. Designation of Beneficiaries (Attach additional page if more space is needed)

☐ Primary Beneficiary ☐ Contingent Beneficiary Share Percentage: _____%

Name: _____ SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

☐ Primary Beneficiary ☐ Contingent Beneficiary Share Percentage: _____%

Name: _____ SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

☐ Primary Beneficiary ☐ Contingent Beneficiary Share Percentage: _____%

Name: _____ SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

☐ Primary Beneficiary ☐ Contingent Beneficiary Share Percentage: _____%

Name: _____ SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

## 5. Spousal Consent (Required if you are married)

This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. By signing below, I acknowledge that I am the spouse of the Account Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Please Print Spouse's Name: _____

Spouse's Signature: X_____ Date: _____

## 6. Account Access and Statement Delivery Preferences

Please select from the following options:

☐ Online Account Access with Quarterly Online Statements

☐ Online Account Access and Quarterly Statements by U.S. Mail - $10.00 per quarter fee for paper statements

☐ No Online Access and Quarterly Statements by U.S. Mail - $10.00 per quarter fee for paper statements (You are declining online access to your account information)

☐ Online Brokerage Account Trading - You must download, complete and attach the Brokerage Account Application. (Securities offered through Financial America Securities, Member FINRA, SIPC)

☐ Investment Advisor/Represenative Access – You must complete the Interested Party Designation Form and return with your Application to allow your Agent/Representative to view your account(s) online and/or to receive duplicate Quarterly Statements

## 7. Account Security Code

Please select a 4-digit security code (PIN) for your Account. This PIN will be used to verify your identity when you call iPlanGroup or to confirm certain transactions and service requests for your Account.

Please select your 4-digit PIN here: ☐☐☐☐

Please select one of the security questions and provide your answer to the question you select below:

☐ What is your father's middle name? ☐ What was your first pet's name? ☐ What is your favorite sports team?

Answer: _____

## 8. How Did You Hear About iPlanGroup?

☐ Internet ☐ Advertisement ☐ TV ☐ Radio ☐ Newspaper ☐ Expo / Trade Show, Ref. #: _____

☐ Seminar/Workshop, Ref.#: _____ ☐ iPlanGroup Representative: _____

☐ Referred by: _____ ☐ Other: _____

## 9. HSA Eligibility Certification

I am eligible to establish an HSA and certify the following:

1. I am not able to be claimed as a dependent on someone else's tax return.
2. I am covered under a qualifying High Deductible Health Plan (HDHP), effective _____.
3. I am not covered under any other insurance plan that is not an HDHP (with limited exceptions). ☐
4. I am not enrolled in Medicare.

By signing below, I hereby certify that I can answer yes to all of the above questions to be eligible to establish an HSA to receive regular contributions.

## 10. Acknowledgment and Signature

By signing this *HSA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian (Mainstar Trust) and IRA Plan Partners, LLC DBA iPlanGroup (Administrator) may rely on what I have provided. I have read and received copies of this *HSA Application*, *IRS Form 5305-C*, and *Disclosure Statement,* including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that the Custodian has no duty or responsibility to determine whether my HDHP complies with the requirements of Section 223 of the Internal Revenue Code nor to determine or validate whether distributions I take from my HSA are used to pay for qualifying medical expenses. I assume all responsibilities for the HSA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I understand that if the deposit establishing the HSA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

I understand that this Account Application, including the terms and conditions of the Documents (defined below), sets forth the terms of my relationship with Custodian and Administrator. For purposes of this Account Application, the terms Administrator and Custodian include their agents, assigns, joint ventures, licensees, franchisees, affiliates, and/or business partners. I have been advised by Administrator to seek the advice of independent legal, tax and/or investment counsel prior to executing this Agreement.

**Self-Directed Account.** I acknowledge and understand that my Account is Self-Directed and that as Account Owner I alone (or upon my death my beneficiary(ies) shall direct the Administrator to invest on behalf of my Account, all contributions and earnings in my Account in investments that are acceptable to Custodian and Administrator, and that are considered administratively feasible by the Custodian and Administrator, in such amounts as are specifically selected and specified by me in orders to the Custodian and Administrator in such form as may be acceptable to or provided by Administrator, without regard to whether such investment is authorized by the laws of any jurisdiction as a retirement account investment or to the suitability, merits, legitimacy, diversification, or risks of the investment.

