



ASSURANT Health

Health Savings Account (HSA) Enrollment Form and Agreements



Instructions: Please review and complete Pages 1 and 2. Submit these two pages along with the insurance application. Make a copy of Pages 1 and 2 for your records. Retain Pages 3-8 for your records.

A. Individual HSA Account Owner Information: Note: Participants in an HSA generally cannot be covered by another health plan [other than the high-deductible health plan ("HDHP")], except with respect to certain types of "permitted" insurance. See discussion in the HSA Disclosure Statement.

TITLE <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR.	NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	SOCIAL SECURITY NUMBER - -
STREET ADDRESS, CITY, STATE, ZIP CODE			
MAILING ADDRESS, (IF DIFFERENT FROM ABOVE)		TELEPHONE NUMBER (DAY) ()	TELEPHONE NUMBER (EVENING) ()

We comply with Section 326 of the USA Patriot Act, which requires us to collect and verify certain information about you when processing your account application. Please indicate an alternative form of identification.

☐ Driver's License ☐ State I.D. ☐ Passport # _____

B. Contribution Information: In the case of a rollover from an HSA or Archer MSA, I certify that this contribution is a rollover contribution within the meaning of Internal Revenue Code Section 223, that the rollover is being made within 60 days of receipt, and I have not received a rollover in the last 12 months.

Is this a Rollover? <input type="checkbox"/> YES <input type="checkbox"/> NO	Rollover Amount \$ _____
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C. Beneficiary Designation: See Additional Information on reverse side or next page of this Enrollment Form.

Beneficiary(ies) I hereby direct that if I die before distribution of my HSA has been completed, the value of my account shall be distributed in equal shares to the person(s) named below who survive me:

NAME	ADDRESS	RELATIONSHIP	SOC. SEC. NO.	DATE OF BIRTH

D. Account Owner's Adoption and Enrollment Agreement. The Account Owner named above hereby certifies that the information set forth on this Enrollment Form is correct, and that the Account Owner is applying to open a Health Savings Account ("HSA") at UMB Bank, n.a. ("UMB"). The account will be opened in the State of Missouri and will be governed by the laws of Missouri, except to the extent that Federal law supersedes Missouri law. Account Owner acknowledges receipt of UMB's Health Savings Account Custodial Agreement, the Additional Information on the next page, and the Health Savings Account Deposit Account Terms and Conditions (together, the "HSA Documents"). Account Owner and all other authorized users of the account agree to be bound by all of the terms and conditions contained in the HSA Documents, as they may be amended by UMB from time to time. Account Owner also acknowledges receipt of UMB's Privacy Statement for Individuals and the Health Savings Account Disclosure Statement, which provides information about qualifications for opening an HSA under Federal law. Account Owner acknowledges that he or she has not relied on UMB for personal tax advice related to the HSA, but will rely on the advice of his or her own personal tax advisor. Account Owner will be sent a Visa® HSA Debit Card (the "Card") that will access the HSA after this application has been approved. The Card will be governed by the Cardholder Agreement that will be sent with the Card. If additional Authorized Signers are designated below, Account Owner authorizes UMB to issue additional Cards to each such person, and agrees that each such person is also authorized to write checks against this HSA. Account Owner and each Additional Authorized Signer acknowledge that UMB may obtain a personal credit report on each such person as a condition of opening the account or issuing a Card. Account Owner directs that all funds remaining in the HSA at his or her death will be paid to the surviving Beneficiaries (if any) as designated above or in a subsequent beneficiary designation duly filed with UMB. Account Owner agrees to pay all fees applicable to the HSA account, as set forth in the HSA Documents, and authorizes UMB to deduct such fees from the HSA. Account owner understands and agrees that UMB may provide information about your Visa® HSA Debit Card or HSA Deposit Account to Assurant Health or another third party service provider retained by Assurant Health, in order to provide account services.

Account Owner's W-9 Certification: Under penalties of perjury, I certify (1) that the Taxpayer Identification Number shown above is my correct Taxpayer Identification Number (interest paid, if any, will be reported under this number) and (2) that I am exempt from backup withholding, or I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (3) that I am a U.S. person (including a U.S. resident alien). Certification Instructions: Cross out item (2) above if you have been notified that you are subject to backup withholding because of under reporting interest or dividend on your tax return.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Account Owner:		Date:	
Signature of Additional Authorized Signers:			
NAME	SIGNATURE	✓ FOR ADD'L DEBIT CARD	DATE
		<input type="checkbox"/>	
		<input type="checkbox"/>	

ADDITIONAL INFORMATION ABOUT YOUR HEALTH SAVINGS ACCOUNT ELECTION

UMB Bank, n.a. is providing this Additional Information for the purpose of helping you make an informed choice about opening a Health Savings Account ("HSA").

Some of this information will help you understand and complete the Enrollment Form that is on the first page. Other information helps explain the basic purpose of some of the other documents that are part of this enrollment package.

1. Make sure a Health Savings Account is right for you!

The UMB Bank, n.a. Health Savings Account Disclosure Statement provides you with basic information about who is qualified to open a Health Savings Account, what a "high-deductible health plan" is, what types of other insurance you can have and still qualify to open an HSA, the federal tax treatment of contributions to HSAs, the current limits on contributions, what types of expenses can be paid using funds in your HSA to receive favorable tax treatment, and other helpful information.

2. If you have a question about whether opening an HSA is right for you, consult your personal tax advisor.

While we have tried to provide information that is helpful to you about your choice of an HSA, you have the ultimate responsibility to make sure opening an HSA is right for you. If you have questions, consult your personal tax advisor.

3. We want to welcome you as a customer!

UMB Bank, n.a., is a member FDIC, and is pleased to offer you the banking products, including deposit accounts, and debit cards, so that you can easily and conveniently use your HSA. If you have questions in the future related to banking services associated with your HSA, please write UMB Bank, n.a., P.O. Box 419226, Kansas City, MO 64141 or call (866) 520-4HSA (4472).

High-deductible health insurance plans are offered solely by Assurant Health and not by UMB Bank. Assurant Health markets products underwritten by Fortis Benefits Insurance Company, Fortis Insurance Company and John Alden Life Insurance Company. High-deductible health insurance plans are NOT FDIC insured.

A copy of UMB Bank's Privacy Policy for Individuals is attached as part of this enrollment package.

Account Ownership and Additional Authorized Signers:

A Health Savings Account is a single ownership account in the name of the Account Owner as shown in Section A of the Enrollment Form. Only the Account Owner has the right to designate or change a beneficiary.

The Account Owner may authorize another person, such as a spouse, to withdraw funds from the HSA by any means available to the Account Owner. For example, if an Additional Authorized Signer is named on the Enrollment Form, and that person signs in the place provided below the Account Owner's signature, that person has the authority to write checks on the account. If the box is checked after the Additional Authorized Signer's name, UMB will issue an additional Visa® debit card that can be used to access the account. The additional card(s) will be mailed to the address of the Account Owner.

The authority of the Additional Authorized Signer to write checks or to use a Card may only be revoked by notifying UMB Bank in writing.

