

Authorization Agreement for One-Time ACH Direct Payment HSA

Employer requested that Mercer Marketplace in cooperation with Discovery Benefits transfer HSA funds currently administered by Mercer Marketplace as directed and authorized herein. The HSA funds will be settled directly to the bank account ("Account") at the depository financial institution named below ("Depository"). Mercer Marketplace will initiate an ACH to the account equal to the total HSA funds as directed by employer and consistent with law.

Note: All fields are required

Step 1: Employer Information

Employer Name ("Receiver")

Tax ID Number

Step 2: Account Information

Financial Institution Name ("Depository")

Branch

Street Address

City

State

Zip

Checking Account

Savings Account

Phone Number

Routing Number (should be nine digits)

Account Number ("Account")

Step 3: ACH Filter — REQUIRED

To authorize Mercer Marketplace to initiate an ACH from the account, contact your financial institution and provide them with the following information. If IDs are not established and/or ACH dollar limits are set by the bank, ACH errors will occur and cause delays.

Origination Company Name & ID: Mercer Marketplace — 990005855A

Step 4: Authorization

Receiver hereby authorizes Mercer Marketplace in cooperation with Discovery Benefits to initiate credit entries to the account for transferred HSA funds.

This authorization is a one-time ACH authorization agreement for transferred HSA funds. A new form is required in the event a future ACH for transferred HSA funds is needed. Receiver agrees to comply with and be bound by the National Automated Clearing House Association (NACHA) operating rules. Receiver acknowledges the origination of ACH transactions to the account must comply with the provisions of U.S. law. Receiver agrees to indemnify and hold Mercer Marketplace harmless for any damages suffered as a result of this HSA fund transfer.

I understand the contents of this form and will contact the bank listed above with Mercer Marketplace's originating ID numbers to ensure successful ACH transmission.

Employer Signature

Date