

## **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!

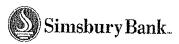


## HEALTH SAVINGS ACCOUNT APPLICATION

HSA ACCOUNT OWNER'S NAME AND ADDRESS						HSA CUSTODIAN'S NAME, ADDRESS AND PHONE					
Social Security Number Home Phone B			В	usiness Phor	siness Phone IISA Account Ide			unt Identification			
<del></del>				~~~~	and the second s						
Date of Birth B-mall Address			ss				Check 1	nere if this is an a	mendment to an exis	ting HSA.	
		C	ONTRI	BUTIC	ON INFORM	MATIC	N			····	***************************************
Contribu	ition Date	Contribution Amount	<del></del>		n For Tax Y				Contrib	ution Type	
	and the second second	Who is the delication on the temperature of the second of		***********		········	Sele	ct Onc:	Regular	Tronsfer	Rollover
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The following is	dividudes a				i beneri				***	· · · · · · · · · · · · · · · · · · ·	
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 any remaining beneficiary(ies) shall be increased on a pro man basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my HSA.											
No. Ben	eficiary's Name	Address and Phone Number		Date	e of Birth :	So	cla! Ni	Security mber	Relationship	Primary or Contingent	Share %
1,										Primary Contingent	%
2.	<del></del>									Primary Contingent	%
3.							•			Primary Contingent	%
4.								ya i ka a a dan angina bi dan an		Primary Contingent	%
5.	****				!	*** ** F******************************		**************************************		Primary Contingent	%
		USAL CONSENT		7			######################################		SIGNATURES		
coperty interest, individuals signing this saction should consult with a competent tax or gul udvisur.  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 sponse, my spouse must sing below.				I understa state that I 5305-C PI conditions Agreemen I assume c 1. Detorr 2. Ensurin	nd the e do qua an Agn which t. I aga comple aning t in that a conse	eligi dify com appess to te re that i all co que	to make the dent and the Doly to this His be bound by sponsibility fam eligible in an eligible in the best of any confibrations I need of any confibrations I	neals for the type eposit. I have rec- isclosure Stateme SA are contained those terms and coor; for an USA each make are within to outributions (incl	of HSA deposit I am sived a copy of the A and I anderstand that in this Application conditions.  Year I make a contribe limits set forth by adding rollover contributing rollover contributions.	pplication, the the terms and and the Plan button.	
	(Signature of Spanon) (Dote)			(Date) (Witess) (Date)							
	(Signature of Witness)	One	e)			77.	Ilion.	ted Signatum of t	distruition)		
(Date) (Abilionized Signature of Custodian) (Disc)  (12/2007) (Oxfordian) (Oxf											

Ac	count Agreement Date:
Institution Name & Address	Internal Use
	Account Title & Address
·	
	Enter Non-Individual Owner Information on page 2. There is additional
Owner/Signer Information 1	Owner/Signer Information space on page 2.
Name Relationship	I If checked, this is a temporary account agreement.
Address	Number of signatures required for withdrawal:
1186000	Signature(s)
Mailing Address	The undersigned authorize the financial institution to investigate credit
(if different)	and employment history and obtain reports from consumer reporting
Gov't Issued Photo ID (type, number, state.	agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make
issue date, exp. date)	withdrawals from the account(s), provided the required number of
Other ID (description, details)	signatures indicated above is satisfied. The undersigned personally and
Employer	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:
Previous Financial Inst.	
EMail .	IXTerms & Conditions   IXTruth in Savings   IXFunds Availability   IXElectronic Fund Transfers   IXPrivacy   IXSubstitute Checks
Wark Phone	Common Features 1
Home Phone: Mobile Phone:	
Birth Date: SSN/TIN:	1 Authorized Signer (See Owner/Signer Information for Authorized
Ownership of Account The specified ownership will remain the same for all account	Signer Designation(s) \
Individual	S.
Joint with Survivorship (not as tenants in common)	The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to
Joint with No Survivorship (as tenants in common)	avoid backup withholding.
Sole Proprietorship or Single Member LLC Partne	ership
LLC-enter tax classification (1 C Corp 1 S Corp 1	
C Corporation   S Corporation	(1):
Trust-Separate Agreement Dated:	L <sup>x</sup>
Bonaficians Basianation	I.D. # D.O.B
Beneficiary Designation Check appropriate ownership above.)	
Revocable Trust	(2):
	(2). X
Beneficiary Name(s), Address(es), and SSN(s)	
Check appropriate beneficiary designation above.)	I.D. # D.O.B
	f
	(3): X
	<b>1</b>
	I.D. # D.O.B
	[ T
	(4): <sub>X</sub>
	L'
	I.D. # D.O.B