Beneficiary Designation Information:

Federal law allows you to designate one or more persons as beneficiaries if you die before all the funds in your HSA have been distributed. If you have designated one or more beneficiaries on the Enrollment Form, any funds remaining in the HSA at your death will be paid in equal shares to the Beneficiary(ies) who survive you. You may change your Beneficiary(ies) by filing a new Beneficiary Designation in a written form acceptable to UMB Bank prior to your death. In certain states, if you are married, your spouse's consent may be necessary if you wish to name a person other than, or in addition to, your spouse as Beneficiary. You should consult with your attorney before making such a Beneficiary Designation. By making a Beneficiary Designation, you represent and warrant to UMB Bank that the Beneficiary Designation satisfies all legal requirements under applicable law and, on behalf of yourself, the Beneficiaries, your heirs and your estate, you will indemnify and hold the Custodian harmless from and against any and all claims, damages, liabilities, and costs (including attorney's fees) arising as a result of the Custodian's payment of the funds in your HSA in accordance with the Beneficiary Designation in effect on the date of your death.

HSA Account Information:

The Health Savings Account Deposit Account Terms and Conditions Disclosure materials will explain how you can access the funds in your HSA, such as by Visa® debit card, by check, etc. These materials also disclose the fees and charges that apply to your HSA. We reserve the right to change those fees upon notice to you.

Account Administration Fee:

A separate account fee of \$50.00 may be assessed annually to cover administrative costs associated with maintaining the HSA. The annual fee applies to customers who selected an Assurant Health individual high-deductible health plan and reside in the following states: Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin and Wyoming. This annual administration fee does not apply to HSA customers who have enrolled in an Assurant Health group, high-deductible health plan through their employer.

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UMB BANK, N.A. HEALTH SAVINGS ACCOUNT CUSTODIAL AGREEMENT (RETAIN FOR YOUR RECORDS)

This agreement is made between UMB Bank, n.a. (referred to herein as the "Custodian") and the individual person (referred to herein as "Customer") who completes the Enrollment Form and other documents in which the Customer applies to open a Health Savings Account ("HSA") with the Custodian. Customer is establishing this Health Savings Account under Section 223 of the Internal Revenue Code (the "Code") exclusively for the purpose of paying or reimbursing qualified medical expenses of the Customer, his or her spouse, and dependents. Customer represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she: (1) is covered under a high-deductible health plan (HDHP); (2) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage); (3) is not enrolled in Medicare; and (4) cannot be claimed as a dependent on another person's tax return. Customer has made (or may make) an initial cash contribution to the custodial account as indicated in the Enrollment Form or other relevant document and has received a Disclosure Statement from Custodian. The initial deposit, any additional contributions, and any earnings thereon shall be subject to the terms of this agreement. Customer and Custodian make the following agreement:

ARTICLE I

- Custodian will accept additional cash contributions for the tax year made by Customer or on behalf of Customer (by an employer, family member or any other person). Customer represents that no contributions will be made that exceed the maximum amount for family coverage plus the catch-up contribution.
- Contributions for any tax year may be made at any time before the deadline for filing Customer's federal income tax return for that year (without extensions).
- Rollover contributions from an HSA or an Archer Medical Savings Account (Archer MSA) (unless prohibited under this agreement) are not subject to the maximum annual contribution limit set forth in Article II.

ARTICLE II

- The maximum annual contribution limit for a Customer is the lesser of the amount of the deductible under the HDHP and a certain amount established by the IRS for each year (depending on whether the Customer has single coverage or family coverage). These limits are subject to cost-of-living adjustments each year. Eligibility and contribution limits are determined on a month-to-month basis.
- Contributions to Archer MSAs or other HSAs count toward the maximum annual contribution limit to this HSA.
- For calendar year 2004, an additional \$500 catch-up contribution may be made for a Customer who is at least age 55 or older and not enrolled in Medicare. The catch-up contribution increases to \$600 in 2005, \$700 in 2006, \$800 in 2007, \$900 in 2008, and \$1,000 in 2009 and later years. As with the annual contribution limit, the catch-up contribution is computed on a month-to-month basis.
- Contributions in excess of the maximum annual contribution limit are subject to an excise tax. However, the catch-up contributions are not subject to an excise tax.
- Custodian shall treat any contribution made between January 1 and April 15 as a contribution for the current taxable year unless Customer provides written notice to Custodian at the time of such contribution that the contribution is for the preceding taxable year.

ARTICLE III

- It is the responsibility of Customer to determine whether contributions to this HSA have exceeded the maximum annual contribution limit described in Article II. If contributions to this HSA exceed the maximum annual contribution limit, Customer shall notify Custodian that there exist excess contributions to the HSA. It is the responsibility of Customer to request the withdrawal of the excess contributions and any net income attributable to such excess contributions.

ARTICLE IV

- Customer's interest in the balance in this custodial account is nonforfeitable.

ARTICLE V

- No part of the custodial funds in this account may be invested in life insurance contracts or in collectibles as defined in Section 408(m) of the Code.
- The assets of this account may not be commingled with other property except in a common trust fund or common investment fund.

- Neither Customer nor Custodian will engage in any prohibited transaction with respect to the account (such as borrowing or pledging the account or engaging in any other prohibited transaction as defined in Section 4975 of the Code).

ARTICLE VI

- Distributions of funds from this HSA may be made upon the direction of Customer, subject to the limitations described in any product-related materials that may be provided to Customer as part of this enrollment package.
- Distributions from this HSA that are used exclusively to pay or reimburse qualified medical expenses of Customer, his or her spouse, or dependents are not subject to Federal income tax. However, distributions that are not used for qualified medical expenses are included in Customer's gross income and are subject to an additional 10 percent tax on that amount. The additional 10 percent tax does not apply if the distribution is made after Customer's death, disability, or reaching age 65.
- Custodian is not required to determine whether any distribution is for payment or reimbursement of qualified medical expenses. Only Customer is responsible for substantiating that the distribution is for qualified medical expenses and Customer must maintain records sufficient to show, if required, that the distribution is tax-free. Customer assumes full responsibility for determining the tax consequences of any distribution, and for paying any taxes arising as a result of any distribution.
- Customer represents and warrants that each distribution initiated by Customer will be a "normal distribution" (i.e., for qualified medical expenses) for purposes of Custodian's tax reporting to the Internal Revenue Service ("IRS") unless Customer provides written notification to Custodian to the contrary within 7 days following such distribution. Unless Custodian has received such written notification, Custodian will report each such distribution to the IRS as a normal distribution.

ARTICLE VII

- If Customer dies before the entire interest in the account is distributed, the entire account will be disposed of as follows: (1) if the beneficiary is Customer's spouse, the HSA will become the spouse's HSA as of the date of death (subject to Custodian's consent and the spouse's completion of applicable documents as required by Custodian); or (2) if the beneficiary is not Customer's spouse, the HSA will cease to be an HSA as of the date of death. If the beneficiary is Customer's estate, the fair market value of the account as of the date of death is taxable on Customer's final return. For other beneficiaries, the fair market value of the account is taxable to that person in the tax year that includes Customer's date of death.
- Customer shall have the right at any time, and from time to time, to designate one or more beneficiaries to whom distribution of the custodial account shall be made upon Customer's death. To be valid, any such beneficiary designation must be delivered to Custodian prior to Customer's death on a form provided by or acceptable to Custodian. Any such beneficiary designation may be revoked by Customer at any time, and shall be automatically revoked upon receipt by Custodian of a subsequent beneficiary designation in valid form bearing a later execution date.
- In the absence of a valid beneficiary designation on file with Custodian at the time of Customer's death, or if all of the designated beneficiaries shall have predeceased Customer, Custodian shall, upon notice of Customer's death, distribute the custodial account to the estate of Customer.
- Custodian shall have no duty, obligation or responsibility to make any inquiry or conduct any investigation concerning the identification, address, or legal status of any individual or individuals alleging the status of beneficiary nor to make inquiry or investigation concerning the possible existence of any beneficiary, claim, or election not reported to Custodian prior to the distribution of the account. Upon full and complete distribution of the custodial account pursuant to the provisions of this Article, Custodian shall be fully and forever discharged from all liability respecting such account.
- Custodian may presume that a beneficiary is legally competent until it receives written notice to the contrary. Whenever any distribution hereunder is payable to a person known by Custodian to be a minor or otherwise under a legal disability, Custodian in its sole discretion may make all or any part of such distribution to: (1) a legal guardian or conservator for such person; (2) a custodian under the

Uniform Transfers to Minors Act, including any person or entity designated as such by Custodian if such designation is permitted by applicable law; (3) a parent of such person; or (4) such person directly.

