

Now you can have the convenience and security of Direct Deposit for your commission payments!

Commission Statement		
120354	PROTO, INC.	178.39
321490	INTERSLICE	360.53
394282	XAV, INC.	108.99
021394	COMPUWEB	200.23
234993	DIADEM, LLC	93.50
349393	PRS CORP.	171.20



You can enjoy the ease of having your North Ranch Benefits Trust commission payments automatically deposited into your bank account, FREE!

Just mail the application on the reverse side to HealthSmart before the 10th of the month, and your next month's commissions will be deposited directly into your account.

It's just one of the many ways that HealthSmart is keeping you in touch!

For questions, please call 1-800-786-6525.




To enroll in Direct Deposit, mail this completed form with a VOIDED CHECK (not a deposit slip) from the account you have selected to:

HealthSmart
10303 E Dry Creek Rd, Suite 200
Englewood, CO 80112

You may also fax to 303-804-9490, or e-mail a scanned copy to pbdenver@healthsmart.com.

To enroll in Direct Deposit, all information must be completed correctly, and we must receive a voided check (no deposit slips) with your application. Incomplete information will result in a delay in processing your request.

John Q. Public 321 Easy Street Anytown, CA 91399	0102
Pay to the Order of _____	_____ DOLLARS
First National Bank of Anytown 1234 Western Blvd. Anytown, CA 91398	_____
	

ROUTING CODE ACCOUNT

I hereby authorize HealthSmart (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated below. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and such manner as to afford Company and Bank reasonable opportunity to act on it.

Payee Name _____ **WPIS Number*** _____

Phone _____ **Email (optional)** _____

Signature _____ **Date** _____

Bank Name / City / State _____

This account is a (pick one): **Checking Acct.** **Savings Acct.**

Routing Code I ⑆

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 I ⑆

Your routing code is the 9-digit number on the lower left of your check. The routing code appears between the ⑆ symbols.

Account # I ⑆

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 I ⑆

Your account number can be found between the second ⑆ symbol and the I ⑆ symbol. Do not include the check number (the digits to the right of the I ⑆ symbol).

*-Found on your monthly Commission Statement.

IMPORTANT

Your direct deposit agreement is subject to the following restrictions and limitations:

Direct Deposit is available for one bank account only. Your commission payments cannot be split into multiple bank accounts. All commission payments distributed by HealthSmart will be deposited into the account you select. Applications received by the 10th of the month will be applied to the following month's payments.