



Southwest Securities, Inc. and/or Broker/Dealers for which it clears
 Southwest Securities, Inc. Member NYSE/FINRA/SIPC

432/932

HSA Vision IRA Checking Application & Agreement

1. Account Title

Full Name of Applicant/Custodian (First, Middle, Last)		Social Security #	Date of Birth	
Home Address (P.O. Box unacceptable)	City	State	Country	Zip
Mailing Address (P.O. Box acceptable)	City	State	Country	Zip
Home Phone Number	Work Phone Number	Fax Number	Email Address	

2. Account Instructions.

Automatic Cash Investment: Check ONE*. If you do not make a selection, your funds will be invested in the Dreyfus Funds General Money Market Fund, Class B Shares.

Dreyfus Funds

General Money Market Fund, Class B Shares

General Government Securities Money Market Fund, Class B Shares

Bank Insured Deposits (*FDIC Insured deposit account - Not available for all accounts. Please refer to Section 2 of the Terms and Conditions located on the back.*)

Free Checking: A minimum of \$100 is required to qualify for free checking. If you do not make a selection, regular checks will be ordered.

Regular Checks (200 count)

Checks with carbons (150 count)

VISA Platinum Check Card (\$50 annual fee / \$10,000 cash. Shaded fields must be completed before card is ordered.)

For new accounts, if no selection of a money fund is made, your account will sweep cash balances to the Dreyfus General Money Market Fund. For existing accounts, please notify your broker if you wish to sweep cash balances to the Dreyfus General Money Market Fund, the Bank Insured Deposit or other selection. Accounts eligible to sweep to Bank Insured Deposit are typically those where the beneficial owner is a person and all required customer identification information is on file. If your account is ineligible it will be set to sweep to Credit Interest (CIP) or to a selected money market fund. The Bank Insured Deposit is a program administered by Liquid Insured Deposits ("LIDs"), which involves a series of FDIC-insured bank accounts maintained at various participant banks, including Southwest Securities FSB, Dallas, Texas, an affiliate of SWST. Bank deposits are generally insured up to \$250,000 per depositor, while your IRA and other qualifying self-directed retirement funds on deposit are separately insured up to \$250,000. Balances in Bank Insured Deposit up to \$2.5 million may be covered depending on the number of participant banks in the program. Account balances in excess of the combined coverage limits of the participant banks will be swept by SWST either to the CIP account or to a money market fund, dependent on the type of account. A list of participant banks is available at www.swst.com. Deposits you may have directly placed with any participant bank should be taken into account when assessing your FDIC coverage. If you have a deposit with one of the participant banks that is separate from a balance in the Bank Insured Deposit, please notify your broker if the combined deposits are in excess of \$250,000. I acknowledge that I am aware that if I elect or otherwise have cash swept to the Bank Insured Deposit, the LIDs Terms and Conditions document will be mailed to me. Information regarding FDIC coverage is available at www.fdic.gov. Cash balances invested in the Bank Insured Deposit are not covered by SIPC or excess-SIPC coverage. Please consult your broker, as certain types of accounts, including corporations, partnerships and employee benefit Plans may not be eligible to invest in the Bank Insured Deposit. Your broker may receive a fee with respect to the Bank Insured Deposits. For more information concerning your cash account options, please contact your broker. For complete sweep account disclosures please see our Customer Information Brochure.

3. Acknowledgement & Signatures.

I understand that by signing below I am agreeing to the Terms and Conditions of this Agreement, including the pre-dispute arbitration provisions contained in Section 9 of the customer information brochure. I have received a copy of this Agreement, the Customer Information Brochure, and the Custodial Agreement and Disclosure Statement and have had the opportunity to read those documents. I further acknowledge that I am aware that if I elect the Bank Insured Deposit, the Truth in Savings document will be mailed to me. If a money market fund was elected, I acknowledge receipt of, and have had the opportunity to read a current prospectus of the Fund.

I also represent to you, understand, and agree that:

- I am an eligible participant in a Health Savings Account and am a resident of the United States or its territories.
- The purpose of this account is to enable me to pay or reimburse qualified medical expenses from my Health Savings account as designated on IRS Form 1099-SA and related IRS instructions.
- No Federal Income Taxes will be withheld on any checks written from the Vision HSA.
- The day the check clears will determine the distribution date (Example: Checks written in December and cleared the following January will be reflected as a January distribution).