ARTICLE VIII

- Customer agrees to provide Custodian with information necessary for Custodian to prepare any report or return required by the IRS.
- Custodian agrees to prepare and submit any report or return as prescribed by the IRS for custodians of HSAs.
- Except for any reporting requirements placed on Custodian by the IRS, Customer shall have complete responsibility for reporting to the IRS all contributions to and distributions from the custodial account, and for the tax consequences of all such contributions and distributions, including but not limited to rollovers, transfers, excess contributions and prohibited transactions. Customer acknowledges that Custodian has not, and will not, provide any tax advice in connection with the custodial account and that Customer should consult with Customer's tax advisor for any such advice.
- Customer shall be responsible for the payment of any taxes or penalties of any kind that may be assessed against the custodial account.
- Customer acknowledges that Custodian's reports to the IRS will be based on information furnished by Customer and agrees to indemnify Custodian for any liabilities, taxes, interest or penalties it incurs as a result of filing a report based on incorrect or insufficient information furnished by Customer.

ARTICLE IX

- This agreement will be amended by Custodian from time to time to comply with the provisions of the Code or IRS published guidance, and any such amendment may be made retroactively and without the consent of Customer. Other amendments may be made with the consent of the parties hereto.

ARTICLE X

- Custodian may resign at any time for any reason upon 10 days' written notice to Customer. Upon such resignation, Customer may appoint another qualified HSA custodian to whom the custodial funds shall be delivered. If Customer has not instructed Custodian to deliver the custodial assets to a successor custodian within 10 days of Custodian's notice of resignation, Custodian shall pay the custodial funds to Customer.
- If any provision contained in this agreement is or at any time should become inconsistent with any present or future law, rule or regulation governing HSAs, said provision shall be deemed to be superseded or modified to conform to such law, rule or regulation, but in all other respects this agreement shall continue in full force and effect. Likewise, if any provision of this agreement should be held invalid or unenforceable, such invalidity or unenforceability shall attach only to such provision and the remainder of this agreement shall be carried out as if such invalid or unenforceable provision were not contained herein.

ARTICLE XI

- All questions arising with respect to the provisions of this agreement shall be determined by application of the laws of the State of Missouri except to the extent Federal law supersedes Missouri law.

ARTICLE XII

- Customer acknowledges that certain rules and limitations relating to particular items (such as investments, methods of distribution, and fees and costs) are contained in any product-related materials that may be provided. Customer agrees to be bound by these rules and limitations, and Customer and Custodian agree that such rules and limitations are incorporated into this document as though fully set forth herein.

UMB BANK, N.A. HEALTH SAVINGS ACCOUNT DISCLOSURE STATEMENT (RETAIN FOR YOUR RECORDS)

IMPORTANT NOTE: This UMB Bank, n.a. Health Savings Account Disclosure Statement is provided by UMB Bank, n.a. as a service to persons who are considering opening a Health Savings Account (HSA). However, this Disclosure Statement is furnished to individuals with the understanding that (i) qualifications for opening and maintaining an HSA are complex, (ii) the Disclosure Statement is believed to be accurate as of October 20, 2004, (iii) future changes in the law or interpretations of the law may occur that could make the information in this Disclosure Statement incorrect or incomplete, and (iv) UMB Bank, n.a. is under no obligation to update the information in this Disclosure Statement. Furthermore, this Disclosure Statement is furnished with the understanding that an individual considering whether to open an HSA is doing so only after having read the Disclosure Statement and, to the extent necessary, after having consulted with the individual's own accountant or tax advisor. UMB Bank, n.a. is not responsible for providing tax advice to any individual. This Disclosure Statement only describes information relating to the tax treatment of HSAs under the Federal Internal Revenue Code (the "Code"), and does not address any other information or laws that may apply to HSAs (including state laws or laws of any other taxing jurisdiction).

OVERVIEW AND ELIGIBILITY REQUIREMENTS

What is a Health Savings Account? A Health Savings Account ("HSA") is a tax-exempt trust or custodial account created for the purpose of saving and paying for qualified medical expenses in connection with a high-deductible health plan. Authorized by Section 1201 of the Medicare Prescription Drug Improvement and Modernization Act of 2003, an HSA is established for the benefit of an individual, and is "portable." This means that if you change employers or leave the work force, the HSA stays with you rather than with your former employer.

Who is eligible for an HSA? An "eligible individual" may establish an HSA. An "eligible individual" means, with respect to any month, an individual who (i) is covered under a high-deductible health plan as of the first day of the month, (ii) is not also covered by any other health plan that is not a high-deductible health plan (with certain exceptions for certain types of permitted coverage, as discussed more fully below), (iii) is not entitled to Medicare benefits, and (iv) may not be claimed as a dependent on another person's tax return.

What is a "high-deductible health plan" that makes someone eligible for an HSA? A "high-deductible health plan" is a health plan that: (1) has an annual deductible of at least \$1,000 for individual (self-only) coverage or (2) has an annual deductible of at least \$2,000 for family (coverage of more than one individual) coverage. In addition, the annual out-of-pocket expenses required to be paid under the plan cannot exceed \$5,000 for individual coverage and \$10,000 for family coverage. Out-of-pocket expenses include deductibles, co-payments, and other amounts the participant must pay for covered benefits, but do not include premiums or amounts incurred for non-covered benefits (including amounts in excess of usual, customary and reasonable amounts, and financial penalties). The dollar amounts discussed above are the amounts in effect during 2004, but are subject to being increased for inflation.

Can a health plan that imposes a lifetime limit on benefits still qualify as a high-deductible health plan? A plan does not fail to be treated as a high-deductible health plan merely because it imposes a reasonable lifetime limit on benefits provided under the plan. In such a case, amounts paid above a lifetime limit will not be treated as out-of-pocket expenses in determining the annual out-of-pocket maximum.

Can a health plan that does not have a deductible for preventive care still qualify as a high-deductible health plan? A plan does not fail to be treated as a high-deductible health plan merely because it does not have a deductible (or has a small deductible) for preventive care. For this purpose, preventive care includes such items as periodic health evaluations, routine prenatal and well-child care, child and adult immunizations, tobacco cessation programs, obesity weight-loss programs, and certain screening services.

Who can offer a high-deductible health plan? A high-deductible health plan may be offered by a variety of entities, including insurance companies and health maintenance organizations (HMOs).

Can you be covered by another health plan and still be eligible for an HSA? Except as provided below, you are ineligible for an HSA if you are covered under another health plan that is not a high-deductible health plan (whether as an individual, spouse or dependent) in addition to your qualified high-deductible health plan.

What other types of health coverage can you maintain without losing eligibility for an HSA? You remain eligible for an HSA if, in addition to a high-deductible health plan, you have any one or more of the following: insurance under which substantially all of the coverage relates to liabilities from workers' compensation laws, torts, or ownership or use of property (such as automobile insurance); insurance for a specified disease or illness; insurance paying a fixed amount per day (or other period) of hospitalization; or coverage (whether through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care. You may also have coverage under an Employee Assistance Program ("EAP"), and you may have a discount card that enables you to obtain discounts for health care services or products at managed care market rates.

