

## When to use this form:

Use this form to open a Health Savings Account only.

## To complete your HSA Application:

Submit the following to CamaPlan in a single package:

### 1. THIS FORM, SIGNED AND DATED:

- Page 3 (section 4)
- Page 7 (section 11)
- Page 8 (choose Option A or B)
- Page 9 (section 14)

### 2. LEGIBLE COPIES OF:

- Your driver's license or passport
- Your social security card

### 3. PAYMENT FOR ACCOUNT SET-UP FEE

Submit payment via:

- Payment method entered via online portal (existing clients)
- Check or money order
- Credit card (call the office)

NOTE: New account cannot be established without payment for the application fee.

If you have questions on completing the application, contact us:

call: (866) 559-4430

or email: [Engage@CamaPlan.com](mailto:Engage@CamaPlan.com)

## Submit your HSA Application package:

- Email: [Engage@CamaPlan.com](mailto:Engage@CamaPlan.com)
- Fax: (973) 302-8622
- Mail: CamaPlan  
122 E. Butler Ave, Suite 100  
Ambler, PA 19002

## What's next?

Within 2 business days of our receipt of your HSA Application package, you will receive:

### 1. AN EMAIL CONTAINING:

- Confirmation of account opening
- Your account number
- Copy of Custodial Agreement and Disclosure Statement

### 2. A WELCOME PACKAGE VIA U.S. MAIL

## 1. Participant Details

Legal Name (must match SSN card)

Address

(Note: Should match driver's license or passport address. If not, please provide supporting documentation (such as utility bill) with your current address as well as an explanation as to why it does not match. No PO boxes.)

Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>

Mailing Address

(if different from physical address)

Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>

Email Address

(Note: To receive timely account information and correspondence. Will also serve as verification for online access.)

Driver's License/Passport Number

State	<input type="text"/>
Issue Date	<input type="text"/>
Exp. Date	<input type="text"/>

Soc. Sec. No.

Date of Birth

Marital Status

Gender

☐ Male ☐ Female

Phone 1

Phone 2

## 2. HSA Type

(Note: Please feel free to contact a CamaPlan account executive for specific guidance. )

Select one type of new HSA desired:

☐ Self-Only Coverage:Tax Year ☐ Family Coverage:Tax Year 

(continue application on next page)

## 3. Beneficiary Designations

(Note: These beneficiary designations take precedence over beneficiaries designated in your Will or Trust. Add a separate sheet to add more beneficiaries. The total percentages for PRIMARY and CONTINGENT beneficiaries should EACH total 100%.)

Beneficiary 1	<input type="text"/>	
SSN	<input type="text"/>	
Date of Birth	<input type="text"/>	
Relationship	<input type="text"/>	
Share%	<input type="text"/>	<input type="checkbox"/> PRIMARY
		<input type="checkbox"/> CONTINGENT
Beneficiary 2	<input type="text"/>	
SSN	<input type="text"/>	
Date of Birth	<input type="text"/>	
Relationship	<input type="text"/>	
Share%	<input type="text"/>	<input type="checkbox"/> PRIMARY
		<input type="checkbox"/> CONTINGENT
Beneficiary 3	<input type="text"/>	
SSN	<input type="text"/>	
Date of Birth	<input type="text"/>	
Relationship	<input type="text"/>	
Share%	<input type="text"/>	<input type="checkbox"/> PRIMARY
		<input type="checkbox"/> CONTINGENT
Beneficiary 4	<input type="text"/>	
SSN	<input type="text"/>	
Date of Birth	<input type="text"/>	
Relationship	<input type="text"/>	
Share%	<input type="text"/>	<input type="checkbox"/> PRIMARY
		<input type="checkbox"/> CONTINGENT

In the event of my death, the balance in the account shall be paid to the primary beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the primary or contingent beneficiary box is not checked for a beneficiary, the beneficiary will be deemed a primary beneficiary. If none of the primary beneficiary(ies) survive me, the balance in the account shall be paid to the contingent beneficiary(ies) who survive me in equal shares (or in the specified shares, if indicated).

## 4. Consent of Spouse

(Note: consent of the participant's spouse is required to effectively designate a beneficiary other than, or in addition to the participant's spouse. Your spouse must sign if he or she is not a 100% primary beneficiary in section 3.)

