

Health Savings Account (HSA)

Application and Signature Card

Important information about procedures for opening a new account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for me: When I open an account, I will be asked to provide my name, address, date of birth, Social Security Number and other information that will allow you to identify me. All information for the Health Savings Account (HSA) owner must be completed and returned before an account can be established.

For Internal Use: **IMPORTANT**

New account number _____

HSA owner information

Name			Date of birth		Email (optional)	
Street address (no post office box)						
City		State		Zip code		
Home telephone		Business telephone				
Occupation		Employer name				
Employer address						
Social Security Number (SSN)						
Primary ID (required)						
Driver's License number						
Issuing state		Issue date (mm/dd/yy)		Expiration date (mm/dd/yy)		
Secondary ID (required)						
If you have listed your Driver's License as a primary ID, you cannot use a State ID as a Secondary ID.						
Type		Description				
Secondary ID number		Issue date (mm/dd/yy)		Expiration date (mm/dd/yy)		

Designation of beneficiary

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. If all of the beneficiaries die before me, my HSA assets will be paid to my estate. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. This designation revokes and supercedes all earlier beneficiary designations that may apply to this HSA.

A. Primary beneficiary

Percentage	Name of beneficiary	SSN or Taxpayer Identification Number (TIN)	Relationship to HSA owner
_____ %	_____	_____	_____
_____ %	_____	_____	_____
_____ %	_____	_____	_____
Total	100%		

B. Contingent beneficiary

Percentage	Name of beneficiary	SSN or Taxpayer Identification Number (TIN)	Relationship to HSA owner
_____ %	_____	_____	_____
_____ %	_____	_____	_____
_____ %	_____	_____	_____
Total	100%		

Spousal consent

HSA owner initials

I Am Married. I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.

HSA owner initials

I Am Not Married. I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property, including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in the "Designation of beneficiary" Section.

Signature of spouse

Date

Signature of witness (required)

Date

(Witness cannot be the HSA owner or beneficiary of this HSA)

Signatures

I certify that (i) I am covered by a qualified high deductible health plan (HDHP), (ii) I am not also covered by any other health plan that is not an HDHP with certain exceptions for plans providing preventative care and limited types of permitted insurance and permitted coverage, (iii) I am not enrolled in Medicare and (iv) I cannot be claimed as a dependent on another person's tax return. I certify that the information provided by me on this Application is accurate, and that I have retained a copy of the Application and the IRS Form 5305-C, *Health Savings Custodial Account*. I agree to be bound by the terms and conditions found in the Application, Health Savings Custodial Account, Health Savings Account Disclosure Statement and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this HSA. I have not received any tax or legal advice from the custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the HSA custodian harmless against any and all claims or losses arising from my actions related to my HSA.

I have read, understand and agree to the following:

1. To establish automated contributions, I authorize the custodian to provide my EMPLOYER and/or EMPLOYER-APPOINTED THIRD PARTY BENEFITS PLAN ADMINISTRATOR (TPA) with my new HSA account number. I understand that my HSA account number will not be assigned until the custodian has completed my HSA enrollment. I further authorize my EMPLOYER and TPA to provide my personal information to, or confirm that information with, the custodian.
2. I understand that HSA enrollment is subject to custodian approval and authorize the custodian to notify me, my EMPLOYER and/or TPA if an ACH deposit cannot be completed for any reason.
3. I understand that this product is available with a debit card. Therefore, in applying for this product I am requesting a BMO Harris Bank HSA Debit MasterCard® card be sent to me once my HSA is established. I may elect to purchase personalized HSA checks once my HSA has been established.

Signature of HSA owner

Date

W-9 Information for applicant

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding **and**
3. I am a U.S. citizen or other U.S. person as defined by the Internal Revenue Code and explained on IRS Form W-9 **and**
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification instructions. You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this Certification, but you must provide your correct Tax ID Number (TIN).

Taxpayer Identification Number (TIN)

Taxpayer Identification Signature

Date



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Signature Card Authorization and Application

By signing below, I/we apply to open and maintain the type of deposit account(s) described above (the "Account(s)") and acknowledge receipt of the BMO Harris Bank N.A. Privacy Notice and the BMO Harris Handbook (the "Handbook"), which includes the Deposit Account Agreement and the applicable Deposit Account Disclosure(s) (as such terms are defined in the Handbook).

I/We agree to the terms and conditions set forth in the Deposit Account Agreement. I/We agree that the Deposit Account Agreement governs the ownership rights of the account owners listed in the title of the Account(s) above (the "Owners") and all other deposit accounts that the Owner(s) have with BMO Harris now or in the future. I/We also agree that, if this is an application for a checking or statement savings account, it is my/our intention and desire to apply for a BMO Harris ATM or Debit Card(s).

In connection with these applications, accounts and services, I/we authorize BMO Harris to obtain consumer reports about me/us, including regarding my/our credit and employment history, and to answer questions about BMO Harris' experience with me/us. I/We further authorize BMO Harris to use any credit history or other consumer report information obtained in connection with this application to suggest other BMO Harris products to me/us. BMO Harris has the right to charge the Account(s) for any liabilities owed to BMO Harris or its affiliates by any one of the Owners.

Signature of HSA owner

Date

For Bank Use Only

Opened by

Phone

BUC

Open date

BAW code (if applicable)

Account number

Opening deposit amount

Officer code/area

For NOC use only



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