Are HSAs allowed under a cafeteria plan? A high-deductible health plan can be provided as part of a cafeteria plan. Such a high-deductible health plan can be used in conjunction with an HSA. The HSA can be established under a cafeteria plan.

Can an employer allow you to elect an HSA mid-year if offered as a new benefit under the employer's cafeteria plan? An employer may offer an HSA mid-year as a new benefit under a cafeteria plan, and allow you to elect an HSA, so long as your election for the HSA is made on a prospective basis. In such a situation, however, you may have other coverage under the cafeteria plan that cannot be changed (e.g., coverage under a health flexible spending account), which may prevent you from being an eligible individual with respect to the HSA.

ESTABLISHING AN HSA

How do you establish an HSA? If you are eligible for an HSA (as described above), you can establish an HSA with a qualified HSA trustee or custodian. No permission or authorization from the Internal Revenue Service ("IRS") is necessary. The trustee or custodian will furnish you a written HSA custodial or trust agreement.

Who can serve as an HSA trustee or custodian? Any insurance company or any bank (including a similar financial institution as defined in Section 408(n) of the Code) can be an HSA trustee or custodian. In addition, any other persons already approved by the IRS to be trustees or custodians of IRAs are automatically approved to be HSA trustees or custodians.

Can you revoke your HSA? For a period of seven (7) days following the date on which you enter into a Health Savings Account Custodial Agreement with UMB Bank, n.a., you have the right to revoke the Agreement. To affect a revocation, please write or call UMB Bank, n.a., P.O. Box 419226, Kansas City, Missouri 64141 (866) 520-4HSA (4472). In the event notice is mailed, the postmark date (or date of certification or registration, if sent by certified or registered mail) will be deemed the date of delivery, provided that normal mailing procedures are followed. If you revoke your account within the foregoing time limits, you are entitled to a return of the entire amount deposited to your account without reduction for any fees, expenses, or commissions and without any adjustment for any investment gain or loss. However, a 10% excise tax may apply to the amounts distributed in connection with the revocation if the funds are not used for payment of qualified medical expenses.

CONTRIBUTIONS TO HSAs

Who may contribute to an HSA? Any person (an eligible individual, an employer, a family member, or any other person) may make contributions to an HSA on behalf of an eligible individual.

What are the rules regarding contributions made by your employer? If your employer makes a contribution to the HSA, your employer will be subject to a "comparability test." If your employer provides a high-deductible health plan and makes HSA contributions for some employees, then your employer is required to make available comparable contributions on behalf of all employees with comparable coverage. For this purpose, the term "comparable contributions" means contributions that are either (i) the same amount, or (ii) the same percentage of the annual deductible limit under the high-deductible plan.

In what form may contributions be made to an HSA?

Contributions to an HSA must be made in cash. As custodian of your HSA, UMB Bank, n.a. ("UMB") will accept contributions by check or direct deposit. UMB will also accept rollovers or transfers of assets from an Archer MSA or an HSA, in accordance with the requirements of the Internal Revenue Code. The custodian will require that those rollover contributions be in the form of cash.

How much may be contributed to an HSA?

The maximum amount that may be contributed to an HSA for any year is the lesser of 100% of the high-deductible health plan's annual deductible or a certain amount established by the IRS for each year (depending on whether you have single coverage or family coverage). The amounts established by the IRS for 2004 are \$2,600 for individual coverage and \$5,150 for family coverage. You should check with your legal or tax advisor to determine the limit that applies to you for the current year. The same annual contribution limit applies regardless of whether the contributions are made by an employee, an employer, or both. For any year in which you are eligible for an HSA during some months of the year but are not eligible during the other months, the annual contribution amount must be prorated. In computing the prorated contribution amount, you may count only those months during which you (or your spouse) were covered by a high-deductible health plan for the entire month. You determine your monthly limit by calculating your annual limit as if you were eligible for the entire year and then dividing by 12. Even though the annual limitation is calculated on the basis of monthly prorating, the total contribution for the year can be made in one or more payments at any time up to your tax-filing deadline (without extensions.) However, if you wish to have a contribution made between January 1 and April 15 treated as a contribution for the preceding taxable year, you must provide written notification to UMB at the time such contribution is made. Otherwise, it will be treated as a contribution for the current taxable year. The annual limit is decreased by aggregate contributions to a medical savings account (Archer MSA).

When may "catch-up" contributions be made to an HSA?

If you are age 55 or over, you can make additional "catch-up" contributions to your HSA. The amount of this additional "catch-up" contribution is \$500 for 2004. This additional "catch-up" amount increases by \$100 for each year after 2004, but for 2009 and later years, the maximum additional "catch-up" contribution is \$1,000. As with the annual contribution limit, the catch-up contribution is computed on a month-to-month basis.

What is the tax treatment of an eligible individual's HSA contributions?

When you make an eligible contribution to an HSA, the amount of your contribution (up to the maximum contribution limit discussed above) is deductible in computing your adjusted gross income. This means that your contributions are deductible whether or not you itemize deductions. In addition, any person who may be claimed as a dependent on another taxpayer's return may not claim a deduction for a contribution to an HSA. A special rule applies to certain married individuals. If either spouse has family coverage under a high-deductible health plan, both spouses shall be treated as having only such family coverage (and if such spouses each have family coverage under different plans, as having the family coverage with the lowest annual deductible). The amount allowable as a deduction after application of this rule shall be divided equally between the spouses unless they agree on a different division.

What is the tax treatment of employer contributions to an HSA?

If your employer makes a contribution to an HSA for you, you are not allowed to deduct that contribution on your income tax return. Your employer, however, will be able to deduct the contribution up to your maximum contribution limit for that year. Although you cannot deduct your employer's HSA contribution, the contribution is not taxable to you or subject to income tax withholding or other employment taxes if it does not exceed your maximum contribution limit for that year.

When is the deadline for contributions to an HSA for any particular year?

You may make HSA contributions for a particular year no later than the deadline, without extensions, for filing your federal income tax return for that year. For calendar year taxpayers, this is generally April 15 following the year for which the contributions were made. However, UMB will

treat any contribution made between January 1 and April 15 as a contribution for the current taxable year unless you provide written notice to UMB at the time of such contribution that the contribution is for the preceding taxable year.

What happens when HSA contributions exceed the amount that may be deducted or excluded from gross income? A contribution made by you or your employer to an HSA that exceeds the amount allowed by law, or which is made during any year when you are not eligible to contribute, is called an "excess contribution." Excess contributions are not deductible by you or your employer and are included in your gross income if made on your behalf by your employer. In addition, excess contributions are subject to a 6% excise tax for each year they remain in your HSA. However, you may avoid this excise tax if the excess contribution is not deducted and if you remove the excess contribution from your HSA, together with any net income attributable to the excess contribution, before the due date for filing your federal income tax return, including extensions, for the year for which the excess contribution was made. In that case, the net income attributable to the excess contribution would be taxable as income for the year in which the distribution is made, but, the removed excess contribution would not be taxable as income to you. Rollover contributions do not count in determining whether an excess contribution has been made.

Who is responsible for determining the amount of eligible contributions? You are responsible for determining your eligibility for an HSA and the amount of eligible contributions during any year. You are encouraged to speak with your tax advisor about these matters. As custodian, UMB has no responsibility for determining or advising you whether any contribution complies with the requirements and limitations of the Code.

