



STERLING HSA™

Catch-up Contribution Application

For Dependent Spouses ages 55 to 64

Name of Sterling Account Holder: _____

1 INFORMATION ABOUT SPOUSE ELIGIBLE FOR CATCH-UP CONTRIBUTION

Please Print Clearly .All fields are required.

Name of Spouse

Mr. Mrs. Ms. Dr.

(First Name)

(MI)

(Last Name)

Mailing Address

(Address)

(City)

(State)

(Zip Code)

(Telephone Number)

(Email Address)

Social Security Number

Date of Birth

Driver's License/Passport

or other Government issued identification.

Driver's License Passport Other

2 CATCH-UP CONTRIBUTION

Initial Catch-up Contribution

\$

3 ACKNOWLEDGEMENT / CUSTODIAL AGREEMENT

Required

This Subscriber Application Form, when signed by me and accepted by Sterling Health Services, Inc., acknowledges my receipt of the Sterling Health Services, Inc. Custodial Agreement and my agreement to be bound by the terms and conditions of the Custodial Agreement that may be amended from time to time. I further agree that I will be bound by any conditions or limitations regarding my Custodial Account established by Sterling HSA. By signing this Subscriber Application Form, I consent to the sharing of financial and other information between me and Sterling HSA and among Sterling HSA's various affiliates. I acknowledge that summary information regarding Health Savings Accounts is available for informational purposes at "www.SterlingHSA.com"

(Account Holder's Signature)

(Date)

Please do not fax! Original signature with payment must be received to avoid delay in processing your application.