



Health Savings Account Application





FOR BANK USE ONLY:

ACCOUNT #

CUSTOMER #

Health Savings Account (HSA) Application

ALL FIELDS MUST BE COMPLETED.

Missing fields may delay the account opening process and possibly result in a returned application.

HSA Account Type (check one)

_____ Traditional HSA **OR** _____ HSA with Investments (balance must exceed \$3,000)

Health Insurance Plan Coverage:

Tax Year: _____ If you are enrolling through your employer, please list your employer here: _____

Account Holder Information:

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Home Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Social Security Number/TIN: _____ **Date of Birth (mm/dd/yyyy):** _____ **Email Address:** _____

Home Phone: _____ **Cell Phone:** _____ **Drivers License #:** _____ **Issue Date:** _____ **Exp. Date:** _____

Drivers License State: _____ **Occupation:** _____

(If retired, list previous occupation)

OPTIONAL: Agent/Authorized Signer Information:

Due to IRS Regulations, HSAs are only allowed to have one account owner. However, you are allowed to have an Agent/Authorized Signer added to your account. Agents are able to gain account information such as balance and transaction history and make purchases with checks and a debit card. Agents will NOT be allowed to make investment decisions or close the Health Savings Account.

First Name: _____ **Middle:** _____ **Last Name:** _____

Home Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Social Security Number: _____ **Date of Birth (mm/dd/yyyy):** _____ **Email Address:** _____

Home Phone: _____ **Cell Phone:** _____ **Drivers License #:** _____ **Issue Date:** _____ **Exp. Date:** _____

Drivers License State: _____ **Occupation:** _____

(If retired, list previous occupation)

Beneficiary Information:

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 that 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 supersedes all earlier beneficiary designations which may apply to this HSA.

Account Holder Information:

Name of Beneficiary	SSN/TIN	DOB	Primary	Contingent	Percent
			<input type="checkbox"/>	<input type="checkbox"/>	_____%
			<input type="checkbox"/>	<input type="checkbox"/>	_____%
			<input type="checkbox"/>	<input type="checkbox"/>	_____%
			<input type="checkbox"/>	<input type="checkbox"/>	_____%
			<input type="checkbox"/>	<input type="checkbox"/>	_____%

All fields must be completed. Missing fields may delay the account opening process and possibly result in a returned application.

Backup Withholding Certifications

TIN/Social Security Number _____

- TAXPAYER ID NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
- BACKUP WITHHOLDING** - I am not subject to backup withholding 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.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

Signature

Date

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 are from another HSA or Archer Medical Savings Account (MSA), Flexible Spending Arrangement (FSA) or Individual Retirement Account (IRA). 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 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 (7) 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.

I also certify that everything I have stated in this HSA Account Application/Signature Card and on any attachment is correct. By signing below I authorize you to check my credit account. I authorize you to take steps to verify my identity. I understand that I may be asked several questions and to provide one or more forms of identification to fulfill this requirement. Further, I understand that in some instances, outside sources may be used to confirm the information I provide and that any information I provide is protected under Choice Bank's Privacy Policy and federal law.

Signature of HSA Owner

Date

Signature of Agent/Authorized Signer *(If elected, signature is required)*

Date

Choose any or all of the convenient account options. If no account options are selected, you will not receive any of the following options other than a monthly paper statement.

_____ **Checks** (available for a fee)

_____ **Debit Card** (complimentary)¹

_____ **1-Debit Card OR**

_____ **2-Debit Cards**

Statement Delivery Options (Please select one):

_____ **eStatement** (free - includes check images)

Email address is required: _____

_____ **Paper Statement with images** (\$2 a month)

¹Certain restrictions may apply. Subject to approval. You may be charged foreign ATM fees.

Watch Your Mail!

Once Choice Bank receives your completed application, your HSA will be opened. Please watch your mail for the following:

- **Account Welcome Kit.** Your account welcome kit will provide you with your account number, important account information, disclosure information and our commitment to your privacy.
- **Checks** (if ordered). Checks will arrive 11-14 business days from approval of HSA application.
- **Debit Card(s)** (if ordered). Your Debit Card(s) and will arrive in approximately two weeks from approval of HSA application.

If you have any questions or comments, please call our HSA Helpline at **866.702.9033** or email **hsa@bankwithchoice.com**.

SUBMIT COMPLETED FORM TO ONE OF THE FOLLOWING:

FAX
701.356.6460
Attn: HSA Department

MAIL
Choice Bank - HSA Dept.
4501 23rd Ave. S.
Fargo, ND 58104

EMAIL
hsa@bankwithchoice.com
We recommend sending in a secure format.

Congratulations and thank you for choosing Choice Bank as your HSA provider! We look forward to working with you well into the future.





FACTS

WHAT DOES CHOICE BANK DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balance and payment history
- Credit history and credit scores

When you are no longer our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Choice Bank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information:	Does Choice Bank share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes - information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes - information about your creditworthiness	No	We don't share
For non-affiliates to market to you	No	We don't share

Questions?

Call 888-894-1357 or email help@bankwithchoice.com

Who we are

Who is providing this notice?

Choice Bank

What we do

How does Choice Bank protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Choice Bank collect my personal information?

We collect your personal information, for example, when you:

- Open an account or deposit money
- Pay your bills or apply for a loan
- Use your debit or credit card

We also collect your information from credit bureaus, affiliates or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- Sharing for affiliates' everyday business purposes - information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for non-affiliates to market to you.

State laws and individual companies may give you additional rights to limit sharing.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and non-financial companies.

- Choice Insurance
- Choice Leasing

Non-affiliates

Companies not related by common ownership or control. They can be financial and non-financial companies.

- Choice Bank does not share with non-affiliates so they can market to you.

Joint Marketing

A formal agreement between non-affiliated financial companies that together market financial products or services to you.

- Choice Bank does not jointly market.