

Account #:
 Debit Card(s) #:
 Portfolio #:
 Banker Initials:

HSA APPLICATION/INFORMATION FORM

Type of Customer			
Existing Customer - (update CIP/complete CDD)	New Customer- CIP required		
Type of Activity			
Initial Contribution	Transfer	Change in CD term with added funds	New CD for existing customer
HSA Holder			
Name		Marital Status	
Street Address		City	State Zip
Social Security Number	Date of Birth	Email	
Home Phone Number		Cell Phone Number	
Employer Name		Occupation	Work Phone Number
Employer Street Address		City	State/Zip
DL State	DL Number	Issued Date	Expiration Date
HSA Debit Card- Daily Dollar Limits- POS \$1,000/ATM \$309 (DDA only)		Yes	No
Required Minnesota Transaction Account Questions. DO NOT ANSWER these questions for HSA CD.			
Have you had a transaction account at the same or another institution within the last 12 months?		Yes	No
Have you had a transaction account closed by financial intermediary without your consent in last 12 months?		Yes	No
Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months?		Yes	No
Beneficiary 1 (For NEW HSA PLAN only)			
Name		Relationship to HSA Holder	
Street Address		City	State/Zip
Social Security Number		Date of Birth	
Home Phone Number		Cell Phone Number	
Primary or Contingent		Share	
Beneficiary 2 (For NEW HSA PLAN only)			
Name		Relationship to HSA Holder	
Street Address		City	State/Zip
Social Security Number		Date of Birth	
Home Phone Number		Cell Phone Number	
Primary or Contingent		Share	

Beneficiary 3 (For NEW HSA PLAN only)

Name	Relationship to HSA Holder		
Street Address	City	State/Zip	
Social Security Number	Date of Birth		
Home Phone Number	Cell Phone Number		
Primary or Contingent	Share		

**Authorized Signer

****Complete this section if additional debit cards need to be issued for a family member age 18+ years old. CIP required.**

Name	Relationship to HSA Holder		
Street Address	City	State/Zip	
Social Security Number	Date of Birth		
Home Phone Number	Cell Phone Number		
Work Phone Number	Email		
DL State	DL Number	Issued Date	Expiration Date

HSA Debit Card- Daily Dollar Limits- POS \$1000/ATM \$309 (DDA only)	Yes	No
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Type of HSA

Individual	Family
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Contribution limits for 2025*	Individual: \$4,300	Family: \$8,550
Contribution limits for 2026*	Individual: \$4,400	Family: \$8,750
Contribution Amount		Contribution Date

(*If customer reaches age 55 before the close of the taxable year, catch-up contribution is allowed: \$1,000)

I certify that the information provided by me is true and correct to the best of my belief. (An applicant supplying a false material statement that is believed not to be true with respect to information requested on the application is guilty of perjury).

By signing this document, I authorize Security Bank & Trust to verify all information provided, and to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with Security Bank & Trust products and services requested by me and that it will remain in force for the duration of my association.

Signature

HSA Holder Signature	Date
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