

NOTICE OF CHANGE IN TERMS – Health Savings Accounts
Effective 11/20/2019

Pinnacle is launching its own comprehensive line of health and benefits accounts. As a current Pinnacle health savings account (HSA) holder, you are among the first to benefit from this launch.

The terms and conditions of your account, titled “Disclosures and Deposit Account Agreement” and “Disclosure of Fees and Service Charges,” which were provided to you when you opened your HSA, have been updated and revised. The following is a summary of the changes that are being made to your account terms.

Disclosures and Deposit Account Agreement

Section II. Terms and Conditions of Your Account – Contact Information & Transaction Processing Order

PAGE 1 – TELEPHONE NUMBER TO CONTACT US & MAILING ADDRESS FOR WRITTEN NOTICE:

Please use telephone number 1-888-282-2605 when calling us with any telephone inquiries, notice of possible errors, or other questions about your Accounts. Also, as used in this Agreement, written notice to us is not effective until the day we receive it and does not extend any notification time period while in transit. Any mailed written notice should be addressed to: *Pinnacle Bank, Health & Benefits PO Box 2863 Fargo, ND 58108-2863*

PAGE 4 – TRANSACTION PROCESSING ORDER:

Your transactions may not be processed in the order in which they occurred. In the normal course of business, generally items are processed in the order of which they are received (First In, First Out). We reserve the right to change the order of payment without notice to you if we suspect fraud or possible illegal activity affecting your account.

Section III. Electronic Funds Transfers: Your Rights and Responsibilities

PAGE 8 – ERROR RESOLUTION CONTACT INFORMATION

You may ask for copies of the documents that we used in our investigation. *Pinnacle Bank, Health & Benefits PO Box 2863, Fargo, ND 58108-2863. 1-888-282-2605.*

**Please note that the Electronic Funds Transfer section only applies to Accounts held for personal, family or household purposes and is therefore not applicable to business, trust accounts or any such account held for non-personal purposes.*

Disclosure of Fees and Service Charges

Please see the following changes in the chart below. Please note that a \$1 monthly charge will be assessed for the receipt of paper periodic statements. To avoid this \$1 charge, please enroll in electronic statements.

Service Description	Fee
Printed HSA Account Summary Fee (Periodic Statement)	\$1.00 per monthly statement (no fee for electronic statements) *

**For accounts opened through an employer-based plan, your employer or third-party administrator may pay the Printed HSA Account Summary Fee, if applicable. Please refer to your employer-provided benefits information to understand if your employer pays the fee for you. If your employment is terminated for any reason, or if your Employer no longer pays this fee, you will be responsible for payment of the Printed HSA Account Summary Fee, as applicable.*

If you have any questions regarding these revisions or would like to receive a copy of the full terms and conditions of your account, please visit www.pnfp.com/health, call us at (877) 380-0654 or visit your local Pinnacle office.

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If you currently elect to receive electronic disclosures, the system requirements have been updated and revised as outlined below.

Consent for Electronic Disclosures

Hardware and Software Requirements

In order to access, view, and retain electronic disclosures related to your Account, you must have the necessary equipment and software, including:

- A personal computer or other device that is capable of accessing the Internet (High-speed Internet connectivity or faster);
- Browsers: Microsoft® Internet Explorer (IE11 and greater), Microsoft® Edge (Windows 10; most current and prior two versions), Mozilla® FireFox (most current and prior two versions), Apple Safari™ (most current and prior two versions), Google Chrome® (most current and prior two versions);
- Mobile Application: Apple® iOS version 9.0 and higher; Android™ OS version 5.0 and higher;
- PDF Reader: Acrobat® or similar software to view and print PDF files;
- Screen Resolution: 1024 X 768 minimum;
- Enabled Security Settings: Per session cookies and JavaScript must be enabled;
- Local, electronic storage capacity to retain and/or print electronic documents.

Withdrawal of Electronic Acceptance of Disclosures and Notices, and Request for Paper Copies of Records

You may withdraw your consent to receive documents in electronic form for your Account or request paper copies of any records that you previously received electronically by contacting us by email at info@health.pnfp.com or by phone at (888) 282-2605. Any withdrawal of your consent to receive electronic documents will be effective only after we have a reasonable period of time to process your withdrawal. We may charge a fee for paper documents. Please consult your account opening disclosures for applicable fee information or contact us at (888) 282-2605. We reserve the right to close your account if you withdraw your consent to electronic delivery of documents.

How to Update Your Records

It is your responsibility to provide us with true, accurate and complete contact information related to this transaction and to maintain and update promptly any changes in this information. You can update information needed to contact you electronically by contacting us by email at info@health.pnfp.com or by phone at (888) 282-2605.