



# Fidelity HSA<sup>®</sup> Supplemental Debit Card Application

Use this form to enable an eligible spouse and/or dependent(s) to have a Supplemental Debit Card to use for the payment of qualified medical expenses from your Fidelity Health Savings Account (HSA) listed below. Type on screen or fill in using CAPITAL letters and black ink.

**Please note:** This form acts as a supplement to your Fidelity HSA Custodial Agreement and your Fidelity Brokerage HSA Customer Agreement to permit withdrawals from your Fidelity HSA by someone other than you, whom you authorize below. It does not modify any of the provisions of the Fidelity HSA Card Agreement and Disclosure Statement between you, on the one hand, and PNC Bank, N.A. ("PNC") and Fidelity, on the other hand, governing the use of the Fidelity HSA Debit Card. PNC is a third-party service provider and is not affiliated with Fidelity.

# 1. Account Owner

| Do NOT provide                                                | HSA Owner Name |   |  |  |              |   |  |           | Fidelity HSA Account Number |  |
|---------------------------------------------------------------|----------------|---|--|--|--------------|---|--|-----------|-----------------------------|--|
| your HSA Debit Card<br>Number in the Account<br>Number field. |                |   |  |  |              |   |  |           |                             |  |
|                                                               | Evening Phone  | e |  |  | Daytime Phor | e |  | Extension |                             |  |
|                                                               |                |   |  |  |              |   |  |           |                             |  |

# 2. Supplemental Card Holder Information

Up to four Supplemental Card Holders may be added to your account.

| First Name               |               | M.I. | Last                          | Name |
|--------------------------|---------------|------|-------------------------------|------|
|                          |               |      |                               |      |
| Date of Birth MM DD YYYY | yer ID Number |      | Relationship to Account Owner |      |
|                          |               | ,    |                               |      |
|                          |               |      |                               |      |

#### Additional Supplemental Card Holder Information

| First Name               |                                       | M.I. | Last | Name                          |
|--------------------------|---------------------------------------|------|------|-------------------------------|
|                          |                                       |      |      |                               |
| Date of Birth MM DD YYYY | Social Security or Taxpayer ID Number |      |      | Relationship to Account Owner |
|                          |                                       |      |      |                               |
| <br>•                    |                                       |      |      |                               |

#### Additional Supplemental Card Holder Information

| First Name               |               | M.I. | Last                          | Name |
|--------------------------|---------------|------|-------------------------------|------|
|                          |               |      |                               |      |
| Date of Birth MM DD YYYY | /er ID Number |      | Relationship to Account Owner |      |
|                          |               |      |                               |      |

#### Additional Supplemental Card Holder Information

| First Name               | M.I.                     | Last          | Last Name |                               |  |  |  |
|--------------------------|--------------------------|---------------|-----------|-------------------------------|--|--|--|
|                          |                          |               |           |                               |  |  |  |
| Date of Birth MM DD YYYY | Social Security or Taxpa | yer ID Number |           | Relationship to Account Owner |  |  |  |
|                          |                          |               |           |                               |  |  |  |

Form continues on next page

### 3. Signatures and Dates Form cannot be processed without signatures and dates.

#### By signing below, you:

- Authorize Fidelity and/or its third-party service Agree that you, the Account Owner, are provider(s) ("Fidelity," "us," and "we") to issue a Fidelity HSA Supplemental Debit Card ("Card") in the name of individual(s) ("Holder") identified on this form for you to deliver to Holder.
- Authorize the Holder to use the Card and to have payments made by the Holder with the Card debited from your Fidelity HSA until we receive written notice of any changes (including your disability, incapacity or death) in sufficient time to provide us a reasonable opportunity to act. Any revocation shall not affect any instruction or transaction initiated before its receipt, or your responsibility for any action of the Holder prior to Fidelity's receipt and processing of the notification.
- Authorize, ratify, and confirm any and all transactions or dealings effected in and for your Fidelity HSA by the Holder.

- responsible for all debits from your Fidelity HSA incurred by the Holder using the Card, regardless of whether such debits are qualified medical expenses as defined by the Internal Revenue Service ("IRS").
- Agree that Fidelity or its third-party service providers will execute Card transactions as directed by the Holder. Fidelity assumes no responsibility for reviewing or monitoring any payments made with the Card or for any other activity of the Holder in connection with your Fidelity HSA.
- Authorize Fidelity to provide relevant information about your Fidelity HSA and personal information about you and the Holder to the issuer of the Card, solely for the purpose of certifying the identity of the Holder, authorizing transactions made with the Card, and for other purposes consistent with its responsibilities as the issuer of the Card.
- Assume greater risk as the Fidelity HSA Account Owner by authorizing a non-owner of the account to withdraw funds from the account without any further notification to or approval from you.

- Agree that, as provided in the Fidelity Brokerage Health Savings Account Customer Agreement, the provisions of which are incorporated herein by this reference, Fidelity may modify, change, or discontinue the Card at any time.
- Certify and agree that you have been furnished with and have carefully read this form and any associated customer agreements relating to your HSA, including but not limited to the Fidelity HSA® Card Agreement and Disclosure Statement: agree to be bound by these documents as they currently exist and as they may be modified in the future; and hereby authorize the Holder(s) to exercise the rights and powers set forth herein with respect to your Fidelity HSA.
- Acknowledge that this account is governed by a predispute arbitration clause, which appears on the last page of the account agreement, and you acknowledge that you have received a copy of this clause.

| Print HSA Owner Name |                     |
|----------------------|---------------------|
|                      |                     |
| HSA Owner Signature  | Date MM - DD - YYYY |
| SIGN                 |                     |

Did you sign the form? Send the form to Fidelity Investments.

Questions? Go to Fidelity.com or call 1-800-544-3716.

Use postage-paid envelope, drop off at a Fidelity Investor Center, OR deliver to:

Regular mail **Fidelity Investments** PO Box 770001 Cincinnati, OH 45277-0002

Overnight mail

Fidelity Investments 100 Crosby Parkway KC1K Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 455402.5.0 (10/13)



# **Predispute Arbitration Clause**

**Resolving Disputes - Arbitration** 

#### This agreement contains a predispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

(a) All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.

(b) Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.

(c) The ability of the parties to obtain documents, witness statements, and other discovery is generally more limited in arbitration than in court proceedings.

(d) The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.

(e) The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.

(f) The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.

(g) The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

All controversies that may arise between you and Fidelity concerning any subject matter, issue, or circumstance whatsoever (including, but not limited to, controversies concerning any account, order or transaction, or the continuation, performance, interpretation, or breach of this or any other agreement between you and Fidelity, whether entered into or arising before, on, or after the date this account is opened) shall be determined by arbitration through the Financial Industry Regulatory Authority (FINRA) or any United States securities self-regulatory organization or United States securities exchange of which the person, entity, or entities against whom the claim is made is a member, as you may designate. If you commence arbitration through a United States self-regulatory organization or United States securities exchange fail to be applied for any reason, then you shall commence arbitration with any other United States securities self-regulatory organization or United States securities self-regulatory organization or United States securities exchange of which the person, entity, or entities against whom the claim is made is a member. If you do not notify Fidelity in writing of your designation within five (5) days after such failure or after you receive from Fidelity a written demand for arbitration, then you authorize Fidelity to make such designation on your behalf. The commencement of arbitration through a particular self-regulatory organization or securities exchange is not integral to the underlying agreement to arbitrate. You understand that judgment upon any arbitration award may be entered in any court of competent jurisdiction.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action, or who is a member of a putative class action who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

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