**Appointment of Administrator and Custodian.** I, the Account Owner, hereby appoint IRA Plan Partners, LLC DBA iPlanGroup ("iPlanGroup") to act as Administrator ("Administrator") of my Account and I appoint Mainstar Trust to act as Custodian for my Account ("Custodian"). I understand and acknowledge that Administrator has entered into an administrative services agreement with Custodian under which Administrator is to provide administrative services for the Account Owner's Account, and to properly fulfill its duties to Account Owner as Administrator. Under the terms of the administrative services agreement, all communication between the Participant and the Custodian shall be handled through Administrator. I acknowledge and agree that this Account Application & Adoption Agreement and the applicable Form 5305 (Custodial Account Agreement and Disclosure Statement), together with the Fee Schedule and any other written instructions (all such documents being incorporated herein by this reference) collectively comprise my entire agreement and govern all aspects of my relationship with the Custodian, Administrator, and/or any future trust entity. I acknowledge and agree that Administrator is independent of the Custodian and not empowered or authorized to obligate or bind Custodian, and vice versa. Furthermore, nothing in this Agreement shall be construed to render Administrator, any future trust entity, affiliate, employee, joint venture partner, strategic partner, as an agent of, or with Custodian. Custodian shall not be responsible or liable under any circumstances for any representations or statements made by Administrator or the trust entity and neither Administrator nor the contemplated trust entity shall be responsible or liable under any circumstances for any representation or statement made by the Custodian. Neither Administrator nor Custodian is a trustee, mortgage broker, asset manager, investment advisor or loan servicing agent with respect to me or my Account and neither shall have any discretionary power, authority or control with respect to the acquisition, management, investment, or disposition of my Account or assets held in my Account.

**Fee Disclosure, Referral Fees.** Depositor agrees to pay the fees set forth in the accompanying Fee Schedule. The Custodian reserves the right to charge fees for performing its duties and meeting its obligations under this Agreement. All fees, which are subject to change from time to time, will be disclosed on the Custodian's fee schedule or other disclosure document provided by the Custodian. The fees and services can be changed at any time without notice to Depositor. The Administrator and/or Custodian may pay a referral fee, one time or recurring to brokers, financial institutions, and other entities or individuals, which/who referred Depositor's account to the Administrator and/or Custodian.

**No Fiduciary Relationship.** I understand and agree that the appointment set forth herein does not create a fiduciary relationship between me or my Account and the Administrator or Custodian.

**No Tax, Legal, or Investment Advice.** I understand and acknowledge Custodian and Administrator do not provide or assume responsibility for any tax, legal, or investment advice with respect to the investments and assets in my Account, and will not be held liable for any loss which results from my exercise of control over my Account. I understand that my Account is Self-Directed, and I take complete responsibility for any investments I instruct Administrator to make on behalf of my Account. Furthermore, I understand that neither Custodian nor Administrator sells or endorses any investment products. If the services of the Custodian and the Administrator were marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such persons are not in any way employees, representatives, agents, independent contractors, subsidiaries, affiliates, partners, or consultants of Custodian or Administrator, and that the Custodian and the Administrator are not responsible for and are not bound by any statements, representations, warranties, or agreements made by any such person or entity. I will consult independently, as I determine is necessary, with my own CPA, attorney, financial planner, or other professional prior to directing the Administrator to make any investment in my Account.

**Investment Instructions.** I hereby instruct Administrator and Custodian to follow the investment directions which I provide to Administrator relating to my Account. I understand and acknowledge that all investment directions must be in the form of an executed Administrator approved direction letter. I understand that Administrator will not accept verbal investment directions and that Administrator may accept and act in accordance with electronic copies of signed direction letters or other Documents. Administrator does not verify any signatures and I am responsible for any damages associated with falsified or forged information or signatures. In taking any action related to my Account, Custodian and Administrator may act solely on my instruction, designation, or representation. I understand that I am responsible for providing true, correct, and complete information in any instruction to Custodian or Administrator and that Custodian and Administrator are not responsible for any damages caused by or related to incomplete or incorrect information, misleading or impossible instructions, or falsified or forged information or signatures contained in a direction to Custodian or Administrator.

