

First Bankers Trust Services, Inc.

2321 Kochs Lane
P O Box 4005
Quincy, IL 62305-4005
(217) 228-8027

In order to preserve customer confidentiality and yet attempt to meet the needs of our customer we are asking that you complete the bottom portion of this page and return it to us in the enclosed self-addressed envelope. We are continually asked by a spouse, an accounting firm, or an individual working on taxes for information regarding customer's HSAs. Your rights and Bank regulations expressly forbid this release of information, even to spouse or family members, without written authorization from the account holder. If you know of individuals whom you wish to have access to information regarding your HSA, you may list them below to avoid confusion or delays in the future

This information will be maintained in your file with First Bankers Trust Services until rescinded or changed by your written instructions. Thank you for taking the time to assist us. We appreciate you selecting First Bankers Trust Services as the custodian for your Health Savings Account.

Sincerely,



Diane McHatton
IRA Administrator

HSA Account Holder Name

Please select one option:

_____ I hereby authorize First Bankers Trust Services to release information regarding my Health Savings Account listed below whenever requested.

_____ I hereby request that information regarding my Health Savings Account with First Bankers Trust Services remain confidential, and that information not be released without my written consent at the time of the request.

I understand that the option I have selected above will remain in effect until rescinded or adjusted by me in writing to First Bankers Trust Services, Inc.

Customer Signature

Date