### I consent to these Beneficiary Designations.

Disclaimer for community and marital property states: The participant's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, administrator and custodian disclaim any warranty as to the effectiveness of the participant's beneficiary designation or as to the ownership of the account after the death of the participant's spouse. For additional information, please consult your legal and/or tax advisor.

\_\_\_\_\_  
**Spouse's Signature**

\_\_\_\_\_  
**Date**

## 5. Interested Party Authorization (optional)

(Note: We hold your account information confidential and do not share it without your written permission. This ONLY allows information to be provided to the named person. If you require someone to act on your behalf, you must provide an executed Power of Attorney form.)

I hereby authorize the administrator and custodian to provide the individual named herein access to information contained in my HSA. I understand that this authorization is for informational purposes only and that the named individual may not conduct transactions on my behalf. I understand that I may revoke this authorization by providing written notice to administrator at any time.

Interested Party Name

Street

City

State

ZIP

Email

Relationship

DOB

Phone

## 6. Investment Information

What asset class(es) are you interested in investing in?

(Check all that apply)

☐

Real Estate

☐

Notes/Mortgages

☐

Private Placements

☐

Tax liens/tax deeds

☐

Precious Metals

☐

Other:

How did you hear about us?

☐

CamaPlan Client

☐

CamaPlan Event

☐

Asset Provider

☐

Advisor

☐

Internet/Advertising

☐

Other

## 7. Funding Information

☐

Contribution

Type of Account

☐

Rollover (from another HSA or Archer MSA)

☐

Transfer (from another HSA or Archer MSA)

☐

One-time transfer from an FSA or HRA (treated as a rollover)

☐

One-time transfer from an IRA (treated as a regular contribution)

☐

Mistake of Fact reimbursement (not treated as a new contribution)

## 8. Privacy Policy Statement

(Note: Please review what CamaPlan will and will not do with your personal information.)

CAMA Self-Directed IRA takes your privacy seriously. This privacy statement provides information about the personal information that CAMA collects, and the ways in which CAMA uses that personal information

**Collection of Personal Information.** CAMA may collect and use the following kinds of personal information: information about your use of our website and forms; information that you provide for the purpose of applying for an account; information about transactions carried out utilizing our services; and any other information that you provide to CAMA.

**Using Personal Information.** CAMA may use your personal information to: open and administer your account; provide on-line access to your account; deliver products or services to you; send you statements and invoices; collect payments from you; and send you informative communications.

Where CAMA discloses your personal information to its principals, employees, agents, or sub-contractors for these purposes, the given principal, employee, agent, or sub contractor shall be obligated to use that personal information in accordance with the terms of this privacy statement and applicable law. In addition to the disclosures reasonably necessary for the purpose identified elsewhere above, CAMA may disclose your personal information to the extent that it is required to do so by law, in connection with any legal proceedings or prospective legal proceedings,

and in order to establish, exercise, or defend its legal rights.

**Securing your Personal Information.** CAMA will take commercially reasonable technical and organizational measures to prevent the loss, misuse, or alteration of your personal information you provide on its secure servers.

**USA Patriot Act.** To cooperate with the US Government's efforts to combat the funding of terrorism and money laundering activities, Federal Law requires all financial institution to obtain, verify, and record information that identifies each person who opens an account. Accordingly, when you open an account with CAMA, we will request your name, address, date of birth, driver's license/passport, and other information that will enable us to identify you with reasonable certainty.

## 9. Arbitration & Venue

The parties hereto agree that all claims and disputes of every type and nature between or among any or all of them, including but not limited to claims in contract, tort, common law or alleged statutory violations, shall be submitted to binding arbitration pursuant to all applicable rules of the American Arbitration Association. All proceedings will take place in Montgomery County, PA. Arbitration is final and binding on the parties. The parties hereto hereby waive their right to seek remedies in court, including the right to a jury trial. The parties signing below expressly waive any right they may have to institute or conduct litigation or arbitration in any other forum or location, or before any other body, whether individually,

representatively or in any other capacity. In the event any party hereto commences an action to enforce or interpret any provision of this Agreement, the prevailing party therein shall recover from the non-prevailing party all costs and disbursements incurred therein, including reasonable attorneys' fees.

