



# Health Savings Account

## APPLICATION AND ADOPTION AGREEMENT INSTRUCTIONS

Thank you for your interest in opening a Health Savings Account at First American Bank. To establish your Health Savings Account ("HSA") you will need to complete this Application and Adoption Agreement (pages 3 and 4) and return them to us either by fax or by mail. Missing or incomplete information in the form you send may delay the opening of your account and may affect the deductibility of certain deposits.

You can also complete your application by visiting our website at: [www.FirstAmBank.com/hsa.htm](http://www.FirstAmBank.com/hsa.htm)

If you have any questions contact us at: (847) 586-2400, toll free at (866) 449-1150 or by e-mail at [HSA@FirstAmBank.com](mailto:HSA@FirstAmBank.com). (Please do not provide any confidential information via email).

**1. Account Owner Information** - Please indicate the type of account you would like to open HSA or HSA Plus, if you are currently covered under an individual or family plan, and your current marital status. You will also need to complete all required fields for your personal information.

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity and that of the person you designate as your authorized signer. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

You will need to provide information from a valid identification (not expired or revoked) from the following list:

- ◆ A U.S. state issued Driver's License or Identification Card
- ◆ An identification card issued by a branch of the Armed Forces of the United States
- ◆ A Passport
- ◆ A Consular Card (Matricula Consular issued by the Mexican Consul in the United States).

**2. Beneficiary Information** - Please complete this section if you will not have an additional authorized signer. If you list an authorized signer in section 5 that individual will be listed as the sole beneficiary on your account.

**3. Spousal Consent** - Please complete this section if the Account Owner: is married, has selected a beneficiary who is not their spouse and lives in a community property or marital property state. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with an independent legal or tax advisor.

**4. Agreement** - Review the disclosures in this document. Indicate if you would like to receive a MasterCard® Debit Card, an initial order of checks and a monthly paper statement. Carefully review the tax withholding information. Please print the required information and sign the form. If you are subject to backup withholding from the IRS please make sure you strike out the words for point (2).

**5. Authorized Signer and Sole Beneficiary** - If you wish to designate another person to act on your behalf ("Authorized Signer") on the Health Savings Account, you will need to complete the Designation of Authorized Signer form (page 5) in addition to the Application and Adoption Agreement and send it with your Account Application and Adoption Agreement.

The Authorized Signer is subject to the same identification requirement as the Account Owner. If additional information is necessary, we will contact the account owner at the phone numbers listed on the account. If the necessary information is not provided and we are unable to contact the account owner we will add the person as a beneficiary until the required documents are received.



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**6. Spousal Consent** - Please complete this section if the Account Owner; is married, has designated an Authorized Signer and Sole Beneficiary who is not their spouse, and lives in a community property or martial property state. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with an independent legal or tax advisor.

**7. Account Owner Authorization** - Complete this section if the Account Owner has selected an Authorized Signer and Sole Beneficiary. Do not forget to indicate if a MasterCard<sup>®</sup> Debit Card should be issued to the Authorized Signer.

Submit the completed Application and Adoption Agreement and Designation of Authorized Signer (if applicable):

- ◆ **BY FAX:** Fax your form(s) to (847) 264-2308
- ◆ **BY MAIL:** Mail your form(s) to:  
 First American Bank  
 Attention: HSA Department  
 P.O. Box 0794  
 Elk Grove Village, IL 60007-0794

At the end of this package you will find a copy of the 5305-C Health Savings Custodial Account, and the Health Savings Account Disclosure Statement. Keep these documents for your records.

