

HSA ACCOUNT SIGNER REQUIRED INFORMATION

1. Full name (First, Middle Initial, Last):
2. Date of Birth:
3. Social Security Number:
4. Cell Number:
5. Email:
6. Home Address (physical address):
7. Mailing Address (if different):
8. Driver's License Information - **Copy Required**
 - State:
 - #:
 - Issue Date:
 - Expiration Date:
8. Employer:
9. Occupation:
10. **If unemployed or retired**, your last employer and occupation:
11. Security Word and Hint
 - This can be anything **EXCEPT** your mother's maiden name (ex. Word: Boomer, Hint: First pet). We use this as an extra security measure when someone calls about an account.
 - Word:
 - Hint:
12. Do you need a debit card?
13. Would you like to register for Online Banking?
14. Would you like e-statements?
15. Would you like to use an electronic signature to sign account documents?
If yes, please sign below

Signature: _____

16. Are you a citizen of a foreign country?
17. Are you a senior foreign political figure?
18. Do you have a close associate or family member who is a senior foreign political figure?
19. Estimated Monthly Averages: How many times per month:
- Cash deposits:
- Cash Withdrawals:
- Domestic Wires In:
- Domestic Wires Out:
- Foreign Wires In:
- Foreign Wires Out:
20. Certify covered by a High Deductible Health Plan (HDHP)?
21. Certify you are not enrolled in Medicare?
22. Certify not covered under non-HDHP?
23. Certify not claimed on other's tax return?
24. Current tax year?
25. Contribution Type:
- If other, describe
(i.e. direct deposit:
26. Use Authorize Signer?
If yes, fill out attached Authorized Signer Form.
27. Beneficiary?
If yes, fill out attached Beneficiary Form
28. Marital Status: