The Better Bank
FIVE POINTS BANK
MEMBER FDIC
www.5pointsbank.com

Health Savings Account
Customer Information Form

IMPORTANT INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. Our privacy policy and federal law protect the information you provide.

Name _____

Address _____

(If using a PO Box for mailing address you must also list your physical address.)

City, State, Zip _____

Social Security # _____ **Email Address:** _____

Phone # _____

Identification (attach copies):

Primary ID: _____

Driver's License, State ID # or Passport

State _____ **Issue Date** _____ **Expiration Date** _____

Description of Secondary ID: _____

Social Security Card, Health Insurance Card, Employer ID

Type of Health Insurance Plan Coverage (select one): ☐ Self-Only ☐ Family

Employer: _____ **Occupation:** _____

US Citizen: Yes / No **If No, Country of Citizenship:** _____

Account Activity:

What is the amount of your estimated Monthly Cash Deposit? _____

What is the source of the cash? _____

Do you plan to initiate Domestic and/or International wire transfers? Yes / No

Estimated amount of wire? _____

Do you plan receive Domestic and/or International wire transfers? Yes / No

Estimated amount of wire? _____

Do you, your immediate family members, or any close associates hold a public office or govenment position in a foreign country? Yes / No

Please mark all that apply.

☐ I would like to order free HSA checks
☐ I would like to order a free HSA Debit Card
☐ I would like to order a free HSA Debit Card for my authorized signer
☐ I would like to set up Online Banking ☐ I would like E-Statements

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Authorized Signer Information:

Name _____

Address _____
(If using a PO Box for mailing address you must also list your physical address.)

City, State, Zip _____

Social Security # _____

Phone #: _____

Identification (attach a copy):

Primary ID: _____
Driver's License, State ID # or Passport

State _____ **Issue Date** _____ **Expiration Date** _____

Description of Secondary ID: _____
Social Security Card, Health Insurance Card, Employer ID

Employer: _____ **Occupation:** _____

US Citizen: Yes / No **If No, Country of Citizenship:** _____

Do you, your immediate family members, or any close associates hold a public office or govenment position in a foreign country? Yes / No