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### HEALTH SAVINGS ACCOUNT APPLICATION AND ADOPTION AGREEMENT

#### 1. ACCOUNT OWNER INFORMATION

All fields required unless noted with \*

|   |                    |   |  |                                   |           |
|---|--------------------|---|--|-----------------------------------|-----------|
| I HEREBY APPLY FOR THE FOLLOWING ACCOUNT:   |                    | (CHECK ONE) <input type="checkbox"/> HSA        |  | <input type="checkbox"/> HSA PLUS |           |
| CURRENT HEALTH INSURANCE PLAN COVERAGE:     |                    | (CHECK ONE) <input type="checkbox"/> INDIVIDUAL |  | <input type="checkbox"/> FAMILY   |           |
| MARITAL STATUS:                             |                    | (CHECK ONE) <input type="checkbox"/> SINGLE     |  | <input type="checkbox"/> MARRIED  |           |
| First Name:                                 |                    | Middle Initial:*                                |  | Last Name:                        |           |
| Social Security (Required for U.S. Citizen) |                    | Date of Birth:                                  |  | Mother's Maiden Name:             |           |
| Home Address (P.O. Box is not acceptable):  |                    |   | Mailing Address (If different from home address):* |                                   |           |
| City:                                       | State:             | Zip Code:                                       | City:  | State:                            | Zip Code: |
| Home Phone Number:                          | Work Phone Number: | Cell Phone Number:                              | Employer Phone Number:                             |                                   |           |
| Primary ID Type (See Instructions):         |                    | Date ID Issued (Where available):               |  | State of Issuance:                |           |
| Primary ID Number:                          |                    | Expiration Date:                                |  |                                   |           |
| Employer Name:                              |                    | Account Owner's Occupation:                     |  |                                   |           |
| Email Address:                              |                    |   |  |                                   |           |

#### 2. BENEFICIARY INFORMATION

|   |  |                 |        |            |                |                                |  |
|---|--|-----------------|--------|------------|----------------|--------------------------------|--|
| First Name:   |  | Middle Initial: |        | Last Name: |                | Relationship to Account Owner: |  |
| Social Security Number (Required for U.S. Citizen): |  |                 |        |            | Date of Birth: |                                |  |
| Home Address: * (P.O. Box is not acceptable)        |  |                 |        |            | Phone Number:  |                                |  |
| City:   |  |                 | State: | Zip Code:  |                |                                |  |
| Email Address:                                      |  |                 |        |            |                |                                |  |

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9901341 | Tony Novak  
 Broker: | Agent:



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### HEALTH SAVINGS ACCOUNT APPLICATION AND ADOPTION AGREEMENT

#### 3. SPOUSAL CONSENT

TO BE COMPLETED IF THE BENEFICIARY NAMED ABOVE IS NOT THE ACCOUNT OWNER'S SPOUSE AND THE ACCOUNT OWNER IS MARRIED AND A RESIDENT OF ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, WASHINGTON OR WISCONSIN.

I hereby acknowledge that the Custodian has not provided me with legal or tax advice, but rather has advised me to seek tax and legal advice before signing this form. I further acknowledge that I have received fair and reasonable disclosure of the Account Owner's assets or property, including any financial obligations for a community property state. I hereby give to the Account Owner any interest I may have in the assets held in this HSA and hereby consent to the beneficiary designation set forth above.

|                                     |       |  |       |
|-------------------------------------|-------|--|-------|
| X _____                             | _____ | X _____  | _____ |
| Signature of Account Owner's spouse | Date  | Signature of witness                             | Date  |
|                                     |       | (Cannot be the Beneficiary or the Account Owner) |       |

#### 4. AGREEMENT

The Account Owner named in this Application and Adoption Agreement (Customer) and First American Bank (Custodian) hereby agree to establish a Health Savings Custodial Account ("HSA") under the provisions of the Internal Revenue Code Section 223, other relevant sections, and any additional guidance from the Internal Revenue Service. Customer hereby acknowledges receipt, understanding, and agreement with the terms governing this HSA as described in the Internal Revenue Service Publication 5305-C (the "Custodial Agreement") The Health Savings Account Disclosure Statement (the "HSA Disclosure"), and First American Bank's Rules and Regulations governing its Deposit Accounts (the "Account Rules and Regulations"). I hereby request that the following options apply to my account:

- Issue a MasterCard® Debit Card to Account Owner.
- Send an order of 50 HSA Checks. (Additional Fee will apply).
- I prefer to receive a paper copy of my account statement. I understand that there is a fee for this service. To receive a PDF copy of your account statement at no charge, you must enroll in our On-line Banking Service within 30 days of account opening.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

**Tax withholding certification:** Under penalty of perjury, I certify: (1) that the tax identification number entered on this form is my correct taxpayer identification number; and (2) that I am not subject to back-up withholding because either: (a) I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends; (b) the Internal Revenue Service has notified me that I am no longer subject to back-up withholding; or (c) I am an exempt recipient under Internal Revenue Service regulations. Strike part (2) of this paragraph if you have been notified that you are subject to back-up withholding due to under reporting and you have not received a notice from the Internal Revenue Service that back-up withholding has been terminated.

|  |         |
|--|---------|
| Name of Account Owner                  |         |
| Account Owner's Social Security Number |         |
| Date                                   |         |
| Signature of Account Owner             | X _____ |

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For Bank use only, Account Number



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