

HSA — Custodial Account Application

Custodian Information

Custodian's Name Heritage Bank
Address _____
City _____ State _____ Zip _____
Attn: _____ Phone _____

Account Owner Information

Name _____
Home Address _____
City _____ State _____ Zip _____
County _____ Date of Birth _____
Phone: Home _____ Work _____
SSN _____ Plan No. _____

Designation of Inheriting Beneficiary

Section 1.5 of Article XI of the Health Savings Custodial Account (HSA) contains an important discussion of your right to name primary and contingent beneficiary(ies). Your designation will revoke all prior HSA beneficiary designations with respect to the referenced HSA account. In the event of your death, you hereby direct that any balance in your HSA shall be paid to the following designated beneficiary or beneficiaries. If any primary or contingent beneficiary dies before you, then you wish to have the following result:

- 1. the interest of that deceased beneficiary, his or her issue and spouse, if any, shall terminate totally and the percentage share of any surviving beneficiary(ies) shall increase on a pro rata basis; or
- 2. the interest of that deceased beneficiary shall be paid to his or her issue who are alive or who have living issue, such issue will take by right of representation the share the deceased beneficiary would have taken if living, and persons of the same class shall share equally.

If you do not make the above designation, then you are deemed to have elected the "pro rata" selection under #1.

The following individual(s) and/or entity(ies) shall be my beneficiary(ies). You must check Primary or Contingent for each beneficiary. If neither is checked, the designated beneficiary will be deemed to be a primary beneficiary.

<input type="radio"/> Primary <input type="radio"/> Contingent	Name _____ Address _____ City _____ State _____ Zip _____	Share % _____ Date of Birth _____ SSN _____	Relationship _____
<input type="radio"/> Primary <input type="radio"/> Contingent	Name _____ Address _____ City _____ State _____ Zip _____	Share % _____ Date of Birth _____ SSN _____	Relationship _____
<input type="radio"/> Primary <input type="radio"/> Contingent	Name _____ Address _____ City _____ State _____ Zip _____	Share % _____ Date of Birth _____ SSN _____	Relationship _____

- Continuing Distribution Instruction. Pursuant to the fourth paragraph of section 1.4 of Article XI, I hereby inform you that I will be making on-going distributions from your HSA by withdrawing such funds from either an HSA checking account, HSA money market account, HSA NOW account or other similar accounts. You acknowledge that you must inform us of certain special distributions.

Signatures

You have requested that the Custodian establish a Health Savings Account (HSA) for you. You certify that you are eligible for an HSA contribution and your tax identification number (social security number) and other information are correct. The rules and conditions governing this HSA account are contained in this application and the plan agreement. You acknowledge that you are opening a custodial HSA and that it expressly requires that your HSA funds be invested in various deposit accounts as offered by us (i.e. the Custodian). You also acknowledge that we, the Custodian, have furnished you with a copy of the application, and the HSA Plan Agreement and Disclosure Statement and that you are responsible to determine your eligibility for this HSA and the permissibility of your contribution amount. You may grant another person Power of Attorney (P.O.A.) with respect to this HSA by checking the circle below. If you do so, then you assume full responsibility for all of his or her acts. His or her signature below is an express acknowledgment that he or she agrees to act on your behalf.

- Power of Attorney—If this circle is checked, you hereby grant a Power of Attorney (P.O.A.) to: _____ with respect to making contributions and taking distributions from this HSA.

Account Owners' Signature _____ Date _____

Authorized Signature of Custodian _____ Date _____

Signature of Person Accepting P.O.A. _____ Date _____

Eligibility Determination

You are responsible to determine your eligibility to establish an HSA—we are not. You should consult with your insurance provider, employer, or other legal/tax advisor as necessary. You are eligible to establish this HSA only if you meet the following eligibility requirements: (1) you are covered by a high deductible health plan (HDHP); (2) you are not covered by a non-HDHP; (3) you are not able to be claimed as a dependent by another taxpayer; and (4) you are not age 65 or older, or if you are, you are not actually enrolled in Medicare. You should refer to the HSA Disclosure Statement for an additional discussion.

