

1. Owner Information

Name		HSA Account Number	
Address		Security Word	
City, State, Zip		Security Word Hint	
Daytime Phone Number		Social Security Number (SSN)	
E-Mail		Date of Birth & Gender	
Driver's License # / State of Issuance		Driver's License Issue Date	
Type of Health Insurance Plan Covered (Select One) Required	☒ Self-Only ☐ Family	Driver's License Expiration Date	

2. Authorized Signer Information

Name		Security Word	
Address		Security Word Hint	
City, State, Zip		Social Security Number (SSN)	
Daytime Phone Number		Date of Birth & Gender	
E-Mail		Driver's License Issue Date	
Driver's License # / State of Issuance		Driver's License Expiration Date	
		Employer	

3. Designation of Beneficiary

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. If all of the beneficiaries die before me, my HSA assets will be paid to my estate. If no percentages are assigned to beneficiaries, the beneficiaries will share equally. If the percentage total for each beneficiary classification does not equal 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

4. Primary Beneficiary

PERCENTAGE	NAME OF BENEFICIARY	SSN OR TAXPAYER ID NUMBER	RELATIONSHIP TO HSA OWNER
%			
%			
%			
TOTAL 100%			

5. Contingent Beneficiary

PERCENTAGE	NAME OF BENEFICIARY	SSN OR TAXPAYER ID NUMBER	RELATIONSHIP TO HSA OWNER
%			
%			
%			
TOTAL 100%			

6. Spousal Consent

I Am Married. I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.

(HSA Owner Initials)

I Am Not Married. I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.

(HSA Owner Initials)

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property, including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in Section 4 of this form.

Signature of Spouse

Date

Signature of Spouse

Date

7. Signatures

If this HSA is being established with a regular contribution, I certify that I am covered by a qualified high deductible health plan (HDHP), and that I am not covered by a health plan other than an HDHP that provides any of the same benefits as an HDHP. If this HSA is being established with a rollover or transfer contribution, I certify that the rollover or transfer assets from another HSA or Archer Medical Savings Account (MSA). I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, Health Savings Custodial Account, and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Health Savings Custodial Account, Disclosure Statement, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that I may revoke this HSA on or before seven (&) days after the date of establishment. I have not received any tax or legal advice from the custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the HSA custodian harmless against any and all claims or losses arising from my actions.

Signature of HSA Owner

Date

Signature of Custodian/Trustee

Date

Signature of Authorized Signer

Date

BACKUP WITHHOLDING CERTIFICATIONS

SSN: _____

☒ **TAXPAYER I.D. NUMBER**– The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☒ **BACKUP WITHHOLDING**– I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **EXEMPT RECIPIENTS**– I am an exempt recipient under the Internal Revenue Service Regulations.

☒ _____
Signature Date

(Above Signature also authorizes Check, Debit Card, Online Banking is Applicable).

HSA Account Number: _____

8. Additional Account Information**Do you want checks?**

☐ Yes ☐ No
☐ Duplicate ☐ Regular
Starting Check # _____

Please include the following information on my checks?

Owner's Name (Standard) ☐ Phone # _____
Address (Standard) ☐ Driver's License Number (info on other side)

Select Services:

☐ Visa® Check Card for Owner
☐ Visa® Check Card for Authorized Signer

Completed by AE☐
☐**Needs to be completed by Dep OPs**☐
☐**To be completed by bank personnel only:****Select upon completion:**

☐ Chexsystems
☐ ID Verification - Red Flags Checked

Human Resource Verification:

☐ HR- Verified Employee ID/SS# Initials: _____

ADDITIONAL INFORMATION

Purpose. The Health Savings Account Application form is designed to assist you in opening a Health Savings Account (HSA). This Application will accompany an Internal Revenue Service (IRS) Form 5305-B, *Health Savings Trust Account*, IRS Form 5305-C, *Health Savings Custodial Account*, or IRS-approved prototype and Disclosure Statement.

Definitions

HSA- An HSA is a tax-exempt trust or custodial account established exclusively for the purpose of paying qualified medical expenses of you, your spouse, and your dependents.

Account Owner- The account owner is the person who establishes the custodial account. For HSA purposes, the account owner is you.

Additional Documents

Applicable law or policies of the HSA custodian may require additional documentation such as IRS Form W-9, *Request for Taxpayer Identification Number and Certification*.

For Additional Guidance

It is in your best interest to seek the guidance of a tax or legal professional before completing this document. For more information, refer to IRC Section 223 and all additional IRS guidance, IRS publications that include information about HSAs, instructions to your federal income tax return, your local IRS office, or the IRS's web site at www.irs.gov.