



Health Savings Accounts Application



CHOICE FINANCIAL
Your HSA Bank.

Health Savings Account Packet Instructions:

Read this page *prior* to completing the Health Savings Account (HSA) application process.

1) Review and agree to:

- HSA Terms and Conditions
- HSA Custodial Booklet
- HSA Fee Schedule

All items may be found at choicefinancialgroup.com

2) Complete the HSA Application Form and optional forms.

- Please PRINT (CLEARLY) in all applicable fields.
- Be certain ALL applicable fields are complete prior to submitting application. Missing fields will delay the account opening process and may possibly result in a returned application.

3) Once the HSA application is complete, tear out perforated pages and any optional forms and return them to **Choice Financial 4501 23rd Avenue South, Fargo, ND 58104.**

4) Keep the remaining information packet, including your Privacy Policy and account disclosures, for your records to refer back to if you have questions pertaining to your account.

Congratulations and thank you for choosing Choice Financial as your HSA provider! You are on your way to opening your Health Savings Account, which is a great move for your financial health! We look forward to working with you well into the future.

Location & Contact Information

4501 23rd Avenue South
Fargo, ND 58104

HSA Hotline 866.702.9033

E-mail hsa@choicefinancialgroup.com

Fax 701.356.7789

Live Help

Monday to Friday, 8:00 am – 5:00 pm CST

choicefinancialgroup.com





CHOICE FINANCIAL

Your HSA Bank.

FOR BANK USE ONLY:

ACCOUNT #

CUSTOMER #

Health Savings Account (HSA) Application/Signature Card

ALL FIELDS MUST BE COMPLETED. *Missing fields may delay the account opening process and possibly result in a returned application.*

Health Insurance Plan Coverage:

Tax Year: _____ If you are enrolling through your employer, please list your employer here: _____

Account Holder Information:

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Home Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Social Security Number/TIN: _____ **Date of Birth (mm/dd/yyyy):** _____ **Email Address:** _____

Home Phone: _____ **Cell Phone:** _____ **Drivers License #:** _____ **Issue Date:** _____ **Exp. Date:** _____

Drivers License State: _____ **Occupation:** _____
(If retired, list previous occupation)

OPTIONAL: Agent/Authorized Signer Information:

Due to IRS Regulations, HSAs are only allowed to have one account owner. However, you are allowed to have an Agent/Authorized Signer added to your account. Agents are able to gain account information such as balance and transaction history and make purchases with checks and a debit card. Agents will NOT be allowed to make investment decisions or close the Health Savings Account.

First Name: _____ **Middle:** _____ **Last Name:** _____

Home Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Social Security Number: _____ **Date of Birth (mm/dd/yyyy):** _____ **Email Address:** _____

Home Phone: _____ **Cell Phone:** _____ **Drivers License #:** _____ **Issue Date:** _____ **Exp. Date:** _____

Drivers License State: _____ **Occupation:** _____
(If retired, list previous occupation)

Beneficiary Information:

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 that 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. If all of the beneficiaries die before me, my HSA assets will be paid to my estate. If no percentages are assigned to beneficiaries, the beneficiaries will share equally. If the percentage total for each beneficiary classification does not equal 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. This designation revokes and supersedes all earlier beneficiary designations which may apply to this HSA.

Account Holder Information:

Name of Beneficiary	SSN/TIN	DOB	Primary	Contingent	Percent
			<input type="checkbox"/>	<input type="checkbox"/>	_____%
			<input type="checkbox"/>	<input type="checkbox"/>	_____%
			<input type="checkbox"/>	<input type="checkbox"/>	_____%
			<input type="checkbox"/>	<input type="checkbox"/>	_____%
			<input type="checkbox"/>	<input type="checkbox"/>	_____%

All fields must be completed. Missing fields may delay the account opening process and possibly result in a returned application.

