



## NON-QUALIFIED HEALTH SAVINGS ACCOUNT APPLICATION FORM

For Insurance Agents ONLY AIN# <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Code <input style="width: 20px;" type="text"/>	Internal use: Account # <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	EGN # <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
--	--	---

**Instructions:** Complete and return this Application and check(s) to: *HSA Bank™, P.O. Box 939, Sheboygan, WI 53082-0939.*  
*Make check payable to HSA Bank,* including initial contribution (minimum \$50) PLUS setup fee (\$25), and check order (\$12.75, if requested).

**Type of Account** (Choose One):  Individual OR  Joint (\*Only one signature required for payment or withdrawals.)

Name (1)  MI  Last Name   
 Driver License #, State ID, or Passport: \_\_\_\_\_ Birth Date

Name (2)  MI  Last Name   
 Driver License #, State ID, or Passport: \_\_\_\_\_ Birth Date

Street Address (Required)  State    
 PO Box  City  Zip     
 Preferred Mailing Method  Street Address  PO Box  
 Home Phone     Bus. Phone      
 County         Email \_\_\_\_\_

*Note: 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. What this means for you: When you open an account, we will ask for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.*

**Account Options:**  
 I (we) would like to order 50 non-duplicate checks including 10 deposit tickets at this time at a cost of \$12.75.  
 I (we) would like:  1 or  2 free debit MasterCard(s). Renewal cost every 2 years is \$3.00 per card.

**Fee Schedule:** Set-up fee of \$25.00 is non-refundable. The monthly fee is \$2.25 and will be automatically debited from account holder's Non-Qualified HSA.

**Customer Agreement**  
 The depositor agrees to be bound by the rules regulating this account and any amendment to them and acknowledges receipt of the account rules. If not a sole proprietor, the depositor acknowledges receipt of Truth-in-Savings disclosures.

I understand that this application for a **Non-qualified Health Savings Account (HSA)** does not meet the requirements of a traditional "qualifying" Health Savings Account (HSA) as defined by the IRS. Therefore, I understand that while I am not bound by the restrictions imposed by a traditional HSA, I am also not entitled to the same benefits associated with a traditional HSA.

Therefore, I understand that **contributions to my non-qualified HSA are not tax-deductible and that earnings are neither tax-deferred nor tax free.**

I further understand that funds withdrawn from this account, while intended to be used solely for medical expenses, may be used without penalty for any purpose. I understand that funds accumulated in my non-qualified HSA may not be transferred or rolled-over to a traditional HSA.

I understand and agree that you are not liable to me for any losses, damages, costs, penalties or expenses I incur as a result of my employer's failure to make the contributions to my non-qualified HSA under my employer's health plan. **HSA Bank** is not responsible for monitoring my employer's contributions to my non-qualified HSA or notifying me of my employer's contributions. I understand and agree that I am responsible for contacting my employer regarding its contributions and monitoring those contributions. **HSA Bank** will provide a monthly statement to me. I also understand and agree that **HSA Bank** is not liable to me for any statements, representations, actions or inactions of any insurance agent or agency that sold me an insurance plan in connection with my non-qualified HSA. The insurance agent or agency is not **HSA Bank's** partner, agent, affiliate, representative or co-venturer.

**TAX WITHHOLDING CERTIFICATE:** Under penalties of perjury, the depositor certifies that:  
 (1) The taxpayer identification number shown on this form is the depositor's correct taxpayer identification number and (2) the depositor is not subject to backup withholding either because the depositor has not been notified that the depositor is subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Services has notified the depositor that the depositor is no longer subject to backup withholding.

Strike part (2) of the paragraph above if the depositor has been notified that depositor is subject to backup withholding due to underreporting and has not received a notice from the Internal Revenue Service that backup withholding due to notified payee underreporting has terminated.

The depositor is not a U.S. Citizen or resident (or the depositor is filing for a foreign corporation, partnership, estate or trust). The depositor's permanent address is \_\_\_\_\_

**Failure to provide a taxpayer identification number may subject the account to backup withholding. The Internal Revenue Services does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Depositor's Signature (1)	Taxpayer I.D. No.	Date
Depositor's Signature (1)	Taxpayer I.D. No.	Date

\* JOINT ACCOUNTS: THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMES HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR (S). SUMS ON DEPOSITS ARE PAYABLE UPON THE REQUEST OF ANY ONE OF THE DEPOSITORS OR ANY SURVIVOR. THE SURVIVOR IS NOT REQUIRED TO SURVIVE THE DEATH BY ANY SPECIFIED PERIOD.