ROLLOVERS AND TRANSFERS

What are the rules regarding rollovers and transfers of HSAs? You may withdraw any portion or all of the funds from one HSA or Archer MSA and roll them to an HSA account with another custodian or trustee. However, you are required to roll the funds into a new HSA within 60 calendar days of your receipt of the funds. Another rule provides that you are only allowed to make one HSA rollover in a 12-month period. The 12-month period begins on the date you receive the distribution, not on the date you roll it to another HSA. In addition, you may transfer your Archer MSA or HSA funds directly from one HSA custodian or trustee to another without ever having direct control or custody of the funds. Rollover and transfer contributions are not deductible and do not count against the annual contribution limits discussed earlier in this Disclosure Statement.

TAX TREATMENT OF HSAs

What is the tax treatment of earnings on amounts in an HSA? Earnings on amounts in an HSA are not taxable prior to distribution from the HSA. However, HSAs are subject to the taxes imposed by Section 511 of the Code (relating to tax on unrelated business income of charitable, etc. organizations). In addition, under certain circumstances, distributions from an HSA may have tax consequences (see the following section regarding taxation of distributions).

What are the tax consequences of a "prohibited transaction"? If you or your beneficiary engages in a "prohibited transaction" as described in Section 4975 of the Code with respect to your HSA, the HSA will lose its tax exemption and its fair market value will be added to your gross income for the year in which the prohibited transaction takes place. In addition to any regular income tax that may be payable, the 10% premature distribution penalty tax may also be applicable.

Are there any tax consequences to pledging your HSA as security for a loan? Any portion of your HSA that you pledge as security for a loan will be treated as being distributed to you in that year. In addition to any regular income tax that may be payable, the 10% premature distribution penalty tax may also be applicable. Will your custodian provide any tax advice in connection with your HSA? As custodian, UMB will provide no tax advice concerning your HSA. The tax consequences of your HSA, including all contributions to and distributions from your HSA, are your sole responsibility. You are encouraged to discuss any questions with your own tax advisor.

DISTRIBUTIONS FROM HSAs

When can you receive distributions from an HSA? You can take a distribution from your HSA at any time.

How are distributions from an HSA taxed? Distributions from an HSA for the qualified medical expenses of yourself

or your spouse or dependents who are covered by the high-deductible health plan are generally excludable from income for Federal income tax purposes if such expenses are not covered by insurance. Distributions used for any other purpose are includible in income and may also be subject to an additional 10% tax (see below).

When are you subject to the 10% premature distribution penalty tax? Generally, if an HSA distribution is included in your gross income because it is not made for "qualified medical expenses," it will also be subject to an additional 10% premature distribution penalty tax. This 10% penalty tax does not apply to distributions made after your death, disability or attainment of age 65.

What happens if you receive an HSA distribution as the result of a mistake of fact due to reasonable cause? If there is clear and convincing evidence that amounts were distributed from an HSA because of a mistake of fact due to reasonable cause, you may repay the mistaken distribution no later than April 15 following the first year you knew or should have known the distribution was a mistake. Under these circumstances, the distribution is not included in your gross income or subject to the 10% additional tax, and the repayment is not subject to the 6% excise tax for excess contributions.

What medical expenses are eligible for tax-free distributions from your HSA? Distributions made for "qualified medical expenses" are generally excludable from income. For this purpose, the term "qualified medical expenses" means amounts paid for the medical care, as defined in Section 213(d) of the Code, of yourself, your spouse, or your dependents, but only to the extent such amounts are not compensated by insurance or otherwise. This includes amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body, as well as for transportation primarily for and essential to such care. Qualified medical expenses do not include insurance premiums other than premiums for long-term care insurance, premiums on a health plan during any period of continuation coverage required by Federal law (e.g., "COBRA" coverage), or premiums for health care coverage while an individual receives unemployment compensation.

Is your custodian responsible for determining whether HSA distributions are used for medical expenses? As custodian, UMB has no responsibility for determining whether distributions from your HSA are used for qualified medical expenses. It is your sole responsibility to determine the tax consequences of any distributions, for maintaining adequate records for tax purposes, and for paying any taxes and penalties arising as a result of any such distribution. You are encouraged to consult with your legal or tax advisor concerning any questions you may have.

If you are a retiree and age 65 or older, may you receive tax-free distributions from an HSA to pay your contribution to your employer's retiree health coverage? After you reach age 65, you may receive tax-free distributions from an HSA to pay for your employer's retiree health insurance coverage. Although the purchase of health insurance is generally not a qualified medical expense that can be paid or reimbursed by an HSA, the Code provides an exception for coverage for health insurance once an account beneficiary reaches age 65. This exception applies to both insured and self-insured plans.

If you are a retiree who is enrolled in Medicare, may you receive a tax-free distribution from an HSA to reimburse your Medicare premiums? Such a distribution will be tax-free. When premiums for Medicare are deducted from Social Security benefit payments, an HSA distribution to reimburse an amount equal to the Medicare premium deduction is a qualified medical expense.

DIVORCE OR DEATH OF HSA ACCOUNT HOLDER

What are the rules that apply if your HSA is transferred pursuant to a divorce decree? The transfer of your HSA to your spouse pursuant to a divorce decree is not considered a taxable transfer. After such transfer, the former spouse will be treated as the account holder of the HSA, but the former spouse must request UMB to transfer the account to his or her name, must provide UMB with a certified copy of the divorce decree and property settlement or transfer agreement, and must sign appropriate documents to establish the account in that person's name.

What happens to your HSA upon your death? You have the right at any time to designate one or more beneficiaries to whom distribution of your HSA will be made upon your death. You also have the right to revoke a prior beneficiary designation and, if desired, designate different individuals as beneficiaries. To be valid, any such beneficiary

designation must be delivered to UMB prior to your death on a form provided by or acceptable to UMB. In the absence of a valid beneficiary designation, UMB will distribute the assets comprising your HSA upon your death to your estate. You should understand that in certain states, your spouse's consent may be necessary if you wish to name a person other than or in addition to your spouse as beneficiary or to change an existing beneficiary designation. You should consult with your attorney before making such a beneficiary designation.

What are the tax consequences of HSA distributions following your death? If your spouse is the named beneficiary of your HSA, your HSA becomes the HSA of your spouse upon your death, subject to UMB's consent and the completion of applicable documents as required by UMB. The surviving spouse is not required to include any amount in gross income for tax purposes as a result of your death and he or she is subject to income tax only on those distributions which are not made for qualified medical expenses. If, at your death, your HSA passes to a named beneficiary other than your surviving spouse, the HSA ceases to be an HSA as of the date of your death, and the beneficiary is required to include the fair market value of the HSA assets as of the date of death in his or her gross income for the taxable year that includes the date of death. The includible amount is reduced by the amount in the HSA used, within one year of your death, to pay your qualified medical expenses incurred prior to death. If there is no named beneficiary of your HSA, the HSA ceases to be an HSA as of the date of your death, and the fair market value of the HSA assets as of the date of death is includible in your gross income for the year of death.

STATEMENTS AND FILING REQUIREMENTS

What information must be filed with the IRS? As custodian, UMB will send each year to the IRS and to you a form, showing a valuation of your HSA as of December 31 of the prior year, and a report of the contributions to your HSA for the prior year. Unless UMB receives either a certification from your employer that contributions were made by the employer, or a notification from you that a contribution is a rollover contribution, all contributions will be reported as tax-deductible contributions made by you. Distributions will be reported by UMB on Form 1099. Unless you provide written notice to the contrary, UMB will conclusively assume that any distribution, whether by check, debit card, or otherwise, is a "normal distribution" for purposes of tax reporting. Normal distributions include distributions for qualified medical expenses, and expressly exclude the following: return of excess contributions, distributions following your disability, distributions following your death, and prohibited transactions. If a distribution falls within one of these exceptions, you must provide written notification to UMB within seven (7) days following such distribution.