## 10. Appointment of Administrator & Custodian

By execution of this Health Savings Account Application, I, the Participant hereunder, hereby appoint CAMA Self- Directed IRA, LLC to act as Administrator ("Administrator") of my Custodial account and I appoint Meridian Bank to act as Custodian for my account ("Custodian"). I understand and acknowledge that Administrator has entered into an administrative services agreement with Custodian under which Administrator is to provide administrative services for the Participant's Custodial account, and to properly fulfill its duties as Administrator. Under the administrative services agreement, all communication between the Participant and the Custodian shall be handled through Administrator. Administrator may elect to satisfy the requirement under Section 408(a) of the Internal Revenue Code to serve as custodian of Custodial accounts by forming an affiliated entity that is qualified to serve as custodian (the "trust entity"). Upon Administrator and/or its trust entity satisfying the requirements to serve as custodian of my account, then I appoint such entity as custodian of my account without further notice or action on my part. Administrator intends to enter into a similar administrative services agreement with any such trust entity and so will continue to serve as

administrator of my Custodial account. I acknowledge and agree that this Health Savings Account Application and the pertinent Form 5305 (Custodial Account Agreement and Disclosure Statement), together with the Fee Agreement and Schedule of Charges and any other written instructions, in form and substance acceptable to Administrator and the Custodian, (all such documents being incorporated herein by this reference) collectively comprise my entire agreement and govern all aspects of my relationship with the Custodian, Administrator, and/or the contemplated trust entity. I acknowledge and agree that Administrator is independent of the Custodian and not empowered or authorized to obligate or bind the Custodian, and vice versa. Additionally, nothing in this Agreement shall be construed to render Administrator or the trust entity an employee, partner, agent of, or joint venturer with the Custodian. The Custodian shall not be responsible or liable under any circumstances for any representations or statements made by Administrator or the trust entity and neither Administrator nor the contemplated trust entity shall be responsible or liable under any circumstances for any representation or statement made by the Custodian. Neither Administrator nor the Custodian is a trustee, mortgage broker, asset manager, investment advisor or loan servicing agent with respect to me or my account and neither shall have any discretionary power, authority or control with respect to the acquisition, management, investment, or disposition of my account or its assets. Neither the Custodian nor Administrator is a fiduciary hereunder with respect to my account or any investment in it.

## 11. Acknowledgements & Agreement to Terms

(Note: Please review, sign, and date once you have read and filled out the entire Application and Adoption Agreement form.)

By signing below, I hereby acknowledge having been advised by Administrator to seek the advice of independent legal, tax and/or investment counsel prior to executing this Agreement. I further acknowledge that neither Administrator nor Custodian named herein offer legal, tax or investment advice with respect to the subject matter hereof and it is incumbent upon me to obtain such advice from qualified third parties. I understand and agree that I have the sole responsibility for the investment of the assets held within the account established hereunder and that Administrator and/or Custodian have no responsibility under this Agreement, or otherwise, than to follow my appropriate written instructions (upon forms supplied by them), to administer my account, to maintain accurate records of account activity that I direct, and to only provide annually tax forms 5498 and/or 1099, as appropriate, during the pendency of this Agreement. I acknowledge my obligation to provide and agree to provide Administrator an annual independent third party appraisal of the fair market value of each "alternative" asset held in the account established hereunder on or before January 15th of each year following the establishment of this account. I further understand and acknowledge that Administrator reserves the right to halt all activity on my account unless and until such valuation is produced to the reasonable satisfaction of Administrator, and that I will be assessed a late charge in the event of my failure to timely do so. I

understand and acknowledge that it is my responsibility to determine whether any activity undertaken within the account established hereunder may constitute a Prohibited Transaction pursuant to IRC §4975 and/or may give rise to any tax consequences (e.g.- Unrelated Business Taxable Income, etc.). I hereby agree to release, indemnify and hold Administrator and Custodian harmless from and against any and all liability that may arise of any nature whatsoever as a result of Administrator and/or Custodian carrying-out the directives I provide them hereunder throughout the pendency of this Agreement. Under penalty of perjury, I certify that the information contained herein is correct. I hereby agree to participate in the Custodial Account offered by Administrator and Custodian. I acknowledge receipt of a copy of the plan document under which this Custodial Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to this Individual Retirement Account. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Administrator or Custodian.

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**Participant's Signature**

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**Date**



## 12. Fee Agreement

### Annual Record-Keeping/ Maintenance Fee Option

Please select a fee basis by checking one of the options below. No annual fee for "Cash Only" accounts maintaining a minimum of \$4,000.00. If a "Cash Only" account is less than \$4,000.00, a \$50.00 annual fee will be charged.

