



STERLING HSA®
HEALTH SERVICES ADMINISTRATION

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Oakland, CA 94612

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Name Sterling HSA as Interested Party

Investment Firm/Fund

Broker/ Advisor

(Telephone)

Sterling HSA FBO

Accountholder 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
P.O. Box 71107
Oakland, CA 94612
Attention: Subscriber Investment Accounting

Accountholder

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 Accountholder by:

Name

Signature

Date