**Prohibited Transactions.** I acknowledge and agree that my Account is subject to the provisions of Internal Revenue Code (IRC) Section 4975 which defines certain prohibited transactions. Furthermore, I understand and agree that neither the Custodian nor the Administrator will at any time make any determination as to whether any transaction or investment in my Account is prohibited under sections 4975, 408(e), or 408A, or under any other state or federal law. I accept full responsibility to ensure that the investments in my Account comply with all applicable federal and state laws, regulations, and requirements and that none of the investments in my Account will constitute a prohibited transaction.

**Unrelated Business Income Tax.** I understand and agree that my Account is subject to provisions of IRC Sections 511-514 relating to Unrelated Business Income Tax (UBIT) of tax-exempt organizations. I agree that if I direct the Administrator to make any investment in my Account which generates income that is subject to UBIT, that I will be responsible for preparing or having prepared the required IRS form 990-T tax return, an application for an Employer Identification Number (EIN) for my Account, and any additional documents which may be required, and for submitting them to the Administrator for filing with the Internal Revenue Service at least ten (10) days prior to the date on which the return is due, along with an appropriate directive authorizing the Administrator to execute the forms on behalf of my Account and to pay the applicable tax from the assets in my Account. I understand that the Custodian and Administrator do not make any determination of whether or not investments in my Account generate income that is subject to UBIT, have no duty to and do not monitor whether my Account has incurred UBIT, and do not prepare Form 990-T on behalf of my Account.

**No FDIC Insurance for Investments:** I recognize that investments purchased and/or held within my Account: 1) are not insured by the Federal Deposit Insurance Corporation (FDIC); 2) are not a deposit or other obligation of, or guaranteed by, either the Custodian or the Administrator; and 3) are subject to investment risks, including possible loss of the principal amount invested.

**Adequate Information.** I acknowledge that I have received a copy of Administrator's Fee Schedule and have had an opportunity to review the appropriate IRS Form 5305 for my Account type, and that from time to time Administrator will provide further documents and forms for my information and use in connection with my Account (all documents provided or made available to me by Administrator relating to my Account are hereafter collectively referred to as "Documents"). I understand and acknowledge that the Documents contain terms and conditions which apply to my Account, and I agree to be bound by those terms and conditions, as they may be amended from time to time.

**Right to Revoke.** I understand that my failure to immediately notify Administrator in writing of my objection to a term or condition of a Document is deemed a waiver of such an objection. If this Application relates to an individual retirement Account (an "IRA"), I understand that I may revoke the Application without penalty by delivering written notice to Custodian within seven (7) days from the date that I submit this Application to Administrator. I acknowledge and attest that Administrator has provided me with sufficient information to make this Account Application and that I have had the opportunity to request further information, and I am satisfied with any and all of the information I have been provided.

**Beneficiaries.** I direct that all benefits upon my death be paid as indicated above (or as directed in any subsequent change in the designation of beneficiaries submitted to Administrator in writing, on a form provided by Administrator).

**Rollover Contributions.** In the event that this is a rollover contribution, I hereby irrevocably elect, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution.

**Trust or Entity as Beneficiary.** If I have named a beneficiary which is a Trust or other entity, I understand that I must provide certain information concerning such Trust or entity to the Administrator or Custodian.

**Release; Indemnification; Litigation Costs.** I agree that the Custodian and the Administrator have no duty other than to follow my written instructions and will be under no duty to question my instructions and will not be liable for any investment losses sustained by me or my Account under any circumstances. I understand that Administrator and Custodian are acting only as my agent, and nothing will be construed as conferring fiduciary status or responsibility on either party. I understand that obtaining any information or communication related to the investment is my responsibility regardless of if it was sent initially to the Administrator or some other party. The Administrator will attempt to forward communications received, but is not responsible for my timely receipt of any such communication. I understand and agree that Administrator does not offer or provide, through its website, workshops, or any other means, any investment advice, structure, guidance, or strategies, or any tax advice, legal advice, due diligence, research, recording or title services, or endorsement of professional relationships ("Advisory Activities"). I further understand and agree that I am not relying upon, any representations, warranties, promises, or guarantees regarding any investment, including, but not limited to, the quality of an investment, investment performance, preservation of capital, return on capital, feasibility of an investment strategy, security lien positions, placement of security interests, the credibility of business practices, ethics of any kind, or an investment's compliance with the Employee Retirement Income Securities Act ("ERISA"), the Internal Revenue Code ("IRC"), or any applicable federal, state, or local law, including securities laws ("Investment Representations"). If I desire any Advisory Activities or Investment Representations, I will not look to or rely on Administrator, for any advice or guidance of any nature, but will consult with an appropriate legal, Accounting, or financial professional of my choosing. Additionally, I am aware of the transactions prohibited by Internal Revenue Code Section 4975 ("Prohibited Transactions") and I certify and agree that I will not participate in nor request Administrator to participate in any Prohibited Transaction. Acknowledging and understanding that Administrator will not provide Advisory Activities, make Investment Representations, or participate in Prohibited Transactions, I release Administrator from any claims regarding Advisory Activities, Investment Representations, and Prohibited Transactions, in the broadest sense. Specifically, I release and forever discharge Administrator, and covenant not to directly or indirectly sue for or otherwise assert against Administrator, in any forum, any and all claims of any nature whatsoever, which I had, now have, or may claim to have against Administrator, arising out of or related to Advisory Activities, Investment Representations, or Prohibited Transactions. This release extends to all claims, whether known or unknown, present or future. It is my intention to fully, finally, and forever release any claims regarding Advisory Activities, Investment Representations, or Prohibited Transactions, and in furtherance of this intention, this release remains in effect as a full and complete release notwithstanding the discovery of any additional claims or facts. In the event I am transferring my Account from another custodian and/or administrator, I will not hold Custodian or Administrator liable or responsible for anything done or omitted in connection with my Account prior to the date Custodian is in possession of all of the assets in connection with my Account. Neither Custodian nor Administrator has any duty or responsibility to inquire into or take any action with respect to any acts performed by a prior custodian or administrator. Furthermore, I hereby indemnify and hold harmless Administrator and Custodian from and against any and all damages, liabilities, obligations, penalties, fines, judgments, claims, deficiencies, losses, costs, expenses, assessments (including without limitation, interest, penalties, and reasonable attorneys' fees) arising out of or resulting from: (i) any action taken by Administrator or Custodian in reliance upon my instructions, designations, or representations; (ii) any action taken by Administrator or Custodian in the exercise of any right, power, or duty of Custodian or Administrator; (iii) any Prohibited Transaction; (iv) any claim made by a third-party related to my Account whereby Administrator or Custodian is named as a party; and (v) any act or omission by a prior custodian or administrator. In the event of any claim or damage subject to the foregoing indemnification, Administrator and Custodian may: (i) at their sole discretion, select their own attorneys to represent them; and deduct from my Account amounts sufficient to pay for any damages, costs, and expenses associated with such claim, including, but not limited to, all internal costs and attorneys' fees and costs incurred by Administrator or Custodian in connection with such claim (collectively, "Litigation Costs"). If there are insufficient funds in my Account to fully reimburse Administrator and Custodian for all Litigation Costs, upon demand by Administrator or Custodian, I agree to promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and Custodian may seize and/or liquidate any of my assets under their control, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. If any provision of this Application is found to be illegal, invalid, void, or unenforceable, such provision is severed and such illegality or invalidity does not affect the remaining provisions, which remain in full force and effect.

**By executing this Application below, I hereby agree to participate in the Custodial Account offered by Administrator and Custodian and I acknowledge receipt of a Fee Disclosure the Account Agreement and Disclosure Statement and hereby agree to abide by their terms as currently in effect or as they may be amended from time to time (including all other applicable Account Forms provided by Administrator. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, all of the information I have provided is true, correct, and complete.**

Signature of Account Owner: X_____ Date: _____

Signature of Responsible Individual: X_____ Date: _____

**INTERNAL USE ONLY**

| **Date Received:** | **Received by:** | **Date Approved:** | **Approved by:** |
|---|---|---|---|
| | | | |