



HEALTH SAVINGS ACCOUNT ENROLLMENT AND AGREEMENTS

If you wish to open a Health Savings Account ("HSA") through MSAver Resources, L.L.C., please complete this Application form. The Custodian for your HSA will be UMB Bank, n.a. A detailed Disclosure Statement, the Custodial Agreement, and other terms and conditions that apply to your HSA account will be mailed to you after we receive your application. You will have seven (7) days after you receive those materials to review them and to revoke your account without penalty if you are not satisfied. Please contact MSAver Resources L.L.C. at 1-888-367-6727 if you have questions. Please mail your completed application and your check for your initial HSA contribution (\$100 minimum), payable to UMB Bank, n.a., to: MSAver Resources, PO Box 26106 Shawnee Mission, KS 66225.

Personal Information

Title: Mr. Mrs. Ms. Dr. Social Security Number (Must be 9 digits): _____ - _____ - _____
Name: (First) _____ (MI) _____ (Last) _____ Date of Birth: ____/____/____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address:(If different than above) _____ City: _____ State: _____ Zip: _____
Telephone (Work): _____ Telephone (Home): _____ Fax: _____
Email: _____ Drivers License #: _____ State: _____

Note:The Custodian complies with Section 326 of the USA Patriot Act. This law requires financial institutions to collect and verify certain information about you while processing your account application. Please call one of our representatives if you have a question.

Employer Information

Company Name: _____ Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____

High Deductible Health Insurance Plan Information

Carrier Name: _____ Agent Name: _____
Telephone:(_____) _____ Effective date of your coverage by a qualified, high-deductible health plan: ____/____/____
Deductible Amount: \$ _____ • Individual • Family

PARTICIPANTS IN AN HSA CANNOT BE COVERED BY ANOTHER HEALTH PLAN EXCEPT "PERMITTED" INSURANCE PRODUCTS. SEE THE FACT SHEET, AND YOUR DISCLOSURE STATEMENT, WHICH WE WILL MAIL TO YOU, FOR DETAILS.

Initial HSA Contribution - Minimum Initial Contribution is \$100.00 (Make check for initial contribution payable to UMB Bank, n.a.)

Initial HSA Contribution: \$ _____ (For tax year 20____) Initial deposit made by: Employer \$ _____ Individual \$ _____
Is this a rollover? Yes No Amount of rollover contribution: \$ _____

In case of a rollover, you certify that this contribution is a rollover contribution within the meaning of Internal Revenue Code Section 223, that the rollover is being made within 60 days of receipt, and you have not received a rollover in the last 12 months.

Set-Up Fee and Annual Administration Fee:

One Check to include Set-Up Fee & Annual Administration Fee Payable to MSAver Resources L.L.C

Set-Up Fee \$25.00. Annual Administration Fee \$60.00 (The set-up fee and administration fee are non-refundable.)
The first year Annual Administration Fee is prorated based on the month in which you enroll. See example below. Subsequent year Annual Administration Fees are automatically deducted from your account as indicated next to the investment option you select. The first year annual fee is prorated at \$5.00 per month based on the month in which you enroll. Example: January \$60.00, February \$55.00, March \$50.00, etc.
Example: August enrollment (Set-Up Fee \$25.00 + Annual Fee \$25.00). Check total for Set-up and 1st year Annual Fee \$50.00.

Beneficiary Designation

Primary Beneficiary (ies)			Social Security Number	Date of Birth	Percentage (Must total 100%)
Name	Address	Relationship			
Secondary Beneficiary (ies)			Social Security Number	Date of Birth	Percentage (Must total 100%)
Name	Address	Relationship			

The funds remaining in the HSA at your death shall be paid in the percentages indicated above (or in equal shares if no percentages are provided) to the Primary Beneficiaries who survive you. If a Primary Beneficiary predeceases you, the interest of the deceased Primary Beneficiary shall terminate and the percentage share of any surviving Primary Beneficiary (ies) shall increase on a pro rata basis. If no Primary Beneficiary survives you, the payment shall be paid in the percentages indicated above (or in equal shares if no percentages are provided) to the Secondary Beneficiaries who survive you. If a Secondary Beneficiary predeceases you, the interest of the deceased Secondary Beneficiary shall terminate and the percentage share of any surviving Secondary Beneficiary (ies) shall increase on a pro rata basis. If your spouse receives the HSA as a result of being named as Beneficiary, your spouse may choose to continue the HSA in his or her name by providing a written election to the Custodian and by signing the forms and providing the information the Custodian requires. For any non-spouse Beneficiary, the HSA terminates as of your date of death and becomes payable. If no Beneficiaries are named on this form or if all of the named Beneficiaries predecease you, the HSA funds will be paid to your estate. You may change the Designation of Beneficiaries by filing a new Beneficiary Designation with the Custodian in a written form acceptable to the Custodian prior to your death. You understand that in certain states, your spouse's consent may be necessary if you wish to name a person other than, or in addition to, your spouse as Beneficiary, and that you should consult with an attorney before making such a Beneficiary Designation. By making the foregoing Beneficiary Designation, you represent and warrant to the Custodian that the Beneficiary Designation satisfies all legal requirements under applicable law, and on behalf of yourself, your heirs, and your estate, you hereby indemnify and hold the Custodian harmless from and against any and all claims, damages, liabilities, and costs (including attorney's fee) arising as a result of the Custodian's payment of your HSA in accordance with the foregoing Beneficiary Designation.

