



Fax: 630.472.5970
Email: mtc.hsa@mtrustcompany.com

THIRD PARTY AUTHORIZATION (Optional)

A THIRD PARTY DESIGNATION

I, the undersigned Account Owner, hereby give the individual designated herein third party the authorization(s) checked below. (To give more than one person authorization to your account, including individuals at one firm, you must complete one form per individual.)

- View my account online (Designated Third Party e-mail address required in Section B.)
Discuss my account with Millennium Trust Company, LLC
Direct Millennium Trust Company, LLC to execute investment transactions on behalf of my account
Execute investment transactions through online trading access (ONLY applies to publicly traded securities. Designated Third Party e-mail address required in Section B.)

B DESIGNATED THIRD PARTY INFORMATION

Please enter all information for your designated third party. If affiliated with a Broker, enter firm information:

Name:

Address:

City:

State:

Zip:

Phone No.:

E-mail Address:

Firm Information (if applicable):

Firm Name:

Phone No.:

Broker Dealer Affiliation:

C ACCOUNT OWNER'S ACKNOWLEDGEMENT AND SIGNATURE

I understand that it is my sole responsibility to direct my designated third party. Millennium shall honor the authorization(s) given to the designated third party until such time as Millennium receives written notice from me that such authorization(s) have been revoked. I, and not Millennium, shall be liable for the acts and omissions of my designated third party. I agree to be bound by the actions of my designated third party.

If I have authorized my designated third party to direct or execute transactions above, Millennium shall execute investment directions received from my designated third party and shall not have any responsibility nor any liability for any loss of income or capital, nor for any unusual expense which Millennium may incur relating to any investment or the sale or exchange of any asset which my designated third party directs. Millennium will not act as an investment advisor and has no duty to question any such investment direction. Millennium is not responsible for the advisability, appropriateness or compliance of any such direction with the Employee Retirement Income Security Act of 1974 ("ERISA") or any applicable law or regulation.

Signed this day of , 20 .

Account Owner's Name

Account Owner's Signature

HSA Account No.:

D DESIGNATED THIRD PARTY'S SIGNATURE

I, the undersigned, hereby accept my appointment as a designated third party by the above Account Owner, and in that capacity I agree to be bound by all the terms and conditions that govern the Account Owner's account at Millennium.

Third Party Signature: Date:

For Millennium Trust Company, LLC Use Only:

