

HEALTH SAVINGS ACCOUNT (HSA) APPLICATION

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 you: As part of this application, we are asking for your name, address, date of birth, and other information that will allow us to identify you and any authorized signers. We also need to see and/or photocopy your driver's license or other identifying documents.

Date _____

***Required fields**

Title _____ *First Name _____ Middle Initial _____

*Last Name _____

*Address _____

Address line 2 _____

*City _____ *State _____ *Zip Code _____

BACKUP WITHHOLDING CERTIFICATION

*Social Security Number: _____

Important: Under penalties of perjury, I certify that the number shown above is my correct Tax Identification Number, I am a U.S. person (including a U.S. resident alien), and that (select all that apply):

I am not subject to backup withholding, or because I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding.

IDENTIFICATION DETAILS

Please provide one of the following forms of identification:

State issued driver's license
Other government issued document

Passport
State issued identification card

***Required fields**

*Identification Type: _____ State Issued By: _____
(Identification must be unexpired and address current)

*ID Number _____

*Issue Date _____ *Expiration Date _____

*Date of Birth _____ Mother's Maiden Name _____

*Primary Phone _____ Type _____

Other Phone _____ Type _____

Other Phone _____ Type _____

*Email Address _____

HSA ELIGIBILITY

By completing the new account request with Merchants Bank of Indiana, you are certifying that you are covered by a single or family qualified High Deductible Health Plan (HDHP) and are disclosing the deductible below; you are not covered by a health plan other than a HDHP, which provides any of the same benefits as the HDHP; you are not enrolled in Medicare; and you are not claimed as a dependent on another person's tax return.

Please complete the following information:

***Required fields**

*Health Plan Type: Individual _____ Family _____

*HSA Eligibility Date _____ HDHP Deductible Amount _____

Employee Type: _____ full-time _____ part-time _____ retired
_____ disabled _____ resigned _____ leave of absence

Payroll: _____ **bi-weekly** _____ **semi-monthly**

Type of Initial Deposit: _____ Regular _____ Rollover/Transfer

____ Year of Contribution Contributions made Jan. 1st thru April 15th each year may be considered prior year contributions. Please list calendar year of contribution if not current year.

EMPLOYMENT INFORMATION

Employer _____

Occupation _____

AUTHORIZED SIGNERS

I do not elect to add an authorized signer.
If you opt to not add an authorized signer to your account, proceed to page 4.

I do elect to add an authorized signer.

HSAs are titled in individual ownership while offering you as the HSA owner the option to establish an authorized signer. If you opt to designate an authorized signer on your account, please complete all the required fields below. If you are unable to provide all of the required information on your authorized signer, they will not be added to your account until the information is obtained. You hereby designate the following individual as an authorized signer on your Health Savings Account. By designating an authorized signer on your account, you authorize the person designated below as “authorized signer” to transact business with and give instructions to Merchants Bank of Indiana regarding your health savings account; make deposits or withdrawals by any means acceptable to Merchants Bank of Indiana, including paper and electronic methods such as ACH and Internet-generated transactions; receive and have access to account information, including account balances and transactions; endorse any instruments such as checks, orders or other documents for the payment of funds; and to otherwise serve as agent for your Merchants Bank of Indiana HSA. No present or future ownership or right of survivorship is given to the authorized signer by this authorization. This authorization terminates upon death of the account owner, and rights to funds in the account will be transferred to the account owner’s beneficiaries. If beneficiary (ies) were not designated, account balance will only be payable to the account owner’s estate.

***Required fields**

Title _____ *First Name _____ Middle Initial _____

*Last Name _____

*Address _____

*City _____ *State _____ *Zip Code _____

Please provide one of the following forms of identification:

State issued driver’s license
State issued identification card

Passport
Other government issued document

***Required fields**

*Identification Type _____ State Issued By _____

(Identification must be unexpired and address current)

*ID Number _____ *Social Security Number _____

*Issue Date _____ *Expiration Date _____

*Date of Birth _____ *Mother’s Maiden Name _____

Email Address _____

*Primary Phone _____ Type _____

Other Phone _____ Type _____

ACCOUNT OPTIONS

Please select the options below you would like us to set up for your new account.

- I would like checks ordered for my new account (first order of HSA checks are free)
- I would like a HSA Visa Debit Card for access to my funds
- I would like for my authorized signer to have a HSA Visa Debit Card
- I would like to receive information on other products and services Merchants Bank of Indiana offers

**Note: You can setup online banking access by going to our website at www.merchantsbankofindiana.com and clicking on online banking then enroll.

DESIGNATION OF BENEFICIARY

Merchants Bank of Indiana recommends that you designate a beneficiary and/or contingent beneficiaries to your account.

Name _____
Address _____
Date of Birth _____ Social Security # _____
Relationship _____ **Primary** _____ **Contingent** _____
Share _____ %

Name _____
Address _____
Date of Birth _____ Social Security # _____
Relationship _____ **Primary** _____ **Contingent** _____
Share _____ %

Name _____
Address _____
Date of Birth _____ Social Security # _____
Relationship _____ **Primary** _____ **Contingent** _____
Share _____ %

I do not elect to name beneficiaries at this time.

The above named 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 won equal share percentages in the account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If a primary or contingent beneficiary dies before me, 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-rated basis. If no primary beneficiary (ies) survives me, the contingent beneficiary (ies) shall acquire the designated share of my account. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to Merchants Bank of Indiana. Merchants Bank of Indiana has provided no tax or legal advice to me regarding my beneficiary designation.

ACCOUNT DISCLOSURES

Government regulations require that we make the following disclosures available to you when you apply for an account:

Current Rates
Privacy Statement
Rate and Fee Schedule, Truth in Savings
Health Savings Custodial Account Agreement
Funds Availability
Substitute Check Policy
Deposit Account Agreement
Electronic Funds Transfer

By signing below, I certify that I have received the disclosures and wish to apply for an account at Merchants Bank of Indiana.

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Customer Signature

Date

In submitting this new account information to Merchants Bank of Indiana, you acknowledge that this is an application for an account with Merchants Bank of Indiana. In accordance with the USA Patriot Act of 2001, we may request additional information or documents to be submitted in order to verify your identity prior to opening an account. The approval process may include an inquiry into your past banking relationships and/or a review of your consumer report by any consumer reporting agency. Merchants Bank of Indiana will mail a new account package to you upon receipt of your new account request. Please read and sign the requested documents promptly and return to us in the postage paid envelope. Upon receipt of the return documents your account will be opened at Merchants Bank of Indiana. If you would like to speak to a Personal Banker at any time during the process, please contact us directly at 317.805.4300.
