

ACCOUNT OWNER'S NAME AND ADDRESS			HSA CUSTODIAN INFORMATION
Last Name _____ First Name _____ Middle Initial _____ Street Address _____ City _____ State _____ Zip Code _____			MII Life Incorporated P.O. Box 64193 St. Paul, MN 55164-0193 (651) 662-5065 or (800) 859-2144 Fax (651) 662-7247
Social Security No.	Daytime Phone	Evening Phone	
			Account Type: <input type="checkbox"/> HSA <input type="checkbox"/> MSA

CONTRIBUTIONS
<input type="checkbox"/> I wish to contribute \$ _____ to my account each pay period on a <u>pre-tax</u> basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.
<input type="checkbox"/> I wish to contribute \$ _____ to my account each pay period on a post-tax basis. I understand this amount will be deducted from my paycheck until I indicate otherwise.
<input type="checkbox"/> I wish to make a single contribution by check Amount: \$ _____ Tax Year: _____
<input type="checkbox"/> I wish to authorize electronic funds transfer
<input type="checkbox"/> Please initiate a single draft from the account I have indicated on the reverse side of this form. Amount: \$ _____ Tax Year: _____
<input type="checkbox"/> Please initiate an ongoing monthly draft from the account I have indicated on the reverse side of this form. I understand that funds will be drawn from my account on or around the 5th day of each month. Amount: \$ _____ Tax Year: _____

SIGNATURE
It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.
_____ Account Owner <span style="float: right;">Date</span>

## AUTHORIZATION FOR ELECTRONIC TRANSFER OF FUNDS

As an added convenience, SelectAccount can automatically transfer contributions and/or distributions between your bank account and your health savings account.

Once you have authorized SelectAccount to automatically transfer funds, there is no need to re-enroll in subsequent plan years unless there is a change in our bank information.

Please allow 10 - 15 working days from the date your form is received by SelectAccount for your bank information to be processed. You may receive a distribution via manual check if you have requested a withdrawal during this time.

**To begin the electronic transfer of funds or change bank account information, please provide the following:**

1. \_\_\_\_\_  
Employee's Name Social Security Number

\_\_\_\_\_   
Employer's Name (unless individual coverage)

2. The bank information I have provided is intended to be used as indicated below:

Contribution(s)      AND/OR       Withdrawal(s)

3. \_\_\_\_\_  
Bank Name

\_\_\_\_\_   
Bank Location                      Bank State                      Bank Phone Number

4. Indicate deposit in:  Checking Account      OR       Savings Account

(PLEASE NOTE WE CANNOT TRANSFER FUNDS INTO INVESTMENT ACCOUNTS AT THIS TIME.)

5. Bank Identification (ABA) Number:    \_ \_ \_ \_ \_

The Bank Identification (ABA) Number is a nine digit number located in the bottom left hand corner of your check or deposit slip.

6. Account Number: \_\_\_\_\_

7. \_\_\_\_\_  
Signature of Bank Account Holder Effective Date

8. If you have indicated a Checking account, attach a voided check or copy of a voided check.

If you have indicated a Savings account, attach a savings account deposit slip.

PLEASE NOTE: DEPOSIT SLIPS CANNOT BE ACCEPTED FOR CHECKING ACCOUNTS.

**SelectAccount, P.O. Box 64193, St. Paul, MN 55164-0193**  
**Phone (651) 662-5065 / 1-800-859-2144**  
**Fax (651) 662-7247**