

Health Savings Account Enrollment Form

USA Patriot Act

Important Information about Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each customer that opens an account. What this means for you: When you open an account, we will ask you your name, address, social security number, date of birth, and other information that will allow us to identify you. We may also ask to see you driver's license or other identifying information.

Please type to complete all applicable information and print for signatures.

Tell us about yourself:

Name (First, MI, Last) _____

Social Security Number or Individual Taxpayer Identification # _____ Date of Birth _____

Home Address (physical address) _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Best Time to Call _____ Email _____

Employer _____ Occupation/Title _____

Identification Number _____ State of Issue _____

Issue Date _____ Expiration Date _____

Type of Identification Provided Above (Circle one) Driver's License Passport Resident Alien Card

Type of Health Savings Account Plan (Circle one) Individual Family

Debit Card (Circle one) Yes No

Tell us about your additional authorized signer (if any)

Name (First, MI, Last) _____

Social Security Number or Individual Taxpayer Identification # _____ Date of Birth _____

Home Address (physical address) _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Best Time to Call _____ Email _____

Employer _____ Occupation/Title _____

Identification Number _____ State of Issue _____

Issue Date _____ Expiration Date _____

Type of Identification Provided Above (Circle one) Driver's License Passport Resident Alien Card

Debit Card (Circle one) Yes No

Spousal Consent:

___ I am not married: I understand that if I become married in the future, I must complete a new Designation of beneficiary form.

___ I am married: I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the Spousal Consent form.

Designation of Beneficiaries:

The following individual(s) or entity shall be my primary or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If a primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rated basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

Designate Beneficiary #1

Name (First, MI, Last) _____

Social Security Number or Individual Taxpayer Identification # _____ Date of Birth _____

Home Address (physical address) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Relationship to Account Holder: _____

_____ **Primary Beneficiary** _____ **Contingent Beneficiary** _____ **Percentage**

Designate Beneficiary #2

Name (First, MI, Last) _____

Social Security Number or Individual Taxpayer Identification # _____ Date of Birth _____

Home Address (physical address) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Relationship to Account Holder: _____

_____ **Primary Beneficiary** _____ **Contingent Beneficiary** _____ **Percentage**

Designate Beneficiary #3

Name (First, MI, Last) _____

Social Security Number or Individual Taxpayer Identification # _____ Date of Birth _____

Home Address (physical address) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Relationship to Account Holder: _____

_____ **Primary Beneficiary** _____ **Contingent Beneficiary** _____ **Percentage**

Signature of Applicant

Signature of Additional Authorized Signer

Health Savings Account Features

No minimum balance requirement.

No monthly account maintenance or activity fees. (ATM withdrawals at non-Hometown Bank ATMs may be subject to surcharges.)

Free MasterCard Debit Card available.

Free Mobile Banking

Free Online Banking with Bill Payment and Check Images.

Free E-Statement (Paper Statement available for \$5.00 per month fee)

Tiered Interest Rate. The Current HSA interest rates can be obtained by visiting our web site at www.HTBWI.com.

Account Set Up Fee of \$25.00

Account Closing Fee of \$25.00

Send Completed Form via secure email to hsa@htbwi.com.

