

Personal Information <i>(Please attach a copy of a valid ID)</i>			
First Name:		Last Name:	
SSN:	Date Of Birth:	Phone 1:	Phone 2:
Email Address:		Security Passphrase:	
Address Line 1*:		One-time Online Banking Enrollment Pin (4 digit):	
City:	State:	Zip Code:	Country:

\*P.O. Boxes are not acceptable.

Authorized User Information if Applicable <i>(Please attach a copy of a valid ID)</i>			
First Name:		Last Name:	
SSN:	Date Of Birth:	Phone 1:	Phone 2:
Email Address:		Security Passphrase:	
Address Line 1*:			
City:	State:	Zip Code:	Country:

By adding an authorized user, you allow them access to use the HSA debit card for eligible healthcare expenses. Please ensure that all information provided is accurate.

\*P.O. Boxes are not acceptable.

Primary Beneficiary		Contingent Beneficiary <i>(if applicable)</i>	
Name:	SSN:	Name:	SSN:
Date of Birth:	Relationship:	Date of Birth:	Relationship:
Percentage:	Address:	Percentage:	Address:

\*Add additional beneficiaries on a separate document if needed.

Employment Information	
Employment Status:	Employer Name:
Occupation:	Employer Phone:
Employer Address:	

Monthly Financial Activity <i>(If you answer "yes" to any of these questions, please provide the anticipated amounts.)</i>		
Will the initial deposit exceed \$5,000?		
Will you deposit or write checks?		
Will you deposit or withdrawal cash?		
Will you send or receive wire transactions?		
Will you send or receive electronic (non-wire) transactions?		

Citizenship Information	
Are you a U.S. citizen?	
Are you a frequent traveler?	
Do you have citizenship with any other country?	
If the answer to the above is yes, please list countries.	

Politically Exposed Person (PEP) Status	
Are you currently, or have you ever been a politically exposed person(PEP) or a senior political figure?	
Are you an immediate family member or close associate of someone who is currently, or who was a PEP?	
Are you an employee of an embassy, foreign consulate, or foreign mission?	

HSA Contribution Information <b>(Please fill out the these fields to the best of your ability, note that * indicates a required field.)</b>			
Coverage Type*:	Single	Family	Contribution Type*: (See Below)
HSA Initial Deposit:	HSA Contribution Year:		

**Contribution Types**

- Regular** - These are the standard contributions made by you (the account holder) or your employer to fund your Health Savings Account.
- Rollover** - A rollover occurs when you move funds from one HSA to another. If you have an existing HSA at a different bank or financial institution, you can "roll over" your funds to a new HSA.
- Transfer** - A transfer is a direct movement of funds between two HSAs, typically initiated by the account holder but processed by the banks involved. Unlike a rollover, the funds are not given to the account holder and instead are directly sent from one HSA to another.

**Representations and Warranties and Disclosures Acknowledgment**

***Certification of Information Accuracy***

By signing below, you, the account applicant, certify that all information provided in this application is true, accurate, and complete to the best of your knowledge. You acknowledge that any false or misleading information may result in the denial of your application or the closure of your account.

***Regulatory Compliance***

This Health Savings Account (HSA) is offered in accordance with the applicable rules and regulations set forth by the Office of the Comptroller of the Currency (OCC) and is insured by the Federal Deposit Insurance Corporation (FDIC) up to the maximum amount allowed by law.

***Anti-Money Laundering (AML) Compliance***

In compliance with federal regulations, including the USA PATRIOT Act, we are required to obtain, verify, and record information that identifies each person and entity that opens an account. As part of this process, we will ask for your name, physical address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

***Electronic Signatures***

By signing this form electronically, you agree that your electronic signature has the same legal effect as your handwritten signature and will be treated as having been written by hand. You also agree that electronic signatures will be binding and enforceable under federal and state law.

***FDIC Insurance***

Your HSA funds are insured by the FDIC up to the maximum allowable limit per depositor, per insured depository institution, for each account ownership category. For more information on FDIC insurance coverage, please visit the FDIC's official website or contact us directly.

***Authorization and Agreement***

By submitting this application, you authorize the financial institution to verify all information provided, including the inquiry and receipt of report results from a credit reporting agency, if necessary. You agree to abide by the terms and conditions of the Health Savings Account Agreement and all applicable federal and state laws and regulations.

***Acknowledgment of Risk***

You understand that the funds in your Health Savings Account may be used only for qualified medical expenses as defined by the Internal Revenue Service (IRS). Misuse of HSA funds for non-qualified expenses may result in tax penalties, and you may be required to report such expenses on your federal income tax return.

***Privacy Notice***

Your personal information will be protected in accordance with our Privacy Policy, which is compliant with the Gramm-Leach-Bliley Act (GLBA). We are committed to safeguarding your personal and financial information and will not share it with third parties without your consent, except as required by law.

Signature \_\_\_\_\_

<p><b>Applicant Name:</b> _____</p> <p><b>Applicant Signature:</b> _____      <b>Date:</b> _____</p>
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**Form Completion**

Once your form has been completed and you have signed it, return it to Waterford Bank, N.A. via the following options:

1. Securely upload your application at <https://www.waterfordbankna.com/health-savings-account/>. The link is underneath the "Printable HS Application" button.
2. Return your application to a Waterford Bank location. You can see all of our offices at <https://www.waterfordbankna.com/about/locations/>.

**Additional Documentation**

Whether submitting the application online or in person you must also provide a copy of a valid government id (Driver's License, Passport, etc.)