Account Investment Options

- Regular Option. Interest-bearing checking account at UMB Bank, n.a. (Visa Checkcard optional – see next section).
- Saver's Option. To have an investment kit, including a prospectus showing your mutual fund investment options, and an Investment Account Application mailed to you, call 1-888-367-6727. If you select this investment option, **DO NOT MAIL YOUR CONTRIBUTION** until you complete and return the necessary documentation, including an Investment Account Application, which will be mailed to you.

Note: Investments available through the Saver's Option are made in the UMB Scout Family of mutual funds. Investments in the Scout Funds:

- Are not deposits or obligations of, nor guaranteed by UMB Bank, n.a. or any other banking institution.
- Are not insured by the FDIC or any other government agency; and
- Involve investment risk, including possible loss of the principal invested.

Account Access

Check here if you want to be able to pay for qualified expenses by Visa Checkcard (Regular Option Only). If the box in this section is checked, you are applying for a VISA Checkcard that can be used to pay for qualified expenses from your HSA Account. One Checkcard will be issued to the name shown above under Personal Information. If additional cards/account signers are desired, indicate each authorized signer's name and have that person sign below. Issuance of an HSA VISA Checkcard (s) requires a credit check in the name of each Cardholder. Each person who signs in the space below consents to UMB Bank's obtaining a credit report on him or her as a condition to issuing the Card, and thereafter to confirm that person's continued eligibility for a Card. Each HSA VISA checkcard will be governed by the Cardholder Agreement to be sent with the Card. There is a \$15.00 fee for each additional card **requested**.

ADDITIONAL HSA CARD	
YES NO	

	Name of additional signer/Cardholder:	Signature:
	Name of additional signer/Cardholder:	Signature:

UMB Bank, n.a. Adoption Agreement **Yes, I want to open a Health Savings Account!**

By signing below, I apply to open a Health Savings Account ("HSA") through MSAver Resources, L.L.C, and certify that the information provided in this Application is correct. I understand that UMB Bank, n.a. ("UMB"), Kansas City, Mo., will be the Custodian for my HSA. I acknowledge receipt of the HSA Fact Sheet and the Schedule of Fees, which follow this Application. I understand that you will send me the HSA Disclosure Statement and Custodial Agreement, and the Deposit Account Terms and Conditions (the "Terms") when you receive this Application, and that I will have seven (7) days from my receipt of those documents to revoke my account without penalty.

I agree to be bound by all of the terms and conditions in the Disclosure Statement, the Custodial Agreement, the Terms, and the Fee Schedule, as they may be amended by UMB from time to time, unless I revoke my account within the time frame set forth above. Further, I understand that my Application is subject to acceptance by UMB. If I have elected the Regular Option and have requested a Visa Checkcard to access funds in my HSA, I consent to UMB's obtaining a credit report on me as a condition to issuing the Card and from time to time thereafter to verify that I continue to qualify for the Card. I understand that the Card is subject to the terms and conditions that are sent with the Card. If I have selected the Saver's Option, an Investment Account Application and prospectus will be mailed to me, and you will not process my initial contribution until I have returned the completed Investment Account Application to you. I agree to pay all fees applicable to my HSA and authorize UMB to deduct such fees from my HSA account.

If I have completed the Beneficiary Designation section of this form, I direct that all funds remaining in any HSA at my death be paid to the Beneficiary (ies) as I have designated in that section of this form or in a new Beneficiary Designation that I may file prior to my death with the Custodian. This is a single ownership account in the name of the person identified in this Application, and only that person can designate or change beneficiaries on this account.

I acknowledge and agree that (i) only UMB is responsible for providing Custodial account services to me, (ii) neither MSAver Resources L.L.C. nor its Marketing Representative shall have any liability to provide, and will not provide, any such Custodial account services, (iii) any administrative services, will be provided solely by MSAver Resources L.L.C. separate and apart from the Custodial account services provided by UMB, and (iv) neither UMB nor MSAver Resources have any control over, or liability for each other or the respective services that each provides. Any agency, appointment or authority that I may give to MSAver Resources L.L.C. or to anyone else (including any that may be set forth in Section below or in any other portion of this document) shall not apply to any MSAver MSA or other account established at or by UMB, and I agree that UMB shall have no duty to act upon any directions of anyone claiming to act as my agent or representative. I agree that UMB need not act upon any order, instruction, or other action or writing of MSAver Resources L.L.C. or any other person or entity purportedly acting as my agent or representative, whether to transfer my account or funds, take any other action on or to my account, or otherwise. I agree that UMB may require, as a condition of each transfer or requested action by it, that it first receive specific written instructions signed by me.

