

Instructions:

Complete all sections below. Return this form to HSA@sentinelgroup.com to ensure timely investment of your contribution. Sentinel will not be able to act on this request without receipt of this form. Deposits may not be immediately available. All items for deposit are subject to verification and account agreement and disclosures. Contributions over the cash minimum qualify to be invested and will be placed by default into an interest-bearing account. If you would like to change your investment allocation, you may do so by logging in to your account at sentinelgroup.com. Future contributions will be allocated according to your investment allocation instructions.

Account Holder Information:

Participant Name

Social Security Number

Email Address

Telephone Number

Name of Employer

Tax Year Contribution Should Be Applied to:

20_____

Contribution Amount:

\$_____

If you do not choose a year, your contribution will be applied to the current tax year. If you are making a contribution for the prior year, this request must be postmarked between January 1st and the Federal tax return deadline, (typically April 15th).

Check Information:

Payable to: **Sentinel Benefits & Financial Group**
Memo line: **HSA**

Send Contribution Form to Sentinel Benefits:

Email: HSA@sentinelgroup.com

Mail Contribution Check to:

Sentinel Benefits Group
100 Quannapowitt Parkway, Suite 300
Wakefield, MA 01880

Acceptance:

I certify that I am the HSA accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold Sentinel Benefits or WEX Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from Sentinel Benefits or WEX Inc. and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Sentinel Benefits and WEX Inc.

Signature of HSA Account Holder

Date