### Minimum Balance

Minimum cash balance requirement, depending on your fee basis, two calendar years of annual fees must be kept in the account.

**Example:** The asset based annual is \$300 per asset, so that a minimum of \$600 balance for an account with only one asset

#### ☐ Option A - Number of Assets

For accounts with one or few assets. Fee of \$300 assessed annually for each asset in account. Thereafter pro-rated annual fees are assessed at time of any subsequent acquisition and then annually thereafter in January.

**Example:** A private placement and a real estate property held in an account are considered 2 assets. Each asset is charged \$300 annually, therefore  $\$300 \times 2 = \$600$  annual fee.

#### ☐ Option B - Account Value

For accounts with many assets and/or low balances. Fee is calculated on highest value of account during annual term. Minimum annual fee: \$165.00. Maximum annual fee: \$2,020.00.

Account Value:	Multiply by:
\$0 to \$20,000	0.0094
\$20,001 to \$80,000	0.0072
\$80,001 to \$180,000	0.0061
\$180,001 to \$300,000	0.0050
\$300,001 to \$500,000	0.0039
\$500,001 and up	0.0033

**Example:** Account value is \$60,000.  $\times 0.0072 = \$432$  annual fee

### Account Set Up Fee: \$75

Upon establishment of your new account, you can set up your online account portal and submit payment via credit card or Echeck. Physical checks or money orders can be made payable to "CamaPlan" and physically mailed to us.

### Transaction Fees

Real Estate Transactions (purchases, sales, exchanges, transfer of asset)	\$175.00
Other Transactions (purchases, sales, exchanges, distributions, and transfer of assets)	\$150.00
Wire Transfer (In/Out)	\$10/\$30
Wire Transfer International	\$95.00
ACH Transfer	\$10.00
Custodial Account Check	\$10.00
Cashier's Check (Includes Overnight Courier)	\$45.00
Roth Conversion	\$75.00
Partial Transfer Out	\$75.00
Early Distribution	\$150.00

### Special Handling Fees

Returned Bank Check	\$50.00
Stop Payment	\$50.00
Declined/Refunded Credit Card	\$50.00
Invalid Payment Method	\$50.00
Late Charges on Past Due Invoices Invalid	\$30.00
Contact Information	\$100.00
Expediting Documents/Transactions	\$150.00
Notary or Medallion Stamp	\$10.00
Overnight Courier (Contingent on Carrier Pricing)	\$35.00
2 Day Courier (Contingent on Carrier Pricing)	\$25.00
Certified Mail	\$25.00
Voided Check	\$10.00
Unidentified Incoming Funds	\$25.00

### Processing Fees

Obtain TIN/EIN for IRA/401K (Third Party CPA)	\$99.00
Annual Plan Document Fee	\$330.00
Account Termination (Includes Transfer Out)	\$150.00
Incomplete Documents & Research (Includes: Investments, deposits, expenses, nonpayment of invoice, court documents, distributions, special services, research, copying)	\$100.00/Hour

\*Does not apply to Precious Metals accounts\*



### 13. Payment

Upon establishment of your new account you will receive an email with instructions to access our Portal. There you can add bank (e-check) and/or credit card information to pay any future fees. Checks or money orders can be made payable to "CamaPlan."

### 14. Fee Agreement Signature

A minimum cash balance equal to two (2) years of annual account maintenance fees must be maintained in your account at all times. These invoices shall be payable in full no later than ten (10) days from the date of the invoice. Past due sums incur a late charge of \$30 and bear interest at eighteen percent (18%) per annum, (1.5%) per month until paid in full. Failure to pay in full constitutes default under this Agreement. Assets held in your account may be liquidated to pay fees and/or charges, as outlined in the pertinent Custodial Account Agreement. In the event of liquidation and distribution, it shall be the responsibility of the account holder to pay all fees, attorney fees, penalties and any other costs incurred by CamaPlan in such process. Reasonable fees for services not listed above may be assessed. CamaPlan may change all or part of the Fee Schedule at its discretion with 30 days advance notice.

**I have selected Option A or Option B as my fee basis. I understand and agree to this Fee Agreement. If no option is selected, Option B will be used to calculate your fee.**

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**Participant's Signature**

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**Date**