

 **Heritage Bank HSA Account Application** 

Thank you for choosing Heritage Bank for your Health Savings Account. This form gathers all of the information we need in order to open your account and provide the services you desire. Please complete and return this to us to start the account opening process.

Account Owner Information

Name _____ SSN _____ DOB _____
Mailing Address _____ City _____ State _____ Zip _____
Phone: Mobile _____ Work _____ Home (if any) _____
DL# _____ Issuing State _____ Issue Date: _____ Exp. Date: _____
Physical Address (if different from address above) _____

Beneficiary Information

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

<input type="checkbox"/> Primary Beneficiary	or	<input type="checkbox"/> Contingent Beneficiary
Name _____	SSN _____	Phone _____
Mailing Address _____	City _____	State _____ Zip _____
DOB _____	Share % _____	Relationship to IRA Owner _____

<input type="checkbox"/> Primary Beneficiary	or	<input type="checkbox"/> Contingent Beneficiary
Name _____	SSN _____	Phone _____
Mailing Address _____	City _____	State _____ Zip _____
DOB _____	Share % _____	Relationship to IRA Owner _____

<input type="checkbox"/> Primary Beneficiary	or	<input type="checkbox"/> Contingent Beneficiary
Name _____	SSN _____	Phone _____
Mailing Address _____	City _____	State _____ Zip _____
DOB _____	Share % _____	Relationship to IRA Owner _____

<input type="checkbox"/> Primary Beneficiary	or	<input type="checkbox"/> Contingent Beneficiary
Name _____	SSN _____	Phone _____
Mailing Address _____	City _____	State _____ Zip _____
DOB _____	Share % _____	Relationship to IRA Owner _____

Convenient Account Access

Authorized Signer: If you want a spouse or family member to be able to sign checks or use a HSA debit card, you must grant that person Power of Attorney (POA) with respect to this HSA by checking the box below. If you do so, then you assume full responsibility for all of his or her acts. His or her signature on the signature card is an express acknowledgement that he or she agrees to act on your behalf.

I grant the following person Power of Attorney on my HSA account to make contributions or pay for qualified medical expenses:

Name _____ SSN _____ Date of birth _____

Address _____ Phone _____

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 at a cost of \$9.00 per card for the POA designated above.

I would like to order free wallet-style Deluxe HSA checks (deposit slips, check register & cover included)

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

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.

I am interested in transferring an 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.

Continuing Distribution Instruction. You hereby inform us that you will be making ongoing distributions from your HSA by withdrawing such funds from your HSA checking account by check or debit card. You acknowledge that you must inform us of any distributions that do not meet the definition of Qualified Medical Expense in Publication 969 so that we can report those to the IRS correctly.

Notice: 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 person who opens an account. Therefore, when you open an account we must ask you for certain information that will allow us to identify you. Applicant authorizes Heritage Bank to request and obtain a credit report about you from a credit reporting agency for the purposes of considering your application for the HSA and to certify that your personal identifying information is correct.

Acknowledgement: 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. The terms and conditions that will apply to this HSA are incorporated into this Application, the HSA Custodial Account Agreement, Deposit Account Agreement and Disclosure, and other disclosures 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 of Account Owner: _____ Date: _____

PLEASE COMPLETE AND RETURN THIS FORM, ALONG WITH THE \$25 APPLICATION FEE (PLUS COST OF OPTIONAL EXTRA DEBIT CARD IF CHOSEN ABOVE) TO ANY ADDRESS BELOW:

HERITAGE BANK, ATTN: HSA DEPT, PO BOX 487, WOOD RIVER NE 68883-0487 308-583-2262

HERITAGE BANK, ATTN: HSA DEPT, PO BOX 543, LOUP CITY NE 68853-0543 308-745-1500

HERITAGE BANK, ATTN: HSA DEPT, PO BOX 349, HASTINGS NE 68902-0349 402-463-6611

<https://bankonheritage.com/health-savings-accounts/>

Questions? Just give us a call and ask to speak with an HSA Specialist. We're happy to help!