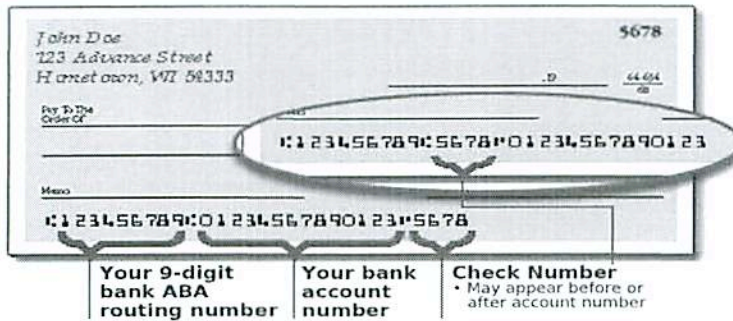


YOUR FINANCIAL INSTITUTION INFORMATION

Employer shall establish and maintain (on its own or with the assistance of LyfeBank or another party) an Employee Contribution Account ("ECA") for deposit of employer Health Reimbursement Arrangement ("HRA") contributions for qualified employees. Funds are deposited in the ECA on behalf of each qualified employee based on the specific contribution formula(s) set forth in the Plan Document and Summary Plan Description for employer's HRA. All amounts contributed to the ECA shall be either: (1) the property of the employer until paid out to the bank trust account LyfeBank has established to collect and hold all employer HRA contributions; or, (2) the property of the bank trust account until payments are made to the health services providers in accordance with the terms of employer's HRA; or, (3) the property of a secondary fiduciary bank in connection with use by the employee of a stored value or debit card, if any.

Concurrent with the deposit to the ECA of each contribution (typically monthly) for all eligible employees, Employer shall also provide LyfeBank with a data file (this file is available for download on our website at www.lyfebank.com or by request from contact@lyfebank.com) that includes the name and LyfeBank account number, and contribution amount, for each employee receiving contributions. For those new employees receiving contributions, the name and contribution and email address or other contact information

LyfeBank will make withdrawals from the ECA on or about the 20th day of each month, unless special arrangements have been made for an alternative withdrawal date.



BANK ACCOUNT INFORMATION:

ACCOUNT NAME / TITLE _____

NAME OF BANK _____

9 DIGIT ABA NUMBER BANK ACCOUNT NUMBER _____

CHECKING SAVINGS MONEY MARKET

(Attach voided check, preprinted deposit ticket or bank statement)

PRIMARY OWNER SIGNATURE _____ DATE _____

JOINT OWNER SIGNATURE (IF APPLICABLE) _____ DATE _____

ADDRESS 1 _____

CITY _____ STATE _____ ZIP _____

By signing the form you hereby permit LyfeBank to create and present an electronic check transaction to your financial institution to draw on the routing/account number provided an amount employer has notified LyfeBank has been deposited on behalf of qualified employees participating in employer's HRA plan, plus any service fees, if applicable.

This electronic check will be presented to your bank on a monthly basis, as needed, on or about the 20th of each month. If this payment is rejected for any reason a Non-Sufficient Funds Fee of \$29.00 will be applied.