

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who open an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Your Information –

Legal Last Name		Legal First Name		MI
SSN	Date of Birth	Home Phone	Cell Phone	Work Phone
Email Address			Preferred Name	
Mailing Address		City	State	Zip code
Physical Address (if different from mailing address)		City	State	Zip code

Employer Information -

Current Employer		Position	Employer Phone Number	
Employer Address		City	State	Zip code

Identification -

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Military ID	<input type="checkbox"/> State ID	<input type="checkbox"/> Other _____	ID Number
State of Issuance	Date of Issuance	Date of Expiration	Mother's Maiden Name	City of Birth	

Accounts and Services -

Type of Account Applying For (check all that apply) Health Savings Account **Insurance Plan:** Self Plan Family Plan (Choose One)

Initial Contribution Year: _____ **Initial Contribution Type:** Regular Transfer Rollover (Choose One)

Other services interested in: Debit Card Checks Online/Mobile Banking Bill Pay Direct Deposit Verification for Employer
 Authorized Signer Requested (Additional Information Required) Debit Card for Authorized Signer (Additional Information Required)

Eligibility:

Yes; I am eligible to establish a Health Savings Account (HSA); I am or will be covered by a qualified High Deductible Health Plan (HDHP); I am not covered under any other health plan that is not compatible with a Health Savings Account; I am not enrolled in Medicare; I may not be claimed as a dependent on another person's tax return.

Beneficiary Information - Non-Spousal beneficiaries may have additional tax obligations. Speak with a qualified tax advisor for more information

Beneficiary 1 (if additional beneficiaries, use Additional Beneficiary Information form)

Legal Last Name		Legal First Name		MI
SSN	DOB	Relationship	Phone Number	
Address		City	State	Zip code

Signatures –

BY SIGNING BELOW, I HEREBY AUTHORIZE THE CITIZENS STATE BANK TO REVIEW MY CREDIT HISTORY AND THAT THE INFORMATION REQUESTED ABOUT ME IS FOR THE PURPOSES OF DETERMINING MY ELEGIBILITY FOR APPROVAL. I FURTHER AUTHORIZE THE CITIZENS STATE BANK TO ANSWER QUESTIONS ABOUT ITS CREDIT EXPERIENCE WITH ME. I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE ELECTRONIC FUNDS TRANSFER AND DEPOSIT ACCOUNT. THE TERMS AND CONDITIONS THAT WILL APPLY TO THIS HSA ARE INCORPORATED IN THIS APPLICATION, THE HEALTH SAVINGS CUSTODIAL ACCOUNT AGREEMENT, DEPOSIT ACCOUNT AGREEMENT AND DISCLOSURE, AND OTHER DISCLOSURE AND RELATED DOCUMENTS DELIVERED TO ME AT THE TIME OF ACCOUNT OPENING. I AM RESPONSIBLE FOR ENSURING THAT ALL CONTRIBUTIONS I MAKE ARE WITHIN THE LIMITS ESTABLISHED BY RELEVANT LAW, AND I AM ALSO RESPONSIBLE FOR THE TAX CONSEQUENCES OF ANY CONTRIBUTIONS AND DISTRIBUTIONS RELATED TO THIS HSA. I WILL CONSULT WITH MY TAX OR LEGAL ADVISOR IF I NEED ADVICE.

Signature X	Date
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Bank Use Only Employee Initials _____	Appropriate Documentation Collected <input type="checkbox"/> Yes	OFAC Report <input type="checkbox"/> Yes
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Your Information –

Legal Last Name	Legal First Name	MI
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Beneficiary Information – If a trust is named as an HSA beneficiary, we will ask you to complete a Certificate of Trust. Our HSA Department will be able to answer additional questions you may have concerning this option. If multiple beneficiaries are named, amount will be paid out in equal distributions to all beneficiaries.

Beneficiary 2

Legal Last Name	Legal First Name	MI	
SSN	DOB	Relationship	Phone Number
Address	City	State	Zip code

Beneficiary 3

Legal Last Name	Legal First Name	MI	
SSN	DOB	Relationship	Phone Number
Address	City	State	Zip code

Beneficiary 4

Legal Last Name	Legal First Name	MI	
SSN	DOB	Relationship	Phone Number
Address	City	State	Zip code

Beneficiary 5

Legal Last Name	Legal First Name	MI	
SSN	DOB	Relationship	Phone Number
Address	City	State	Zip code

Beneficiary 6

Legal Last Name	Legal First Name	MI	
SSN	DOB	Relationship	Phone Number
Address	City	State	Zip code

Beneficiary 7

Legal Last Name	Legal First Name	MI	
SSN	DOB	Relationship	Phone Number
Address	City	State	Zip code

Signature X	Date
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Bank Use Only
 Employee Initials _____