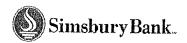
Owner/Signer Inform	nation 2	Non-Individual Owner Information
Name		Name
Relationship Address		State/Country & Date of Organization
Address		Nature of Business
Mailing Address (if different)		
Gov't Issued Photo ID (type, number, state,		Address
Other (D (description, details)		Mailing Address (if different)
		Authorization/ Resolution Date
Employer Previous		Previous Financial Inst.
Financial Inst.		E-Mail
E-Mail		Phone
Work Phone		EN: Mobile Phone:
Home Phone:	Mobile Phone	Account Description   Account #   Initial Deposit/S
Birth Date:	SSN/TIN:	Modelin Deposition Addount # Nindai Deposition
Owner/Signer Inform	ation 3	S 1 Cash 1 Check
Relationship		
Address		sl Cash I Check
Mailing Address (if different)		1
Gov't Issued Photo ID (type, number, state, ssue date, exp. date)		S I Cash I Check
Other ID description, details)		Services Requested
Employer		1 ATM I Debit/Check Cards (No. Requested:
Yevious		1
inancial Inst.		
Vork Phone		
		Backup Withholding Certifications
lome Phone.	Mobile Phone.	(If not a "U.S. Person", certify foreign status separately)
irth Date:	SSN/TIN:	By signing signature field (1) on this document, I certify under penalties of perjury the
Owner/Signer Informa	ation 4	the statements made in this section are true and that I am a U.S. of izen or other U.S. oers
ame		defined in the instructions).
elationship		Taxpayer I.D. Number - TIN: The Taxpayer Identification Number (TIN) shown is my correct taxpayer (TI
ddress		<b> </b>
ailing Address different)		J Backup Withholding. I amnot subject to backup withholding either because I not bean notified that I amsubject to backup withholding as a result of a failure to report interest or dividends, or the Internal Revenue Service has notified me that I amno longer at backup withholding.
ov't Issued Photo ID /pe, number, state, sue date, exp. date)		Exempt Recipients, Laman exempt recipient under the Internal Revenue Service Regulations Exempt payeecode (if any)
her ID escription, details)		FATCA Code. The FATCA code entered on this form (if any) indicating that I amexem FATCA reporting is correct.
nployer evious		Other Terms/Information
nancial Inst. Mail		
ork Phone		
me Phone:	Mobile Phone	
th Date:	SSN/TIN:	
eral questions and to provi	nformation. Federal law requires us to o verify your identity. You may be ask de one or more forms of identification e instances we may use outside sourc nformation you provide is protected by	0



## **Customer Information Worksheet**

Please Check One:	New Customer	Existing Customer Update*	_
***************************************			-
AND CONTROL OF THE PROPERTY OF			· .
			<del>-</del>
All the state of t			-
State	Zip Code:	U, S Citizen:	<b></b>
Social Security #:		Date of Birth:	
		Issuer:	
ID Number	Issue Date:	Expire Date	
Home:	Cell:	Business Phone:	
Email address(s):			
Occupation:	Employe	<u> </u>	
		(For Phone Verification	- Security Word)
Has your address chang (Fill out address	ged since you last opened a change form and have cus	an account with us?	
Has your name changed (Legal documen	d since you first opened an t required)	account with Simsbury Bank?	
Customer Signature		Date	_
Branch Representative S	Signature	Date	
**Market Manager App	roval	Date	

<sup>\*</sup>If existing customer verify all information to core
\*\*If no Photo ID available (Minor, Handicapped, etc) Market Manager must approve



## **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 #:	
Photo ID Type***	
ID NumberIssue Date: _	
Home: Cell:	Business Phone:
Email address(c)	
Occupation: Employer	
Keyword:	
Has your address changed since you last opened ar	account with us?
(Fill out address change form and have cust	omer sign)
Has your name changed since you first opened an a (Legal document required)	account with Simsbury Bank?
Customer Signature	Date
Branch Representative Signature	Date
**Market Manager Approval	Date

<sup>\*</sup>If existing customer verify all information to core
\*\*If no Photo ID available (Minor, Handicapped, etc) Market Manager must approve