



NAME STERLING HSA AS INTERESTED PARTY

Investment Firm/Fund Broker/ Advisor (Telephone)

Sterling HSA FBO

Account Holder Name

Account Number Investment Account #

The undersigned names Sterling HSA as an interested party to the above named account and requests that copies of all statements, confirmations, notifications, correspondence, or other written, verbal, or electronic communications be directed to:

Sterling HSA
475 14th Street
Oakland, CA 94612
Attention: Subscriber Investment Accounting

Account Holder

Signature

Date

Sterling HSA is not authorized to execute transactions and I understand that _____ will not accept transaction instructions from Sterling HSA.

Confirmation received via:

- Client Phoned
- Letter or E-mail (please attach)
- Interested Party Form

Confirmation For Account Holder by:

Name

Signature

Date