MISCELLANEOUS

Other Legal Requirements: In addition to the legal requirements discussed elsewhere in this Disclosure Statement, your HSA is subject to the following rules:

- None of the funds of your HSA may be invested in life insurance contracts.
- With the exception of investments in a common trust fund or common investment fund, no assets of your HSA may be commingled.
- Your interest in the balance of the HSA custodial account is nonforfeitable.

Note that any HSA you establish with UMB Bank, n.a. is subject to the terms set forth in the UMB Bank, n.a. Health Savings Account Custodial Agreement, the HSA Deposit Account Terms and Conditions, the Enrollment Form and the Additional Information related thereto, and the VISA® HSA Debit Card Cardholder Agreement.

UMB BANK, N.A. HEALTH SAVINGS ACCOUNT DEPOSIT ACCOUNT TERMS and CONDITIONS (RETAIN FOR YOUR RECORDS)

DEPOSIT ACCOUNT TERMS

These Deposit Account Terms and Conditions (the "Terms") govern the operation of your Health Savings Deposit Account with UMB Bank, n.a., and include the contractual provisions governing your Account. For purposes of this document, "we", "us" or "the Bank" refer to UMB Bank, n.a. which holds your Deposit Account. "You" or "your" refer to the Account Owner in whose name the Health Savings Account is opened, as set forth on the HSA Enrollment Form and Agreements (the "Enrollment Form") you signed, and any other person named as an Additional Authorized Signer on Enrollment Form or on a subsequent authorization. By signing the Enrollment Form, you agree to all of the terms and agreements set forth below concerning your HSA Deposit Account (the "Deposit Account").

Account Owner and Additional Authorized Signers

An HSA Deposit Account is a single ownership account in the name of the Account Owner as shown on the Enrollment Form. The Account Owner has the right to designate one or more beneficiaries that are entitled to funds in the Deposit Account upon the Account Owner's death. Any designation of beneficiary must be on a form that we provide or that is acceptable to us, and is binding on us only when we receive it.

The Account Owner may authorize another person, such as a spouse, to withdraw funds from the Deposit Account by any means available to the Account Owner. If an Additional Authorized Signer is named on the Enrollment Form, and that person signs in the place provided on the Enrollment Form, that person has the authority to write checks on the Deposit Account. If the Enrollment Form so indicates, the Bank will issue an additional debit card that can be used to access the Deposit Account. The Account Owner is responsible for all transactions on the Deposit Account conducted by an Additional Authorized Signer. The Account Owner may revoke the right of any Additional Authorized Signer to write checks on the Deposit Account or to access the Deposit Account by using a debit card. You should provide any such revocation in writing, and the Bank has a reasonable period of time to act after receiving the notice.

We may decide, on the death of the Account Owner, to close the Account. Upon the death of the Account Owner, we retain the right to require that any beneficiary provide proof of identity. The Deposit Account may cease to qualify as a Health Savings Account, and the beneficiary may incur tax consequences in connection with receiving the funds. See the Health Savings Account Disclosure Statement, or consult your personal tax advisor.

Deposit Account

No minimum deposit is required to open the Deposit Account. The Deposit Account is an interest bearing account and these rates, fees and terms apply only to Health Savings Accounts. Please see the section below entitled "Interest" for specific information about the rate of interest and annual percentage yields applicable to your Deposit Account. Bank reserves the right to require seven (7) days written notice of an intended withdrawal.

Deposits and Withdrawals

You may make an unlimited number of deposits to your Deposit Account. Deposits may be made by check or direct deposit. The terms of your Health Savings Account Custodial Agreement and the U.S. Tax Code limit the dollar amount of deposits that may be made to your Deposit Account with respect to any tax year in order to maintain favorable tax treatment as a Health Savings Account. The Bank will not monitor your deposits for purposes of determining whether you have exceeded the allowable deposit limits each year. You should not make deposits of cash through the mail.

If you do, you assume all risk that the deposit may be lost before it reaches us. In the event of a dispute as to the amount of cash that we receive, our determination of the amount will be assumed to be correct if we have followed our normal procedures for verifying cash deposits. If you deposit a check to your Deposit Account through the mail, you should endorse the check "For Deposit Only" and sign. If you want to make a deposit by writing a check drawn on another account you have, you should make the check payable to yourself, and on the back side endorse it as stated immediately above.

You may make an unlimited number of withdrawals from your Deposit Account. Withdrawals are permitted by check or debit card. Withdrawals that are not used to pay for

qualified medical expenses may be included in your gross income for tax purposes and may be subject to an additional penalty tax. We have no duty to review your withdrawals to determine if they are used for proper purposes. Please refer to your Health Savings Account Custodial Agreement and HSA Disclosure Statement for additional details.

When we accept deposits and issue receipts or statements, the deposits and receipts and statements are subject to later verification and correction, if necessary. As a matter of practice, we process deposits to your Deposit Account before checks or other items presented for payment are processed. We, in our sole discretion, may determine the order in which checks or other items are paid, which could include payment based upon the amount of the checks or other items (for example, payments of checks issued for larger amounts prior to checks issued for smaller amounts).

Checks

We are not required to honor any restrictive legend on checks that you write. We have no liability by reason of our payment of a check prior to the date reflected on the check unless you have given us reasonable advance notice and have followed the procedures for (and pay the fees associated with) a stop payment order as provided for herein.

Personalized checks may be ordered from us at varying prices. We may deduct the cost of your personalized checks from your Deposit Account. You must verify the accuracy of all information on your printed checks. Our liability, if any, for any printing errors on forms obtained through us is limited to the cost of replacement. We are not liable for error or losses you may incur due to printing errors on forms not obtained through us or approved by us in advance. To ensure that we are able to provide quality check processing services to you, we may require you to use a check printer that meets technical standards for checks that are acceptable to us.

Consistent with the practice of other banks, our procedures may not provide for the sight examination of checks with a face amount below an amount determined by us from time to time. When acting in accordance with those procedures, we will not be deemed to have failed to exercise ordinary care even though we do not make a sight examination of a check. We will not be deemed to have failed to exercise ordinary care if an item is forged or altered so cleverly that a reasonable person would not detect the forgery or alteration. We are not required to pay any check presented more than six months after its date. However, we may pay those items if we do so in good faith. You agree that we are acting in good faith in paying such an item unless there is in effect on our system a Stop Payment Order for that item. We are not responsible for any loss to you caused by an event that is beyond our control.

Statements, Statement Cycles and Reporting Errors

You will receive a monthly account statement for your Deposit Account. Your statement will show the amounts you have deposited, checks written on the Deposit Account that have been paid, debit card transactions paid, other debits to the Deposit Account, service charges deducted from the Deposit Account, and interest earned.

If you believe any statement you receive contains an error or includes an unauthorized transfer from your Deposit Account, please notify us immediately. You must examine, upon receipt, all statements and report any errors or irregularities to us within thirty (30) days of your receipt of the statement. Otherwise, your Deposit Account statement will be deemed to be correct and you may not recover from us any amounts that you later claim were improperly deducted from your Deposit Account. Different rules apply to electronic fund transfers that you claim were unauthorized or processed in error. You should refer to the Cardholder Agreement that accompanies your debit card, if applicable, for rules concerning electronic transfers.

