

HSA Application

Complete electronically (Optional)



Send applications here ➔

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 _____ Occupation _____
E-mail _____ Driver's License _____ (Please attach copy) State Issued _____
Mother's Maiden Name _____ Birth Place _____ Agent/Broker _____
Online Banking ☐ Yes, please sign me up ☐ No Debit Card ☐ Yes, send me a free debit card ☐ No (optional)

2 Contribution Information.

(Employer Plans: Do not complete this section if your HSA contributions are coming directly from your employer.)

A. Type ☐ Regular ☐ Rollover ☐ Transfer (complete Transfer Form) (Annual Fee deducted from HSA if not included)

B. Tax Year: ☐ Current Year ☐ Prior Year

D. 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 Month ☐ 15th ☐ 30th

Make Check Payable to Falcon National Bank

Initial Contribution (\$25 min): \$ _____
Checks* (\$8 for 40): \$ _____
Total: \$ _____

Annual Fee: \$25. *10 free starter checks

3 Signatures.

I have received either in print or electronically (available anytime at www.HSAResources.com, or by calling 320-223-6300), read and agree to the terms in the HSA Custodial Agreement and Disclosure Statement, the Truth-in-Savings Disclosure, the Fee Schedule, and Terms and Conditions of my Account. I acknowledge that I am bound by the terms and conditions in these documents. and any amendments thereof. 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. You understand that we have a current need to verify your identity and creditworthiness, therefore, by signing below, you authorize us to verify your credit record and employment history by any means necessary, including preparation of a credit report by a credit agency. I acknowledge that the information provided is subject to Falcon National Bank's Privacy Policy but will be shared with HSA Resources. LLC, and limited information may be shared with your insurance agent and your employer. 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 HSA Resources, LLC and Falcon National Bank, cannot and do not provide me with tax or legal advice. I am solely responsible for determining the tax consequences of all distributions. If applicable, I hereby apply for a Instant Cash and Check Card (ICC) to be used in conjunction with this account. I agree that use of the ICC Card will be subject to the terms and conditions contained in the Terms and Conditions of my Account. I release and agree to hold the HSA custodian and HSA Resources. LLC harmless against any and all claims or losses arising from my actions. I certify that the information provided by me on this Application is accurate.

T.I.N./Backup Withholding. (Cross out item (3) if you are subject to 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.

Sign ➔

HSA Owner Signature Date

☐ Check here if you completed the second page of this application.
Page 1 (this page) - Required information to open an HSA
Page 2 (next page) - Optional - can be completed at any time.

Internal Use: Broker/Agent user ID _____

HSA Designation of Beneficiary Form (Optional)

4 Designation of Beneficiary.

HSA Owner Name: _____

- 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. If I marry in the future I will complete a new Designation of Beneficiary form which includes the spousal consent documentation.

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. The authorized signer must sign below. You (the Authorized Signer) understand that we have a current need to verify your identity and creditworthiness, therefore, by signing below, you authorize us to verify your credit record and employment history by any means necessary, including preparation of a credit report by a credit agency.

Authorized Name _____ Soc. Sec. # _____ Date of Birth _____
Mailing Address _____ City _____ State _____ Zip _____
if different from HSA Owner _____
Driver's License _____ State _____
(Please include copy) Issued _____ Mother's Maiden Name _____

Second debit card for authorized signer ☐ Yes* ☐ No *There is a one time \$15 fee for a second debit card. The \$15 fee will be deducted from your HSA. Birth Place _____

Authorized Signer Signature _____ Date _____
(signature of add'l signer)

Page 1 (previous page) - Required information to open an HSA
Page 2 (this page) - Optional beneficiary and authorized signer information can be completed at any time.