

## Health Savings Account Fee Schedule

**Please Select One Option and Check Only One Box**

- Option One: Cash Account**  
 Fees based on all cash (no assets other than uninvested cash)  
 To Establish an Account: \$25  
 Annual Record Keeping Fee(s):  
     Quarterly Record Keeping Fee: \$10  
     Maximum Annual Record Keeping Fee: \$40

- Option Two: Fee Based on Asset Value of Account**  
 To Establish an Account: \$25  
 Minimum Annual Record Keeping Fee: \$125  
 Maximum Annual Record Keeping Fee: \$1,850

*Please note: Fees are charged on an incremental basis.*

If the Asset Value is between:	Multiply Value by:
\$1 to \$20,000	0.0085
\$20,001 to \$80,000	0.0065
\$80,001 to \$180,000	0.0055
\$180,001 to \$300,000	0.0045
\$300,001 to 500,000	0.0035
\$500,001 to up	0.0030

**For example:**

The fee for \$50,000 account is \$365 per year. This is calculated as:  
 $\$20,000 \times .0085 = \$170$ ;  $\$30,000 \times .0065 = \$195$ ;  $\$170 + \$195 = \$365$

**Activity and Special Service Fees and Important Disclosures Which Apply to Option One and Option Two Above**

- Existing Notes to be serviced by Administrator: \$100 plus any transfer fees charged by third parties.
- Purchase, Sale or Exchange of any Asset other than Real Estate: \$95
- Purchase and Sale of Real Estate Assets \$95 per asset; Notes: \$95 plus the actual expense of closing, title and taxes charged by third parties. Loan Servicing Set-up fee \$95. Demand for Payoff: Per Request \$150.
- Wire Transfers: actual expense. Check Charges: Trust Check: \$5, Cashier's or Other Official Bank Check: \$10
- Overnight mail: \$5 plus actual expense
- Credit Card Payment of Fees: 3.85% of the transaction amount
- Returned items, such as drafts or checks: \$25 per item.
- Reprocessing of incomplete documents are charged \$25 per reprocessing, plus applicable fees.
- Special Services, such as research of closed assets or accounts, legal research, special handling of transactions: \$150 per hour. Rush Fee for Service within 36 hours of receipt of Direction Letter: \$100
- Re-registration of assets: \$50, plus actual expense of transfer agents when applicable.
- Undirected Cash Management Fee: Up to .0025 of the average daily principal amount per month.
- In kind distributions are charged the sale and re-registration fees, plus actual expense of charges from third parties.
- Partial or Full Termination, which includes transfers of assets from your account to anyone, is one-half of one percent of the asset value of the amount transferred, plus sale transaction charges for each asset. This includes lump sum distributions, but does not include normal eligible distributions. Minimum fee for this service: \$150. Annual Administration and Record keeping Fees are not prorated when an account closes.
- Workshops: Clients may attend workshops at discounted rates (advanced registration required). Continuing Education and Continuing Professional Education Classes may not be discounted.

Fees are withdrawn from your uninvested funds balance when due. Minimum account balances may apply. You agree to pay for any extraordinary services or requests not covered above prior to the provision of the service. If there are insufficient uninvested funds in your account, we will liquidate other assets to pay for such fees after 30 days from notifying you, in accordance with your Plan and Trust Disclosure. Compensation to the administrator, based on up to .0045 of monthly average uninvested average cash balance, is provided for annual record keeping services and is not prorated. This compensation is shown on quarterly statements as monthly average cost of administration, based on uninvested cash at custodial and FDIC insured banks, and is net of interest earned. You are not billed for this compensation. Fees are subject to change with 30 days written notice.

In accordance with your HSA Adoption Agreement, this Fee Disclosure is part of your Agreement with the Administrator and must accompany your Application. If a signed Fee Disclosure is not received with your Application, fees will be based on "value of assets." **PLEASE PRINT, SIGN AND MAIL THIS FORM TO IRA EXPRESS. DO NOT EMAIL THIS FORM AS IT CONTAINS SENSITIVE FINANCIAL AND PERSONAL INFORMATION.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_