Deposit Information

Date _____
Account Number _____
Instrument Number _____
Deposit Amount \$ _____ For Tax Yr. _____

Source of Contribution

- Account Owner
- Employer: Name _____
- Other Person _____

Type of Contribution

- Annual Contribution—Current Year
- Annual Contribution—Prior Year
- Transfer from another HSA or Archer MSA
- Transfer Incident to a Divorce/Legal Separation
- Rollover from another HSA or Archer MSA
- One lifetime transfer from an IRA (attach special certification)

Unless a rollover or transfer contribution, the contribution must be in cash or cash equivalent. You may make only one rollover contribution to an HSA during a 1-year period. An annual contribution may be made by you, your employer, or another person. However, only you are able to make a rollover or a transfer contribution into your HSA.

Special Situation—Spouse's Signature/Consent

If you reside in a state with community or marital property laws and you are married and you wish to name a person(s) other than or in addition to your spouse as the beneficiary, then you need to obtain your spouse's consent. Otherwise you do not.

Spouse's Notice, Certification of Consent and Signature

I am the spouse of the HSA Account Owner. I understand that my spouse wishes to name an HSA beneficiary other than or in addition to myself. I hereby agree or consent to my spouse's designation of beneficiaries. I expressly understand that my signature indicates my consent and that the legal effect of this signature is to change the character of the ownership of the interest I have in such HSA funds. I understand there is no requirement I consent.

Spouse's Signature _____

Date _____

Witness _____

Heritage Bank HSA Account Application (pg 2)

Your Heritage Bank HSA allows you to customize how you access your HSA funds. It is important that we receive all of the following information to ensure that we provide you with exactly the services you desire, and to expedite the opening of your new account. Thank you for the opportunity to serve your HSA needs!

Account Owner Identification Information (Required by law)

DL#: _____ Issuing State: _____ Issue Date: _____ Exp. Date: _____

Physical Address (if different from address provided on first page) _____

Convenient Account Access

I have granted the following person Power of Attorney (box above signature line on page 1) on my HSA account to make contributions or pay for qualified medical expenses:

Name _____ SSN _____ Date of birth _____

I would like one free HSA Debit Card issued in my name for my HSA account (subject to standard underwriting and approval)

I would like to order an additional HSA Debit Card(s) on my account in the following name(s) at a cost of \$5.00 per card (must be a designated Power of Attorney on the account; fee must be enclosed with this application) _____

I would like to order one free wallet-style box of HSA Checks.

I am interested in having access to account information on Heritage Bank's secure Internet Banking system at no cost.

I would like to learn more about receiving my monthly bank statements electronically (free service) instead of paper statements.

My email address so Heritage Bank can keep me informed on HSA news: _____

The best way to reach me by phone in case issues arise with my account is my cellular #: _____

Health Plan Information

Type of health insurance coverage (check one): Individual Plan or Family Plan Effective date _____

My annual health insurance deductible: \$ _____ Agent Name & Phone #: _____

HSA Contributions

HSA contributions can be made either by the account owner or your employer or both. Please indicate your intentions:

Accountholder Deposits ("above the line" deductions – tax deduction is taken on your tax return)

Employer and/or Section 125 Plan Employee Deposits ("pre-tax" payroll deductions). Company Name: _____

By signing this application form, I authorize the release of my HSA account number to my employer for use solely in making contributions to my HSA account.

Deposits can be made in any frequency and dollar amount as long as they don't exceed the IRS maximum annual contribution. Those deposits may be made by check through the mail, or electronically. You may wish to consider sending your deposits electronically via your bank's Internet Banking function. If you prefer to have Heritage Bank originate a recurring ACH debit to your bank account at a cost of \$1.00 per transaction, please check here and we'll complete the necessary paperwork for your signature and enclose it with your new account packet.

I am interested in transferring an MSA or HSA from the following custodian _____
Account # _____. Please attach a copy of your last statement. The necessary forms to transfer/rollover will be included with your new account packet.

Patriot Act Disclosure Information: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. We must ask you for certain identifying information contained herein, and because most HSA accounts are not opened in person, we must verify your identity. By signing below you 1) authorize Heritage Bank to obtain a credit bureau report for that purpose, and 2) certify all information is correct.

Signature of Account Owner: _____ Date: _____

PLEASE COMPLETE AND RETURN THIS FORM, ALONG WITH THE \$25 APPLICATION FEE (PLUS COSTS OF OPTIONAL EXTRA DEBIT CARD AND DUPLICATE CHECKS YOU'VE CHOSEN ABOVE) TO ANY ADDRESS BELOW.

HERITAGE BANK, ATTN: HSA DEPT, PO BOX 487, WOOD RIVER NE 68883-0487

HERITAGE BANK, ATTN: HSA DEPT, PO BOX 543, LOUP CITY NE 68853-0543