UMB Bank, n.a. is authorized to recognize my signature as set forth below, or the signature of any other person named in the Account Access section of this Application, in the payment of checks or the transaction of any other business on this Account, any **one (1)** such signature or other authority being necessary.

W-9 Under penalties of perjury, I certify that (1) the Social Security Number set forth below is my correct Taxpayer Identification Number (interest paid, if any, will be reported under this number), and that (2) I am exempt from backup withholding, or I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (3) that I am a U.S. person (including a U.S. resident alien). Cross out item (2) above if you have been notified that you are subject to backup withholding because of underreporting of interest or dividends on your tax return.

Customer's Signature: _____ Customer's Taxpayer ID: _____ Date: _____

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certificate required to avoid backup withholding.

MSAver Resources L.L.C. Administrative Services Agreement

The following administrative services for my MSAver Health Savings Account ("MSAver HSA") are provided to me solely by MSAver Resources L.L.C. enrollment assistance and documents which may be provided through the Marketing Representative, and access to the toll-free tax assistance help-line to answer any questions concerning Health Savings Accounts, tax-related matters, qualified medical expenses, or other distributions. In consideration for these administrative services, I agree to pay MSAver Resources L.L.C. the administration fee by means of electronic withdrawal. In the event that my monthly fee is unpaid for a period of 60 days, MSAver Resources L.L.C. reserves the right to close my account and retain whatever fees are in the account to offset unpaid fees. I understand and agree that UMB Bank, n.a. has no control over such administrative services and no obligation or liability with respect to administrative services. I acknowledge that MSAver does not provide investment advice and that all investment decisions and instructions regarding my MSAver Health Savings Account will be made solely by me upon consultation with my personal broker or investment advisor. I hereby appoint and authorize MSAver Resources L.L.C. as my designated agent to, with prior notice to me, transfer my MSAver HSA to another trustee or custodian, other than the initial depository bank designated by MSAver Resources L.L.C. who will provide comparable or superior service, including a custodian who is affiliated with MSAver Resources L.L.C. This appointment of MSAver Resources L.L.C. as my designated agent is effective as of the date shown on the signature page of this form until revoked by me in writing. I have read and consent and agree to the terms of the MSAver Customer Agreement described above.

Customer Signature: _____ Date: _____

Retain For Your Records

Maximum Contribution (2004)

You may use the following formula to figure the maximum annual contribution allowed for your HSA account for 2004.

Health insurance deductible.....	(a) \$ _____
Maximum annual contribution amount (a) x 100% if single coverage, not to exceed \$2,600.....	(b) \$ _____
Maximum annual contribution amount (a) x 100% if family coverage, not to exceed \$5,150.....	(c) \$ _____
Monthly Contribution Limit (b or c) divided by 12.....	(d) \$ _____
Pro-rated annual contribution limit based on the effective date of health plan.....	(e) \$ _____

Computation: Number of full months covered by HSA plan times (c)

Note: You may only take a tax deduction on HSA contributions for months in which you were covered by a high-deductible health plan on the first day of the month. Total tax deductible contributions must be credited to account by April 15 of the following calendar year. Persons who are age 55 or older can make additional "catch-up" contributions. See the discussion in the Disclosure Statement for details.

Fee Schedule

MSAver Health Savings Account Administration Fee (services include):

Account Services:

- 1) Periodic MSAver Health Savings Account statements showing activity in the account. This would include, but not be limited to contributions received, withdrawals from the account, interest earned and any other appropriate information concerning your account.
- 2) IRS Forms 1099 SA and other reports of the Custodian as required by the IRS.

Administrative Services:

- 1) Continued access to the toll-free tax assistance help line to answer any questions you might have concerning Health Savings Accounts, qualified medical expenses, or other tax-related matters.

Additional Fees:

- 1) Account and Administrative fees will be automatically debited from your MSAver Health Savings Account. Price subject to change with 30 days notice.

