

Health Savings Account Application

Must Provide Valid Government Issued Identification Prior To Account Opening

Type of Health Insurance Plan Coverage: Self Only _____ Family _____

Please Circle Residential Status: U.S. Citizen / Resident Alien / Non-Resident Alien (W8BEN)

If you choose Resident Alien or Non-Resident Alien, additional documentation is required prior to opening.

Legal Name (as appears on ID) _____

Physical Address _____
(Street) (City) (State) (Zip)

Mailing Address (if different) _____

Does ID address Match Current Address? Yes No If No, why? _____

Social Security Number _____ Date of Birth _____ Phone # _____

Email _____

Current Employer: _____ Phone # _____

Occupation (If retired—need previous occupation): _____

Primary Beneficiary Information:

Name: _____ Social Security Number: _____

Address: _____
(Street) (City) (State) (Zip)

Relationship: _____ Birth date: _____

As a full-service community bank, we are committed to providing our customers with financial products and services that meet their needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Anticipated Account Activity - (Estimate based on a one-month statement)

Deposits	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Purchase Official Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withdrawals	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Transfers (Telephone, AFT)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire Transfers	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Currency Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACH Credits	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Frequent Traveler	<input type="checkbox"/> Yes <input type="checkbox"/> International <input type="checkbox"/> No
ACH Debits	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Employee of an Embassy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Online Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Politically Exposed Person	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use Remote Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Enroll in E-Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debit/ATM Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	You will be invoiced for checks ordered at a later date.	

By signing this document, I authorize First Robinson Savings Bank, N.A. to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with First Robinson Savings Bank's products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

X: _____
Customer Signature *Date*

-----For Internal Bank Use Only-----

Account Number(s) _____

- New _____ CIF Updated Verafin Checks Ordered Chexsystems Ran Score _____
- Adverse Action (if applicable) Security Questions Answered CSR _____
- Type _____ Iss. By _____ ID # _____ ISS _____ EXP _____ Scanned