We may convert all checks and other paper items paid from the Deposit Account to an image format. An image of the item, or for some account types, only a description of the item, will be provided on your statement. We will keep the originals for a limited period of time, but images will be retained for as long as legally required. If an image of your check or other paper item (instead of the original) is made available, you agree that we will not be liable for destruction of the original. You can obtain a copy of a check or image by requesting it and providing your Deposit Account number, the check number, and the amount. Your

obligation to review your statement and report any errors is not affected by the fact that we provide an image or description of the check or other item on the statement rather than returning the original to you.

Returned Items

If you do not have sufficient collected funds in your Deposit Account to cover payment of checks you have written or debit card payments or other debits from your Deposit Account when they are presented to the Bank for payment, such checks may be returned unpaid or the other debits may be refused. There will be a charge for each returned item. Notification of returned checks will be sent to you. Service charges for returned items and overdrafts will be charged by us against your Deposit Account, and we will not be liable if checks or other debits are dishonored because of insufficient funds resulting from the deduction of service charges from our Deposit Account. We will not be liable because of the order in which we pay checks, items or transfers. If we, in our sole discretion, pay a check or debit card transaction or other debit and overdraw your Deposit Account, you must reimburse the Bank upon demand. If Bank must institute legal proceedings to collect any amounts from you, to the extent permitted by applicable law, the Bank may collect from you the costs of collection and reasonable attorney's fees. Any person who writes a check or conducts a debit card transaction resulting in an overdraft is jointly and severally liable for the overdraft with the Account Owner.

Returned Deposited Checks

If a check or other item is deposited to your Deposit Account or cashed and is later returned unpaid to us by the financial institution upon which it is drawn, the amount of the check or other debit will be deducted from your Deposit Account. Any interest earned on your deposit evidenced by such returned item or check may be deducted from your Deposit Account. There will also be a service charge for each returned check or other debit item.

Stopping Payment

If you want to stop payment of a check, you may do so if we receive your verbal or written stop payment order within a reasonable time before we have paid the check. If you give us verbal instructions to stop a payment, you must mail or deliver to us written confirmation of the stop payment order within 14 days or the order may be cancelled. Stop payment authorizations expire six (6) months after the date we first receive your stop payment order. There will be a service charge for each such stop payment order. Your written stop payment order should include the following information: the name of the Account Owner, the Deposit Account number, the name of the person who signed the check, the name of the party to whom the check or other item was made payable, the date and amount of the check, the check number, your name, and the reason you are requesting a stop payment order. The Bank assumes no liability for failure to stop payment on a check or draft if any of the information is incorrect or incomplete. If we honor your stop payment order, you agree that you will hold us harmless for all expenses you or we incur on account of the stop payment order. You further agree that if, contrary to such stop payment order, payment is nevertheless made through inadvertence, accident or oversight, the Bank's liability will be limited to the face amount of the check, and the Bank will not be liable with respect to other items drawn by you which are returned for insufficient funds because of such payment.

Closing Accounts

You have the right to close your Deposit Account at any time, subject to giving any prior notice that may be required. We may charge you a fee when you close the Deposit Account. If you decide to close the Deposit Account, you should cease writing checks on the Deposit Account immediately. All checks written on the Deposit Account that are received for payment by us after the account is closed will not be paid, but will be returned to the party seeking payment with a notation that such account has been closed.

We have the right to close your Deposit Account, by giving you ten days written notice mailed to your address of record. We are not required to give you advance notice if we decide to close your account because of improper or unsatisfactory account activity or if you have not complied with the terms of this Agreement or another agreement we have with you.

IRS Reporting and Withholding

In the event you do not provide us with your taxpayer identification number as required by Internal Revenue

Service Form W-9, you will be subject to the backup withholding requirements of the Internal Revenue Code. Additionally, there are other reasons set forth in the Internal Revenue Code for which you may be subject to backup withholding. If you are subject to backup withholding, we will deduct the required amount from interest paid on any accounts you hold with the Bank and report this to you and to the Internal Revenue Service. In any event, we will report to you and to the Internal Revenue Service the amount of interest earned during each calendar year you maintain an interest bearing account with us.

Amendments

Subject to applicable provisions of law, we may change these Terms upon notice to you.

Applicable Law; Consent to Jurisdiction

These Terms are governed by and will be interpreted under the laws of the state where your account is opened, which is the State of Missouri. Any lawsuit against us regarding your account must be brought in a proper federal or state court in Missouri. You consent to the jurisdiction of the courts of Missouri in any suit related to your rights or obligations arising from maintaining your account with us.

REGULATORY DISCLOSURES

Interest

The interest rate and the annual percentage yield on your Deposit Account may change from day to day. Both may be changed solely at the discretion of the Bank, and at any time. We are not required to notify you in advance of these changes. An interest rate of 3% will be paid only for that portion of your daily balance that is \$5,000.00 or above. The annual percentage yield for this will range from 1.72% to 1.75%, depending upon the balance in your Deposit Account. An interest rate of 2% will be paid only for that portion of your daily balance that is greater than \$749.99 but less than \$5,000.00. The annual percentage yield for this tier will range from 0% to 1.72%, depending on the balance in your Deposit Account. If your daily balance is \$749.99 or less, the interest rate paid on the entire balance will be 0% with an annual percentage yield of 0%.

The Bank reserves the right to change the above-listed balance levels on which different rates of interest may be paid.

Interest will be credited to your Deposit Account at the end of each monthly statement cycle and will be compounded monthly. If you close your Deposit Account before interest is credited, you will not receive any accrued (but not yet credited) interest. We use the daily balance method to calculate interest on your Deposit Account. This method applies a daily periodic rate to the balance in your Deposit Account each day. Interest begins to accrue no later than the business day we receive credit for the deposit of non-cash items (i.e. checks).

Subaccounts

The Bank reserves the right to periodically reallocate balances in your Deposit Account for purposes of Federal Reserve Board Regulation D. It will periodically reallocate funds between a transactions subaccount and a non-interest bearing savings subaccount. This reallocation does not affect your statement balance, FDIC insurance, interest or any other feature of your Deposit Account. Although the Bank has no current intention of exercising this right, it reserves the right to require at least seven days written notice of withdrawal prior to transfer of any funds from the savings subaccount. The subaccount will be subject to all the terms and conditions applicable to accounts of that type, except for provisions relating to the payment of interest.

Fees

You agree to pay the following charges on your Deposit Account, as applicable, and agree that we may deduct them from your Deposit Account. These charges are subject to change by us at any time (including, but not limited to, the expiration of your policy with Assurant Health), upon notice to you as required by applicable law.

A separate account fee of \$50.00 may be assessed annually to cover administrative costs associated with maintaining the HSA. The annual fee applies to customers who selected an Assurant Health individual high-deductible health plan and reside in the following states: Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South

Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin and Wyoming. This annual administration fee does not apply to HSA customers who have enrolled in an Assurant Health group, high-deductible health plan through their employer.

Debit Card Transactions	No Charge
Overdraft or items returned for insufficient funds	\$25.00 (per item)
Stop Payment Request	\$20.00 (per check)
Returned Deposited Item	\$3.00 (per check)
Check Copies	\$2.00 (per copy)
Wire Transfer (Incoming)	\$15.00
Wire Transfer (Outgoing)	\$15.00
Account Closing Fee	\$15.00
Inactive Account Fee *	\$1.00

*Fee is assessed for each month following a period of 24 continuous months in which there were no deposits or withdrawals from the Deposit Account, but only to the extent permitted under applicable law.