Health Savings Account Fee Schedule

Annual Administration Fee (prorated for 1st year)	\$60
Set-Up Fee	\$25
Check Card Transactions	NC
Additional Cards (First Card is Free)	\$15
Insufficient Funds	\$25
Overdraft	\$25
Stop Payment	\$20
Returned Deposited Item	\$3
Check Copies	\$2
Wire Transfer (Incoming))	\$10
Wire Transfer (Outgoing)	\$15
Distribution Fee, per distribution (Saver's Option)	\$15
Account Closing Fee within 180 days	\$25
Account Closing Fee after 180 days	\$20

UMB BANK, N.A. FINANCIAL CORPORATION PRIVACY STATEMENT FOR INDIVIDUALS

OUR PROMISE. UMB Financial Corporation and each of its financial institution subsidiaries firmly believe that maintaining the confidentiality of our customers' information is at the core of our customer relationships. We promise that we will protect your confidential information as set forth in this Privacy Statement. Our Board of Directors have adopted this Privacy Statement so that you will understand what information we collect and how we use it. The companies listed at the end of this statement are the financial companies that are currently part of our family of companies and have adopted this statement. Our "affiliates" include all of the listed companies and any other companies related to us by common control.

INFORMATION WE COLLECT. We collect and retain information about you only when we reasonably believe that the information will assist us in managing your accounts and services and in providing products, services and other opportunities to you. One of the main reasons we collect information is to protect your account and to identify you when we conduct transactions with you. The information we collect will also be used to comply with certain laws and regulations that may apply to us and to help us understand your financial needs as we design or improve our products and services. We will also use your information to administer your account and transactions and to provide you with products and services that will best assist you. We collect non-public personal information about you from the following sources:

- Information we receive from you on an application or other form;
- Information about your transactions with us, or other banks or companies in the UMB family of companies or others;
- Information we receive from a credit bureau.

Examples of non-public personal information include information regarding your account balance, credit card use and payment history.

INFORMATION WE DISCLOSE. We understand that you expect the personal information you have entrusted to be handled with great care. We do not disclose any non-public personal information about our customers or former customers to anyone, except as necessary to provide UMB services or as otherwise permitted or required by law. Please be assured that we will NEVER provide medical information we may obtain in insurance applications to any affiliate or to any associate without a need to know.

UMB AFFILIATES. We are permitted by law to share information about our experiences or transaction involving you or your account with our affiliates. We may also share other information about you or your account (such as information we received from you in applications and information from credit bureaus) with our affiliates. Our affiliates provide important services and products designed to provide you with the highest quality financial services. We may share information about you within our family of companies, so we can serve you more efficiently, offer you products and services that we believe would benefit you, and to make it easier to do business with us. You may choose to instruct us not to share your information with our affiliates by "opting out" of information sharing. To opt out, call us at 1-800-441-9535, or if in Kansas City, call 816-860-5780. When you call, please provide us with your name, address, social security number and birth date. You should also provide us with the accounts and services you have with us so that we can be sure that we have identified all of our relationships with you. You cannot "opt out" on behalf of any other customer, unless you are a joint account holder with that person. To opt out for another joint account holder, you must provide the joint account holder's name, address, social security number and birth date. You should also provide us with all of the account and services that the joint account holder has with us. Even if you opt out, we are still permitted to share information about you that relates to our experiences or transactions with you or your account.

FOR CREDIT AND DEBIT CARD CUSTOMERS. If a bank or company name other than UMB appears on your credit or debit card, we will not share non-public personal information about you or your account with our affiliates.

THIRD PARTIES. We are also permitted by law to disclose non-public information about you in certain circumstances to third parties that are not part of the UMB family of companies. We do not sell or share customer information to unrelated third parties for the third parties to use for their own purposes. We do share information with companies that work for us. For example, we may share information with companies that print checks for us, mail customer statements or letters or provide data processing services. These companies are acting on our behalf when they provide these services and are obligated by contract to maintain the information they receive in a confidential manner. They are not authorized to use the information for any other purpose. We also provide information:

- When you authorize us to release information;
- To credit reporting agencies;
- To other parties when it is necessary or helpful in completing a transaction you initiate, including other financial institutions and networks involved in processing your transactions;
- To comply with a law, regulation, court order or subpoena;
- To verify the existence of your account and general information about the condition of your account for a merchant or other financial institution;
- In response to an inquiry about whether a check you have written on an account will clear;
- To local, state and federal authorities if we believe a crime may have been committed involving your account;
- To our independent auditors, consultants, or attorneys and to agencies that regulate us.

We may disclose all of the information we collect as described above to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements. Those third parties contractually agree not to use the information for any other purpose.

EFFECTIVE DATE. This Privacy Statement is effective June 1, 2004. We reserve the right to periodically change our statement from time to time, but will not do so without first notifying you of any change.

UMB Companies that have adopted this Privacy Statement
UMB Bank Warsaw, n.a.
UMB USA, n.a.

UMB Bank, n.a.
UMB National Bank of America
UMB CDC, Inc.

UMB Bank Colorado, n.a.
UMB Scout Brokerage Services, Inc.

UMB Bank Omaha, n.a.
UMB Scout Insurance Services, Inc.