



The Simsbury Bank

HSA Account Opening Instructions

- Please fill out and sign the following required documents:
 - ❖ Health Savings Account Application. (Account owner signs on bottom-right side of form)
 - ❖ Please complete and sign the signature card where indicated. (Account owner signs in box 1 and on bottom-left side of form. Signor two signs in box 2)
 - ❖ Please complete and sign the Customer Information and address change form. Both for the account owner and any additional signors.
 - ❖ Request to transfer a Health Savings Account (if applicable)

- Please provide a photocopy of your driver's license and the driver's license for any additional signers.
- Contact Jessica-Lynn Nigro when complete
- Please call Jessica-Lynn Nigro with any questions (860-243-4420)

Thank you for your business!



HEALTH SAVINGS ACCOUNT APPLICATION

HSA ACCOUNT OWNER'S NAME AND ADDRESS			HSA CUSTODIAN'S NAME, ADDRESS AND PHONE	
Social Security Number	Home Phone	Business Phone	HSA Account Identification	
Date of Birth	E-mail Address		<input type="checkbox"/> Check here if this is an amendment to an existing HSA.	

CONTRIBUTION INFORMATION			
Contribution Date	Contribution Amount	Contribution For Tax Year	Contribution Type
			Select One: <input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover

DESIGNATION OF BENEFICIARY(ies)

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of my remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my HSA.

No.	Beneficiary's Name Address and Phone Number	Date of Birth	Social Security Number	Relationship	Primary or Contingent	Share %
1.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
2.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
3.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
4.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
5.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

SPOUSAL CONSENT

This section should be reviewed if either the trust or the residence of the HSA Account Owner is located in a community or marital property state and the HSA Account Owner is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

I Am Not Married - I understand that if I become married in the future, I must complete a new HSA Designation Of Beneficiary form.

I Am Married - I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named HSA Account Owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional.

I hereby give the HSA Account Owner my interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

(Signature of Spouse) (Date)

(Signature of Witness) (Date)

SIGNATURES

Important: Please read before signing.

I understand the eligibility requirements for the type of HSA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, the 5305-C Plan Agreement and the Disclosure Statement. I understand that the terms and conditions which apply to this HSA are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions.

I assume complete responsibility for:

- Determining that I am eligible for an HSA each year I make a contribution.
- Ensuring that all contributions I make are within the limits set forth by the tax laws.
- The tax consequences of any contributions (including rollover contributions) and distributions.

X _____
(HSA Account Owner) (Date)

(Witness) (Date)

(Authorized Signature of Custodian) (Date)

Account Agreement

Date: _____

Institution Name & Address	

Owner/Signer Information 1	
Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input checked="" type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	
<input type="checkbox"/> Sole Proprietorship or Single Member LLC <input type="checkbox"/> Partnership	
<input type="checkbox"/> LLC-enter tax classification (<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership)	
<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	

Beneficiary Designation	
<i>(Check appropriate ownership above.)</i>	
<input type="checkbox"/> Revocable Trust	

Beneficiary Name(s), Address(es), and SSN(s)	
<i>(Check appropriate beneficiary designation above.)</i>	

Internal Use	
Account Title & Address	

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

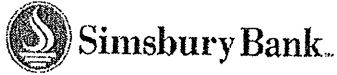
If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal: _____

Signature(s)	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input checked="" type="checkbox"/> Terms & Conditions	<input checked="" type="checkbox"/> Truth in Savings
<input checked="" type="checkbox"/> Electronic Fund Transfers	<input checked="" type="checkbox"/> Funds Availability
<input type="checkbox"/> Common Features	<input checked="" type="checkbox"/> Privacy
<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Substitute Checks

Authorized Signer (See Owner/Signer Information for Authorized Signer Designation(s).)

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

- (1): _____]
 I.D. # _____ D.O.B. _____
- (2): _____]
 I.D. # _____ D.O.B. _____
- (3): _____]
 I.D. # _____ D.O.B. _____
- (4): _____]
 I.D. # _____ D.O.B. _____



Customer Information Worksheet

Please Check One: New Customer _____ Existing Customer Update* _____

Name: _____

Residential Address: _____

Mailing Address (if Different): _____

City/Town _____

State _____ Zip Code: _____ U. S Citizen: _____

If No Country of Citizenship/Residence _____

Social Security #: _____ Date of Birth: _____

Photo ID Type*** _____ Issuer: _____

ID Number _____ Issue Date: _____ Expire Date _____

Home: _____ Cell: _____ Business Phone: _____

Email address(s): _____

Occupation: _____ Employer _____

Keyword: _____ (For Phone Verification - Security Word)

Has your address changed since you last opened an account with us? _____
(Fill out address change form and have customer sign)

Has your name changed since you first opened an account with Simsbury Bank? _____
(Legal document required)

Customer Signature _____ Date _____

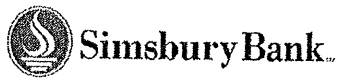
Branch Representative Signature _____ Date _____

**Market Manager Approval _____ Date _____

*If existing customer verify all information to core

**If no Photo ID available (Minor, Handicapped, etc) Market Manager must approve

(Fill out if there is an additional signer on account)



Customer Information Worksheet

Please Check One: New Customer _____ Existing Customer Update* _____

Name: _____

Residential Address: _____

Mailing Address (if Different): _____

City/Town _____

State _____ Zip Code: _____ U.S Citizen: _____

If No Country of Citizenship/Residence _____

Social Security #: _____ Date of Birth: _____

Photo ID Type*** _____ Issuer: _____

ID Number _____ Issue Date: _____ Expire Date _____

Home: _____ Cell: _____ Business Phone: _____

Email address(s): _____

Occupation: _____ Employer: _____

Keyword: _____ (For Phone Verification -Security Word)

Has your address changed since you last opened an account with us? _____
(Fill out address change form and have customer sign)

Has your name changed since you first opened an account with Simsbury Bank? _____
(Legal document required)

Customer Signature _____ Date _____

Branch Representative Signature _____ Date _____

**Market Manager Approval _____ Date _____

*If existing customer verify all information to core

**If no Photo ID available (Minor, Handicapped, etc) Market Manager must approve