



HEALTH SAVINGS ACCOUNT CUSTOMER INFORMATION FORM

The purpose of this form is to gather information that may be necessary for preparing account forms. This form is for information purposes only and it is NOT an application. This is not a legal contract or agreement between you and Waukesha State Bank. All new accounts are subject to approval.

Three steps to open your HSA account at Waukesha State Bank:

- 1) **COMPLETE** the initial information form, print out and attach copies of identification.
- 2) **RETURN** the form* and attached copies to Waukesha State Bank. Subject to approval, Waukesha State bank will prepare signature-ready documents to confirm your elections and to establish the HSA account.
- 3) **MEET** with a friendly Waukesha State Bank representative for a final review and signatures.

* **IMPORTANT** - Because of the sensitivity of the information contained in a completed form, it is **strongly recommended** that you use one of the following options **for returning the form** to Waukesha State Bank:

- 1) Place completed form and attachments in a sealed envelope with your name and addressed to: Waukesha State Bank - Personal Banking Services – HSA. Drop off envelope at any one of our convenient locations. Please visit www.waukeshabank.com for a complete listing of locations, hours of service and contact information.
- 2) Place completed form and attachments in a sealed envelope with your name and addressed to: Waukesha State Bank - Personal Banking Services – HSA. Forward envelope to your employer. Waukesha State Bank will coordinate with your employer regarding delivery.

ACCOUNT HOLDER ** See additional information required to be submitted with form on page 2.

Name _____
 Street _____
 City, State & Zip _____
 SSN # _____ Date of Birth _____
 Home Phone _____ Work Phone _____
 Mother's Maiden Name _____
 Employer _____
 Driver's License # or State ID # _____

AGENT = Spouse or other third party named as additional, authorized signor for checks and/or to use debit card.
 ** See additional information required to be submitted with form on page 2.

Name _____
 Street _____
 City, State & Zip _____
 SSN # _____ Date of Birth _____
 Home Phone _____ Work Phone _____
 Mother's Maiden Name _____
 Driver's License # or State ID # _____

HSA ELIGIBILITY DATE

Effective date of coverage by a qualified High Deductible Health Plan (HDHP)

INITIAL DEPOSIT AMOUNT

Minimum \$25.00 if ordering checks
 \$ _____

TYPE OF ACCOUNT

- HSA **Individual** Plan
 HSA **Family** Plan

INITIAL CONTRIBUTION SOURCE

- EMPLOYEE
 EMPLOYER

OTHER

- HSA TRANSFER

Do you have an HSA with another bank that you would like to have transferred to your new account?
 Name and Address of Bank where HSA Account is currently located:

- HSA ROLLOVER

Did you receive a distribution from another HSA account within the past 60 days that you would like to re-deposit into your new account?

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BENEFICIARY INFORMATION If listing more than four, please attach additional page with appropriate information.

Beneficiary #1 PRIMARY CONTINGENT
 Name _____
 Street _____
 City, State & Zip _____
 SSN # _____ Date of Birth _____
 Relationship _____ % Share _____

Beneficiary #3 PRIMARY CONTINGENT
 Name _____
 Street _____
 City, State & Zip _____
 SSN # _____ Date of Birth _____
 Relationship _____ % Share _____

Beneficiary #2 PRIMARY CONTINGENT
 Name _____
 Street _____
 City, State & Zip _____
 SSN # _____ Date of Birth _____
 Relationship _____ % Share _____

Beneficiary #4 PRIMARY CONTINGENT
 Name _____
 Street _____
 City, State & Zip _____
 SSN # _____ Date of Birth _____
 Relationship _____ % Share _____

DIRECT DEPOSIT – Do you need direct deposit information for making future contributions?

YES NO

TELEPHONE/INTERNET - Are you interested in accessing your account by telephone and/or through our Internet Online Banking Option – Vault Link? There is no cost for either service.

YES NO

If YES to the above question: For security purposes, please list a secret word and a question to remind you of your secret word. Secret word _____ Reminder Question _____

For Online access, please create an Access ID (minimum 6 characters AND case sensitive): _____

ELECTRONIC MAILING – Are you interested in receiving account statements and notices online?

(Requires use of online access - Vault Link)

Statements: YES NO **Notices:** YES NO

VISA DEBIT CARD OPTION – can be used as a credit card or as a debit card and can be used at ATM terminals. No charge for initial cards for Account Holder or for Agent – one each.

For Account Holder: YES NO **For Agent:** YES NO

CHECK ORDER OPTIONS

No checks 120 Wallet Checks @ \$10.00

If you are ordering checks - do you want to receive imaged copies of your checks with each statement?

YES @ \$ 2.00 per statement NO (Check images can be accessed at no charge through Online Access -Vault Link for the current and previous statement cycles.)

**** Additional information REQUIRED to be submitted with this form.** Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account AND for any agent listed on the account.

For the Account Holder AND the Agent, please attach copies of the following documents to this form:

1. Photocopy of a drivers license or state issued id;
2. Copy of a Social Security card and;
3. Copy of a recent utility bill.