X _____
 Applicant's Signature Date

4. Visa Check Card Agreement,

I understand that UMB Bank's approval of my VISA Check Card is subject to verification and investigation. I authorize the Bank to obtain and release credit information in connection with the application and with respect to the processing of this application. In addition, I authorize a fee redemption as applicable. Applicant(s) hereby apply to UMB Bank, N.A. or its successors or assign ("Issuer") for a VISA Check Card as indicated. If this application is accepted and a card(s) is issued, the undersigned will be deemed to be in agreement with the terms and conditions accompanying the card(s) by any agreement governing my account, and by the Rules as amended and in effect from time to time. The applicant(s), in signing this form, certifies the information given herein to be true and correct. The applicant(s) authorizes the Issuer to verify the credit, investments, and employment history of each person signing this application and to answer questions about the Issuer's experience with each person. The applicant(s) understands that the Issuer will retain the application whether or not it is approved. Upon issuance of a VISA Check Card, I hereby authorize Southwest Securities, Inc. to order liquidations of assets to be made so that transactions are settled and Issuer receives the proceeds of such liquidations. I understand that the Card(s) and account are made available solely for the purpose of enabling me to access the proceeds of my assets and does not involve any extensions of credit by Issuer. This authorization may be terminated by either party by direct written notification. I understand I will be responsible for the amount of any transactions authorized by me that may not have been debited from my account as of the date of termination.

X _____
Applicant's Signature Date

X _____
Applicant's Printed Name

* ONLY AUTHORIZED ACCOUNT HOLDER IS ENTITLED TO USE THE VISA PLATINUM CHECK CARD AND CHECK WRITING PRIVILEGES

FOR BROKER USE ONLY			
X _____ Investment Representative's Signature Date	X _____ Principal's Signature Date		
X _____ Authorized Signature of Custodian Date			

HSA Vision IRA Terms and Conditions

Introduction. This Agreement contains the terms and conditions of the Vision Account for the Customer(s) named on page one. A Vision Account is a securities brokerage account with special features, including, at the option of the Customer, certain Visa check card, and check writing privileges. Until modified as provided below, this Agreement, together with consistent and applicable provisions of the Customer Information Brochure, shall govern the activities, rights, and obligations of the parties as they relate to the customer's Vision Account. In this Agreement, "Customer," "I," "me," or "my" means the Customer, or Customers in the case of a joint account, who signs this Agreement. "You," "your," or "SWS" means Southwest Securities, Inc., "FSB" means the state or national bank or trust company selected by SWS for its Vision Account under this Agreement, and which SWS will advise me of in writing when changed from the current bank which is Southwest Securities FSB, Arlington, Texas.

1. Checks and Check Card. Upon my signing this Agreement and your opening of my Vision Account, I may withdraw funds from my Vision Account by means of check-like instruments technically known as "payable through drafts" (the "Checks") or through the use of a Visa Platinum Check Card (the "Card"). The Checks are drawn on SWS, but are payable through the Bank. This means that, even though I do not have an account at the Bank, the Bank will process my Checks. The Checks will be paid by SWS, but only if my Available Balance, as defined below, on the day each Check is presented to SWS exceeds the amount of the Check. I acknowledge that only one authorized signature is necessary to clear a check.

The Card is issued through UMB Bank, N.A. (UMB) by Customer's opening a Visa Platinum Check Card Account with UMB. SWS is not issuing the Card and my authority and power to engage in card transactions is conditional on UMB accepting my account. The Card may be used, to the extent of my Available Balance, for purchases or cash advances; such transactions will be presented to and paid by UMB with reimbursement by SWS from my Available Balance. I agree that any information I provide to SWS in connection with my Vision Account may be disclosed in whole or in part to the Bank or its agents for use in processing of Checks or to UMB for use in processing transactions on my Card. I will receive an account statement from SWS (for months in which account activity has occurred) which will set out the activity in my account, including Check activities, Card activities, transactions and fees. Although this account is not intended to be used as a household checking account, I may write Checks in any amount which are within my Available Balance. An excessive number of Check transactions is inconsistent with the investment purposes of the Vision Account and SWS may terminate my Check writing privileges if, in SWS' sole judgment, it appears that the number of Checks I write under the program is excessive.

2. Automatic Cash Investment Fund. Any available cash balance in my Vision Account as of the end of the business day will automatically be invested or deposited the next business day in the Automatic Cash Investment choice that I have designated. I acknowledge that I am aware that the Bank Insured Deposit, an interest bearing checking account, is FDIC insured up to \$250,000 per depositor (\$250,000 for qualifying retirement accounts). If the Bank Insured Deposit is elected, any cash balance over \$99,000 (\$248,000 for qualifying retirement accounts) will be swept to the Dreyfus General Money Market Fund. The Bank Insured Deposit is not available to Corporations, Partnerships or LLPs unless the entire beneficial interest in the account is operated primarily for religious, philanthropic, charitable, educational, or other similar purposes, and is not operated for profit, or the account must contain public funds. The Bank Insured Deposit is also not available to Employee Benefit Plans such as Pensions, PSPs, MPPs, and 401(k)s. For more information concerning the Bank Insured Deposits, please contact your financial advisor.

