

Addendum C

Wells Fargo Health Saving Account

Account Authorization Form

Enrollment Election

I want to establish a Health Savings Account ("HSA") at Wells Fargo Bank, N.A. ("Wells Fargo"). I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I understand that I may access the agreements governing my HSA via the *Wells Fargo Health Account Manager*SM web portal online at www.wellsfargo.com/hsa or by calling 866-884-7374. I further understand that a copy of the agreements governing my HSA will be sent to me in a "welcome packet" after my HSA is opened and that I will have seven (7) business days to revoke my HSA after the welcome packet is sent.

Appointment of Employer as Special Agent for Account Opening Purposes

By signing in below, I appoint _____ ("Employer") as my special agent for purposes of opening a Wells Fargo HSA.

As my special agent, Employer will receive a notice from Wells Fargo on my behalf, which explains that, consistent with its efforts to help the government of the United States fight money laundering activities and terrorism funding, Wells Fargo obtains, verifies and records information to identify each individual who opens a Wells Fargo HSA. I hereby provide the Identifying Information listed below to Employer and authorize Employer to forward this information to Wells Fargo so that I may establish a Wells Fargo HSA.

I agree that Employer will be my special agent unless and until the earlier of the following three events occurs: (i) I submit written notice to Employer that I intend to terminate this appointment, and Employer has a reasonable period of time to act on such notice; (ii) I receive my HSA "welcome packet" from Wells Fargo; or (iii) I receive a notice from Wells Fargo that my application for an HSA has been declined.

Identifying Information: Employee Name, Address, Date of Birth, Social Security Number, Phone Number, Country of Citizenship

Print: _____
First Name Middle Initial Last Name

Print: _____
Residential Street Address (No P.O. Box) City State Zip Code

Print: _____
Mailing Address (if different than residential)* City State Zip Code

Email Address*

_____/_____/_____
Date of Birth (mm/dd/yyyy) Social Security Number Home/Cell Phone Number

Country of Citizenship Residency Status (U.S. Citizen or Permanent/Resident Alien or Non-Permanent/Non-Resident Alien)

* Mailing and email addresses are optional.

Signature of Employee

By signing below, I agree to the above. I also authorize Wells Fargo to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA. This may include obtaining information from a credit reporting agency.

Employee Signature Date

Please fill out, sign, and return this form to your Employer. Do not send this form to Wells Fargo.