Employer Name:_____

Health Savings Account (HSA) Bank Application

ACCOUNT OWNER INFORMATION (Required)

First Name	Middle Initial	Last Name	
SSN		Email Address*	
Street Address ***(cannot be P.O. Box)***			
City		State	Zip
Home Phone w/ area code	Work Phone w/ area code		Date of Birth
Gender ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married		Mother's Maiden Name
Employer Division *(if applies)*			Date of Hire

*Electronic statements will automatically be sent if you provide an email address. If no email address is provided, a monthly fee will be assessed for paper statements.

HEALTH INSURANCE INFORMATION

To open an HSA, each of the following statements must be true:

- Your health insurance is a qualified High Deductible Health Plan (HDHP).
- You do not have any other medical coverage that is a non HDHP, such as a traditional plan with co-pays.
- You are not enrolled in Medicare.
- You have not received health benefits from the Veterans Administration or Tricare in the last 3 months.
- You are not claimed as a dependent on another person's tax return.
- You or your spouse are not enrolled in a full healthcare FSA.

Your Primary Insurance Company	Plan Start Date	Coverage Level* ☐ Single ☐ Family

*If Coverage Level is not selected, your application will be processed as 'Single'.

BENEFICIARY INFORMATION

(*For CS Internal Use Only:* ☐ IN-FW)

If any portion of this section is left incomplete, no information will be entered. It will be your responsibility to go online and add beneficiaries once the account is active.

Please provide information for each person you wish to designate as a beneficiary to receive any funds left in your account at the event of your death. If any primary beneficiary dies before you, his or her interest and the interest of his or her heirs shall terminate completely and the percentage share of any remaining primary beneficiary shall be increased on a pro rata basis. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA (percentages must be whole numbers totaling 100% [i.e. 3 kids = 33%, 33%, 34%] and may not include yourself). Contingent beneficiaries may be designated to receive any funds left in the event that no primary beneficiaries survive you. Multiple contingent beneficiaries with no share percentage indicated will be deemed to share equally.

First Name	Last Name		
SSN	Date of Birth	Gender ☐ Male ☐ Female	
Street Address	City	State	Zip
Relationship ☐ Spouse ☐ Dependent ☐ Other	Type ☐ Primary ☐ Contingent	Share % of Balance	

First Name	Last Name		
SSN	Date of Birth	Gender ☐ Male ☐ Female	
Street Address	City	State	Zip
Relationship ☐ Spouse ☐ Dependent ☐ Other	Type ☐ Primary ☐ Contingent	Share % of Balance	

First Name	Last Name		
SSN	Date of Birth	Gender ☐ Male ☐ Female	
Street Address	City	State	Zip
Relationship ☐ Spouse ☐ Dependent ☐ Other	Type ☐ Primary ☐ Contingent	Share % of Balance	
First Name	Last Name		
SSN	Date of Birth	Gender ☐ Male ☐ Female	
Street Address	City	State	Zip
Relationship ☐ Spouse ☐ Dependent ☐ Other	Type ☐ Primary ☐ Contingent	Share % of Balance	

DEBIT CARD INFORMATION (Cardholders must be at least 18 years of age. All cards are mailed to the account owner's address.)

A total of two (2) debit cards will be sent to you for this HSA. All cards are issued in the account owner's name and must be signed by the actual card user on the back. Additional debit cards can be ordered online once your account has been opened.

SPOUSAL CONSENT (This section only applies if you have designated someone other than your spouse as a primary beneficiary on this account.)

☐ **I am married** I understand that if I choose to designate a primary beneficiary who is not my spouse, my spouse must sign below and have the signature notarized	☐ **I am not married** I understand that if I should marry in the future, I must complete a new HSA Beneficiary Change Form

I am the spouse of the above-named HSA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the tax considerations of giving up my interest in this HSA, I have been advised to see a tax professional. I hereby give my spouse any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designations indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was provided by Chard Snyder.

Spouse Signature	Date

Subscribed and sworn to before me this (Notary Seal)

_____day of _____, 20_____.

Notary Public_____

See Next Page for Terms, Conditions & Signature…

TERMS, CONDITIONS & ACCOUNT OWNER SIGNATURE (Required)

Important Information Regarding Patriot Act Requirements
To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial organizations to obtain, verify, and record information that identifies each individual who opens an account. What this means for you, when you open an account, you are required to provide your name, residential address, date of birth, and identification number. As part of the ongoing maintenance of your account we may require other information or documentation that allows us to identify you. You understand that your HSA may be closed if additional verification is not possible. Upon such closure, funds deposited in your HSA will be returned to you, less any fees or expenses chargeable against your HSA, or penalties or surrender charges associated with the early withdrawal of any savings instrument or other investment in your HSA. As custodian, Healthcare Bank, a division of Bell State Bank & Trust shall not be liable for any tax consequences or tax withholdings you may incur as a result of the transfer or distribution of your assets.

Important Information about Electronic Payments
I authorize electronic debit and credit entries, if applicable, to my designated checking or savings account. I also authorize adjustments to these accounts for error corrections. This authorization will remain in effect until the termination of your HSA.

Important Information about your Account
The maximum balance allowed in my Cash Account is based on the designated threshold established by my TPA or me and agreed upon by Bank. Amounts over this balance will be automatically swept to my Investment Account as described in the Custodial Agreement and Disclosure Statement made available to me online within my HSA and at www.chard-snyder.com.

Important Information Regarding Death Beneficiary Information
If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If any primary or contingent death 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 death beneficiary(ies) shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary(ies) survives me, the contingent death beneficiary(ies) shall acquire the designated share of my HSA. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of my marriage will automatically revoke such designation.

Important Information Regarding My Account Summary
I understand that account summaries are made available electronically and may be viewed at any time by logging into my account at www.chard-snyder.com. The Healthcare Bank Privacy policy is available online at www.healthcarebank.com. For an additional fee, the HSA Administrator that I identify as my Designated Representative may send paper account summaries and paper copies of the Healthcare Bank Privacy Policy to my address by U.S. mail.

Important Information Regarding My HSA Investment Account
I understand that once I have accumulated the designated threshold in cash in my HSA as set forth by my TPA or in the Application, the balance of my account above the designated threshold will automatically be invested in an interest-bearing, FDIC-insured account. For purposes of this form, "Application" shall mean the Lighthouse1™ system available through a link provided by my TPA which provides me access to my HSA information, Investment Account and is used to process my HSA transactions. I may also choose to change my allocation choices and select from the TPA's list of mutual funds for the investment of HSA assets in excess of the designated threshold. The HSA Investment Account is exclusively available online at www.chard-snyder.com. An email address must be included at enrollment or it will not be available. All investment transactions in the HSA Investment Account will be initiated and conducted electronically or by telephone. All required disclosures of investment information and trade confirmations will be made electronically, and by opening an HSA Investment Account I consent to the electronic delivery/access of all documents of any issuer whose securities are made available to my HSA, including issuers and securities made available after the date my account is opened.

Important Information Regarding Substitute W-9 Certification
Under penalties of perjury, I certify that: (1) the Social Security Number shown on this form is my correct taxpayer identification number and, (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including a U.S. resident alien).

Important Information Regarding Fees
Any applicable fees shall be deducted from my account. Fees payable in connection with my HSA are set forth on the fee schedule made available to me online within my account.

Important Information Regarding Custodial and Investment Information
I have read and understand the HSA Custodial Agreement and Disclosure Statement made available to me online at www.chard-snyder.com and agree to be bound by those terms and conditions. I understand the eligibility requirements for this HSA and I state that I am responsible for determining whether I qualify to make deposits to this HSA. I am responsible for:

- Determining that I am eligible to make contributions to an HSA for each year I make a contribution;
- Ensuring that all contributions are within the maximum limitations set forth by the tax laws, taking into account my coverage under a high deductible health plan;
- The tax consequences of any contributions (including rollover contributions) or distributions; and
- Seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.

If I choose to select an investment allocation from the TPA's list of mutual funds, I will be solely responsible for direction of the investment of my HSA. I represent that I will carefully review investment information prior to making investment decisions and that I will seek assistance of a financial professional if I have questions about available investment options or how to select investments for my HSA.

I authorize Healthcare Bank, a division of Bell State Bank & Trust, and its agents to initiate permitted transfers, including contributions, to my HSA, as directed by me or my Designated Representative through the electronic account service features or as otherwise permitted under this HSA. Any such direction shall remain in effect until Healthcare Bank and its agents receive notice of a change to such directions via the electronic account service features or as otherwise permitted under this HSA.

I certify that the information provided by me on this form is accurate and that I have reviewed the HSA Custodial Agreement and Disclosure Statement and amendments thereto made available to me online at www.chard-snyder.com, as well as the Healthcare Bank Privacy Policy found within the Custodial Agreement. I assume sole responsibility for all consequences found in the form and Custodial Agreement and Disclosure Statement. I understand that I may revoke the HSA on or before the seventh day after the date of establishment. I have not received any tax or legal advice from Healthcare Bank, 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 Healthcare Bank harmless against any and all claims or losses arising from my actions.

I hereby further agree to designate the TPA to serve as my Designated Representative with respect to my HSA. By signing below I agree to be bound by the terms and conditions of the separate agreement entitled Designation of Representative by HSA Client made available to me online at www.chard-snyder.com and by my signature each party respectively acknowledges his or her understanding and agreement with such terms and conditions.

Please submit a copy of your driver's license along with this completed application to expedite the progress of your account setup. At a later time you may receive a request for additional identifying documents such as a utility bill to help verify your information.

I agree to the above terms and conditions as they pertain to my HSA.	
Account Owner Signature:	Date:

Michael S. Solberg
Authorized Signature of Healthcare Bank as Custodian