Health Savings Account (HSA) Application

FIVE POINTS BANK
PO BOX 1507
GRAND ISLAND NE 68802-1507
(800)576-4687

1. HSA Owner Information

(Custodian's/Trustee's name, address, and phone number above)

NAME, ADDRESS, CITY, STATE, AND ZIP		HSA ACCOUNT (PLAN) NUMBER
		SOCIAL SECURITY NUMBER
DAYTIME PHONE NUMBER	E-MAIL (OPTIONAL)	DATE OF BIRTH

TYPE OF HEALTH INSURANCE PLAN COVERAGE: ☐ Self-Only ☐ Family

2. Contribution Information *(See Additional Information included with this form.)*

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR
	$		

THIS ACCOUNT IS A: ☒ Deposit Investment Only ☐ Self-Directed HSA Investment ☐ Managed Trust

CONTRIBUTION TYPE :

- ☐ Regular (including Catch-Up)
- ☐ Rollover from an HSA
- ☐ Transfer from an HSA
- ☐ Contribution from an IRA
- ☐ Rollover from an Archer MSA
- ☐ Transfer from an Archer MSA
- ☐ Return of Mistaken Distribution
  Original Distribution Date(s)

3. Designation of Beneficiary *(See Additional Information included with this form.)*

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. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. 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. If all of the beneficiaries die before me, or if none are designated, my HSA assets will be paid to my estate. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

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3. Designation of Beneficiary, Continued

PRIMARY SHARE	CONTINGENT SHARE	NAME OF BENEFICIARY	SSN OR TIN	RELATIONSHIP TO HSA OWNER	DATE OF BIRTH	ADDRESS, CITY, STATE, AND ZIP
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
Total 100%	**Total 100%**					

4. Spousal Consent

Community or marital property state laws may require spousal consent for a nonspouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the HSA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by financial organization policy.

_____ (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/trustee 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 this Application.

_____ _____

Signature of Spouse Date

Signature of Witness (if required) Date
(Witness cannot be a beneficiary of this HSA)

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5. Signatures

If this HSA is being established with a regular contribution, I am an eligible individual, covered by a qualified high deductible health plan (HDHP), and not covered by a health plan other than an HDHP that provides any of the same benefits as an HDHP. I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, IRS Form 5305-C, *Health Savings Custodial Account,* or IRS Form 5305-B, *Health Savings Trust Account,* agreement and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Agreement, Disclosure Statement, and amendments thereto. Except as otherwise provided by law, I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature of HSA Owner Date

Signature of Custodian/Trustee Date

Additional Information

Purpose. The Health Savings Account (HSA) Application form is designed to assist you in opening an HSA. This Application will accompany an Internal Revenue Service (IRS) Form 5305-B, *Health Savings Trust Account,* IRS Form 5305-C, *Health Savings Custodial Account,* or IRS-approved prototype and Disclosure Statement.

Additional Documents. Applicable law or policies of the HSA custodian/trustee may require additional documentation such as IRS Form W-9, *Request for Taxpayer Identification Number and Certification.* An HSA trustee may provide additional agreements and policies because of the possible levels of investment options.

For Additional Guidance. It is in your best interest to seek the guidance of a tax or legal professional before completing this document. For more information, refer to Internal Revenue Code (IRC) Section 223, other relevant IRC sections, and all additional IRS guidance; IRS publications that include information about HSAs; instructions to your federal income tax return; or the IRS's web site at www.irs.gov.

Terms. A general understanding of the following terms may be helpful in completing your transactions.

Archer MSA. An Archer Medical Savings Account (MSA) is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health plan. Archer MSA assets may be rolled over or transferred to an HSA.

Custodian. An HSA custodian must be a bank, an insurance company, a person previously approved by the IRS to be a custodian of an individual retirement account (IRA) or Archer Medical Savings Account (MSA), or any other person approved by the IRS.

Deposit Investment Only. The deposit investments provided by the custodian/trustee may include savings, share, and/or money market accounts, and certificates of deposit (CDs), and will earn a reasonable rate.

HSA. An HSA is a tax-exempt trust or custodial account established exclusively for the purpose of paying qualified medical expenses of you, your spouse, and your dependents.

Managed Trust. If the HSA is managed by the custodian/trustee, the custodian/trustee will provide you with a managed trust or agency agreement, or other similar document, that sets forth the terms and conditions governing the investment relationship.

Owner. The account owner is the person who establishes the trust or custodial account. For HSA purposes, the account owner is you.

Self-Directed HSA Investment. If your HSA is self-directed, you may invest your contributions and HSA assets in various deposit and nondeposit investments.

Trustee. An HSA trustee must be a bank, an insurance company, a person previously approved by the IRS to be a trustee of the individual retirement account (IRA) or Archer Medical Savings Account (MSA), or any other person approved by the IRS.

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