

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

HSA APPLICATION/INFORMATION FORM

		HSA APF	PLICATION/IN	ON FORM	Banker Initials:				
			Type of (Customer					
	Existing Cu	stomer - (update CIP/com	plete CDD)		New Custo	mer- CIP req	uired		
			Type of	Activity					
Initial Con	tribution	Transfer	Change in CD term with added funds			New CD for existing customer			
			HSA I	Holder					
Name					Ma				
Street Address			Ci	ity		State	Zip		
Social Security Number		Date of Birth	E	mail					
Home Phone Number			C	ell Phone Number					
Employer Name			Occupation			Work Phon	Work Phone Number		
Employer Street Address	6		Ci	ity			State/Zip		
DL State	DL Number				Issued Date		Expiration Date		
USA Dobit Car	d Daily Dallar I		300 (DDA only	r) Ye	es No				
	•	on Account Questions. DO	•	<u> </u>		חי			
•				ir thoso quo					
Have you had a transaction account at the same or another institution within the last 12 months?				Yes	No				
		count closed by financial sent in last 12 months?		Yes	No				
,		criminal offense because of item within 24 months?	of the	Yes	No				
		Beneficia	ary 1 (For NE	W HSA PI	LAN only)				
Name			Rel	ationship to HSA Ho	older				
Street Address			City	1		State/Zip			
Social Security Number			Dat	e of Birth					
Home Phone Number			Cell	Phone Number					
Primary or Contingent			Sha	ire					
		Beneficia	ary 2 (For NE	W HSA PL	_AN only)				
Name			<u> </u>	ationship to HSA Ho					
Street Address			City	'		State/Zip			
Social Security Number			Dat	e of Birth					
Home Phone Number			Cel	Phone Number					
Primary or Contingent			Cha						

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		F	Relationship to HSA Holder									
Street Address	Street Address					City State/Zip						
Social Security Number			Date of Birth									
Home Phone Number	Cell Phone Number											
Work Phone Number		E	Email									
DL State DL Number					Issued Date		Expiration Date					
HSA Debit Card- Daily Dollar	Limits- POS \$1000/ATM	\$309 (DDA or	nly)	Yes	No							
		Туре	of HSA									
Individual	Family											
Contribution limits for 2024*	Individual: \$4,150	Family: \$8,	300									
Contribution limits for 2025*	Family: \$8,	y: \$8,550										
Contribution Amount			Contribution Date									
(*If customer reaches age 55	before the close of the ta	xable year, cat	ch-up coi	ntribution is a	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									