3. Available Balance. The aggregate amount available at any time for Check or Card transactions (the "Available Balance") shall be the total from time to time of the uninvested free cash balance of my Vision Account held pending investment plus the interest in my Automatic Cash Investment Fund, reduced by pending SWS account transactions and by the amount of all Checks or Card transactions paid by SWS but for which SWS has not yet reimbursed itself from my Vision Account. **However, for my protection, the maximum amount available for Card transactions shall not be more than \$5,000.** Because my Available Balance is dependent upon the status of transactions in my account, my Available Balance will fluctuate from day to day. I agree to maintain cash and assets in my Vision Account to ensure my Available Balance is sufficient to cover all Checks I write and Card transactions I make, both on the date that I write the Check or make the transaction and on the date for payment of such Checks or transactions. If my Available Balance is insufficient to satisfy Checks presented to SWS, the Checks will be returned and rejected unpaid. If my Available Balance is insufficient to satisfy a Check or Card transaction presented to SWS and SWS determines to honor such Check or Card transactions, I will pay SWS the amount of those Checks or Card transactions on demand. I authorize SWS to make such payments, to

the extent sufficient funds can be provided, from the following sources in order of: (i) redemption of investments in the Automatic Cash Investment Fund, (ii) free credit cash balances, if any, held in my Vision Account pending investment, and to the extent the foregoing are insufficient.

4. Fees and Charges. SWS will charge me an annual fee, which SWS may change at any time, for my use of a Vision Account, and SWS will also charge me, and may withdraw from my account charges for the following: Check reorders, stop payment orders, insufficient funds charges, and any fees Bank charges SWS for my Check usage. I agree to pay interest to you on any debit or delinquent balances at your customary rate but in no event in excess of the maximum lawful rate as further disclosed to me in the Customer Information Brochure, a copy of which I have received. I agree to pay agency commissions or dealer charges determined by you on transactions in my accounts, transaction fees and costs that you incur in connection with transactions in my account, and such charges as you may make to cover your facilities and extra services.

5. Terminations of Accounts. Either SWS, Bank, UMB, or I may terminate my Vision Account at any time upon written notice to the other. Termination of the account does not reduce obligations of each of us which arose from activities occurring prior to account termination. In the event of any termination, SWS may withhold from assets then in my Vision Account such amount as it may reasonably believe necessary to pay any amounts to SWS or Bank, and apply such amounts first to pay SWS and second to pay Bank. If my participation in the SWS Vision Account is terminated, either by me or SWS, I will promptly return all unused Checks and any Card(s) to Southwest Securities, Inc., Vision Department, 1201 Elm Street, Suite 3500, Dallas, Texas 75270.

6. Modifications. I agree that you have the right to amend this Agreement at any time by sending me advanced written notice of such amendment, including changing the Bank or discontinuing any features of the Vision Account. My use of the Checks or Cards after receiving such written notice shall constitute my agreement to any such amendments. This Agreement cannot be otherwise modified other than by written agreement between me and SWS on a SWS approved form and signed by an authorized officer in SWS' administrative or executive offices. If any provision of this Agreement is found invalid or unenforceable in any respect, then that finding will not affect the validity of the remaining provisions of the Agreement.

7. Set off. I agree that all securities and other property which SWS may hold or control for me or which are due to me (either individually or jointly with others), and the proceeds thereof, shall be subject to, and there is hereby granted to SWS, a general lien, security interest and right of set off to SWS for the discharge of all my obligations to SWS. SWS may, in its discretion and without notice to me, deduct any amounts which may become due by me to SWS from my account and apply or transfer any of my securities and other property interchangeably between any of my accounts. In the event of default of any obligation to SWS, or if for any reason SWS may deem it advisable for protection, SWS may, without notice or demand to me, and at such time and place as SWS may reasonably determine, sell any securities or other property which SWS may hold for me or which is due to me (either individually or jointly with others) and apply the proceeds to the discharge of the obligation, and cancel any outstanding orders and take such other action as SWS deems appropriate. I shall remain liable for any deficiency and shall promptly reimburse SWS for any loss or expense incurred thereby, including losses sustained by reason of SWS' inability to borrow any securities or other property sold for my account.

8. Other Provisions. I agree that any written notice under this Agreement will be made by hand-delivery or first class mail, postage prepaid, at the addresses indicated for each of us (or such other address as we may advise the other in writing), and that such notice by mail shall be deemed effective as of the date mailed.

Fee Schedule

Annual Fee (Basic Vision Account, Checking)	Free
Returned Check/NSF	\$ 15
Stop Payment Request	\$ 12
Photocopy of Canceled Check	\$ 10
Personal Checks (initial, subsequent orders)	Free

Please refer to the Custodial Agreement for any applicable IRA fees.