

# HSA Application

Complete electronically (Optional)

Send Application here →

Deerwood Bank  
P.O. Box 520, Deerwood, MN 56444  
218-534-3111  
www.deerwoodbank.com

## 1 Personal Information.

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*If different from above*  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Agent/Broker \_\_\_\_\_  
Email \_\_\_\_\_ Driver's License \_\_\_\_\_ State Issued \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_ Birth Place \_\_\_\_\_ Type of Health Insurance  Self Only  Family  
Internet Banking User ID# (Optional) \_\_\_\_\_ 6-10 Characters Case Sensitive \_\_\_\_\_ Debit Card (Optional)  Yes, send me a free debit card.

## 2 Contribution Information. (Do Not Complete for Employer Plans: Skip this section if your HSA contributions are coming directly from your employer)

A. Type  Regular  Rollover  Transfer (Complete Transfer Form)  
(Set Up Fee deducted from HSA if not included)

B. Tax Year  Current Year *or*  Prior Year

C. Automated Contributions: (If you want to set up monthly deposits to your HSA from your checking account, complete the following.) You must attach a voided check from the account you wish to withdraw from.

Amount \$ \_\_\_\_\_ Day of the Month  15<sup>th</sup> -or-  30<sup>th</sup>

## 3 Signatures.

I have received, either in print or electronically, read and agree to the terms in the Custodial Agreement and Disclosure Statement and I agree that those terms and conditions apply to this HSA and that I am bound by those terms and conditions. If applicable, I hereby designate the beneficiaries for this HSA as those named on the second page of this Application in the HSA Designation of Beneficiary section. If applicable, I hereby authorize the person named on the second page of this Application in the HSA Authorized Signer section as an authorized signer for this HSA. I understand that I am solely responsible to determine my eligibility to make this HSA contribution and to determine the tax deductibility of the contribution; including an understanding that I must be covered under a "High Deductible Health Plan" for annual contribution eligibility. I agree that I will consult with my tax or legal advisor if I need advice. I acknowledge that Deerwood Bank cannot and do not provide me with tax or legal advice. I am solely responsible for determining the tax consequences of all distributions. I acknowledge that the information provided is subject to Policy. If applicable, I hereby apply for a Point of Sale (POS) Card to be used in conjunction with this account. I agree that use of the POS Card will be subject to the terms and conditions obtained in the Deposit Account Agreement and Disclosure and Regulation E Disclosure that will be provided to me. I authorize Deerwood Bank to retain this application and any other credit information, even if this POS Card is not granted. I agree not to use the POS Card Service in any illegal manner.

**T.I.N./Backup Withholding.** Under penalties of perjury, I certify (1) that the number shown is my correct taxpayer ID number or social security number, (2) that I am a U.S. person (including U.S. resident alien), (3) and that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) because the IRS has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**Minnesota Legal Requirement.** (Cross out item (1) or (2) if untrue) (1) I have not had a transaction account closed at this or another financial intermediary within 12 months before mailing this Application: (2) I have not been convicted of a criminal offense because of the use of a check or other similar items within 24 months of making this Application.

Check here if you completed the second page of this application.  
Page 1 (this page) - Required information to open an HSA

## HSA Designation of Beneficiary Form

### 4 Designation of Beneficiary.

#### A. Primary Beneficiaries.

In the event of my death, pay my HSA balance to the following primary beneficiaries according to the percentages indicated. If more than one primary beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. If a primary beneficiary dies before me, his or her share shall be reallocated on a pro-rata basis to any remaining primary beneficiaries.

Name and Address	SSN	Relationship	Date of Birth	Percentage

#### B. Contingent Beneficiaries.

If all of my primary beneficiaries die before me, pay my HSA balance to the following contingent beneficiaries according to the percentages indicated. If a contingent beneficiary dies before me, his or her share shall be reallocated on a pro-rata basis to any remaining contingent beneficiaries.

Name and Address	SSN	Relationship	Date of Birth	Percentage

#### C. Spousal Consent. Complete only if you name someone other than your spouse as a primary beneficiary.

If you are married and name someone other than your spouse as the primary beneficiary, complete this section. Consult your tax or legal advisor with questions regarding naming beneficiaries in community or marital property states.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

## HSA Authorized Signer (Optional)

**5 Authorized Signer.** If you want your spouse or other party to have access to the HSA, please complete the following section with the authorized signer's information. There is no charge for a second signer for the one card included with the account. The authorized signer must sign below.

Authorized

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address

If different from HSA Owner \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's

License \_\_\_\_\_ State Issued \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Second debit card

For authorized signer  Yes\*  No

\*There is only a one time fee of \$15.00 for the second debit card. Birth Place \_\_\_\_\_

\_\_\_\_\_  
Authorized Signer Signature  
(signature of add'l signer)

\_\_\_\_\_  
Date

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Page 2 (this page) -Optional beneficiary and authorized signer  
Information can be completed at any time.