Backup Withholding Certifications

TIN/Social Security Number _____

- TAXPAYER ID NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
- BACKUP WITHHOLDING** - I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

Signature

Date

Signatures

If this HSA is being established with a regular contribution, I certify that I am covered by a qualified high deductible health plan (HDHP), and that I am not covered by a health plan other than an HDHP that provides any of the same benefits as an HDHP. If this HSA is being established with a rollover or transfer contribution, I certify that the rollover or transfer assets are from another HSA or Archer Medical Savings Account (MSA), Flexible Spending Arrangement (FSA) or Individual Retirement Account (IRA). I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, Health Savings Account Disclosure Statement, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that I may revoke this HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the HSA custodian harmless against any and all claims or losses arising from my actions.

I also certify that everything I have stated in this HSA Account Application/Signature Card and on any attachment is correct. By signing below I authorize you to check my credit account. I authorize you to take steps to verify my identity. I understand that I may be asked several questions and to provide one or more forms of identification to fulfill this requirement. Further, I understand that in some instances, outside sources may be used to confirm the information I provide and that any information I provide is protected under Choice Financial's Privacy Policy and federal law.

Signature of HSA Owner

Date

Signature of Agent/Authorized Signer *(If elected, signature is required)*

Date

Choose any or all of the convenient account options. If no account options are selected, you will not receive any of the following options other than a monthly paper statement.

_____ **HSA Checks**

_____ **Debit Card** (choose between 1 or 2 Debit Cards) ¹

_____ **1 Debit Card**

_____ **2 Debit Cards**

Statement Delivery Options (Please select one):

_____ **eStatement** (free images) **Email address is required:** _____

_____ **Paper Statement with images (\$2 a month)**

¹Certain restrictions may apply. ²Subject to approval. ³You may be charged for a foreign ATM fee.

Watch Your Mail!

Once Choice Financial receives your completed application, your HSA will be opened. Please watch your mail for the following:

- **Account Welcome Kit.** Your account welcome kit will provide you with your account number, important account information, disclosure information and our commitment to your privacy.
- **Checks** (if ordered). Checks will arrive 11-14 business days from approval of HSA application.
- **Debit Card(s)** (if ordered). Your Debit Card(s) and will arrive in approximately two weeks from approval of HSA application.

If you have any questions or comments, please call an HSA Specialist at **866.702.9033** or email **hsa@choicefinancialgroup.com**.

SUBMIT COMPLETED FORM TO ONE OF THE FOLLOWING:

FAX
701.356.6460
Attn: HSA Department

MAIL
Choice Financial - HSA Dept.
4501 23rd Ave. S.
Fargo, ND 58104

EMAIL
hsa@choicefinancialgroup.com
We recommend sending in a secure format.

FACTS

WHAT DOES CHOICE FINANCIAL GROUP DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balance and payment history
- Credit history and credit scores

When you are no longer our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their every day business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Choice Financial Group chooses to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Information

Does Choice Financial Group share?

Can you limit this sharing?

Reasons We Can Share Your Personal Information	Does Choice Financial Group share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes - information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes - information about your creditworthiness	No	We don't share
For non-affiliates to market to you	No	We don't share

Questions?

Call 877.380.3623 or email help@choicefinancialgroup.com

Who we are

Who is providing this notice?	Choice Financial Group
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What we do

How does Choice Financial Group protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Choice Financial Group collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • Open an account or deposit money • Pay your bills or apply for a loan • Use your debit or credit card <p>We also collect your information from credit bureaus, affiliates or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes - information about your creditworthiness • Affiliates from using your information to market to you • Sharing for non-affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and non-financial companies.</p> <p>Choice Financial Insurance</p>
Non-affiliates	<p>Companies not related by common ownership or control. They can be financial and non-financial companies.</p> <p>Choice Financial Group does not share with non-affiliates so they can market to you.</p>
Joint Marketing	<p>A formal agreement between non-affiliated financial companies that together market financial products or services to you.</p> <p>Choice Financial Group does not jointly market.</p>