FUNDS AVAILABILITY

Availability

Our policy is to make funds from your deposits available to you on the business day we receive your deposit (There may be some exceptions. See "Longer Delays May Apply" and "Special Rules for New Accounts" below). We will use the funds you deposit to pay checks you have written that clear on your Deposit Account on the day of your deposit. For determining the availability of your deposits, every day is a business day, except Saturdays, Sundays and Federal holidays. The close of each business day varies but will be no earlier than 2:00 p.m. Central Time. If you make a deposit before the close of business on a business day that we are open, we will consider that day to be the day of your deposit. However, if you make a deposit after the close of business or on a day we are not open, we will consider that the deposit was made on the next business day we are open.

Longer Delays May Apply

In some cases, we will not make all of the funds that you deposit by check available to you on the business day of your deposit. Depending on the type of check that you deposit, funds may not be available until up to the fifth business day after the day of your deposit. However, the first \$100 of your deposits will be available on the day of your deposit.

Under the following circumstances, funds you deposit by check may be delayed up to six days in addition to the maximum five-day delay explained in the preceding paragraph:

*We believe a check you deposit will not be paid. (The first \$100 may not be made available immediately.)

*You deposit checks totaling more than \$5,000 on any one day. (The first \$100 will be made available immediately.)

*You deposit a check that has been returned unpaid. (The first \$100 of your deposit may not be available immediately.)

*You have overdrawn your Deposit Account repeatedly in the last six months. (The first \$100 of your deposit may not be made available immediately.)

*There is an emergency, such as failure of communications or computer equipment. (The first \$100 of your deposit may not be made available immediately.)

We will tell you at the time you make a deposit if we are not going to make all of the funds from your deposit available the day of your deposit. We will also tell you when the funds will be available. If your deposit is not made directly to one of our employees (for example, if you mail your deposit), or if we decide to take this action after you have left the premises, we will mail you the notice by the business day following the day we receive your deposit. You should ask us when the funds will be available if you will need the funds from a deposit right away.

Special Rules for New Accounts

If you are a new customer, the following special rules will apply during the first 30 calendar days your account is open:

*Funds from electronic direct deposits into your account will be available on the day we receive your deposit.

*Funds from wire transfers into your account will be available on the first business day after the day we receive the transfer.

*Funds from deposits of cash will be available on the first business day after the day we receive the deposit.

*The first \$5,000 from a deposit of U.S. Treasury checks will be available on the first business day after the day of your deposit. The excess over \$5,000 will be available on or before the ninth business day after the day of your deposit.

*Funds from deposits of the first \$5,000 of a day's total deposits of cashier's, certified, teller's, traveler's and state and local government checks will be available on the first business day after the day of your deposit if the checks are payable to you. The excess over \$5,000 will be available on or before the ninth business day after the day of your deposit. If you do not make the deposit in person to one of our employees (for example, if you mail your deposit), the first \$5,000 will not be available until the second business day after the day of your deposit.

*Funds from all other check deposits will be available on or before the eleventh business day after the day of your deposit.

UMB Contact information

If you have questions in the future related to banking services associated with your Deposit Account, please write UMB Bank, n.a., P.O. Box 419226, Kansas City, MO 64141 or call (866) 520-4HSA (4472).

UMB BANK, N.A. FINANCIAL CORPORATION PRIVACY STATEMENT FOR INDIVIDUALS (RETAIN FOR YOUR RECORDS)

OUR PROMISE. UMB Financial Corporation and each of its financial institution subsidiaries firmly believe that maintaining the confidentiality of our customers' information is at the core of our customer relationships. We promise that we will protect your confidential information as set forth in this Privacy Statement. Our Boards of Directors have adopted this Privacy Statement so that you will understand what information we collect and how we use it. The companies listed at the end of this statement are the financial companies that are currently part of our family of companies and have adopted this statement. Our "affiliates" include all of the listed companies and any other companies related to us by common control.

INFORMATION WE COLLECT. We collect and retain information about you only when we reasonably believe that the information will assist us in managing your accounts and services and in providing products, services and other opportunities to you. One of the main reasons we collect information is to protect your account and to identify you when we conduct transactions with you. The information we collect will also be used to comply with certain laws and regulations that may apply to us and to help us understand your financial needs as we design or improve our products and services. We will also use your information to administer your account and transactions and to provide you with products and services that will best assist you. We collect non-public personal information about you from the following sources:

Information we receive from you on an application or other form;

Information about your transactions with us, or other banks or companies in the UMB family of companies or others;

Information we receive from a credit bureau.

Examples of non-public personal information include information regarding your account balance, credit card use and payment history.

INFORMATION WE DISCLOSE. We understand that you expect the personal information you have entrusted to be handled with great care. We do not disclose any non-public personal information about our customers or former customers to anyone, except as necessary to provide UMB services or as otherwise permitted or required by law. Please be assured that we will NEVER provide medical information we may obtain in insurance applications to any affiliate or to any associate without a need to know.

UMB AFFILIATES. We are permitted by law to share information about our experiences or transaction involving you or your account with our affiliates. We may also share other information about you or your account (such as information we received from you in applications and information from credit bureaus) with our affiliates. Our affiliates provide important services and products designed to provide you with the highest quality financial services. We may share information about you within our family of companies, so we can serve you more efficiently, offer you products and services that we believe would benefit you, and to make it easier to do business with us. You may choose to instruct us not to share your information with our affiliates by "opting out" of information sharing. To opt out, call us at 1-800-441-9535, or if in Kansas City, call 816-860-5780. When you call, please provide us with your name, address, social security number and birth date. You should also provide us with the accounts and services you have with us so that we can be sure that we have identified all of our relationships with you. You cannot "opt out" on behalf of any other customer, unless you are a joint account holder with that person. To opt out for another joint account holder, you must provide the joint account holder's name, address, social security number and birth date. You should also provide us with all of the account and services that the joint account holder has with us. Even if you opt out, we are still permitted to share information about you that relates to our experiences or transactions with you or your account.

FOR CREDIT AND DEBIT CARD CUSTOMERS. If a bank or company name other than UMB appears on your credit or debit card, we will not share non-public personal information about you or your account with our affiliates.

THIRD PARTIES. We are also permitted by law to disclose non-public information about you in certain circumstances to third parties that are not part of the UMB family of companies. We do not sell or share customer information to unrelated third parties for the third parties to use for their own purposes. We do share information with companies that work for us. For example, we may share information with companies that print checks for us, mail customer statements or letters or provide data processing services. These companies are acting on our behalf when they provide these services and are obligated by contract to maintain the information they receive in a confidential manner. They are not authorized to use the information for any other purpose.

We also provide information:

When you authorize us to release information;

To credit reporting agencies;

To other parties when it is necessary or helpful in completing a transaction you initiate, including other financial institutions and networks involved in processing your transactions;

To comply with a law, regulation, court order or subpoena;

To verify the existence of your account and general information about the condition of your account for a merchant or other financial institution;

In response to an inquiry about whether a check you have written on an account will clear;

To local, state and federal authorities if we believe a crime may have been committed involving your account;

To our independent auditors, consultants, or attorneys and to agencies that regulate us.

We may disclose all of the information we collect as described above to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements. Those third parties contractually agree not to use the information for any other purpose.

EFFECTIVE DATE. This Privacy Statement is effective June 1, 2004. We reserve the right to periodically change our statement from time to time, but will not do so without first notifying you of any change.

UMB Companies that have adopted Privacy Statement;

UMB Bank, n.a.

UMB Bank Colorado, n.a.

UMB Bank Omaha, n.a.

UMB Bank Warsaw, n.a.

UMB National Bank of America

UMB Scout Brokerage Services, Inc.

UMB Scout Insurance Services, Inc.

UMB CDC, Inc.