

## **HSA Account Opening Instructions**

Complete papers on the left side of the folder:

Signature card – sign 2 spots where indicated. If spouse has signing authority he/she signs in # 2 spot. There is no need to complete the card, just sign it.

MasterMoney Card – just sign (if spouse needs a card they also sign another application. This can be photo copied)

**Customer Information Form** – This form needs to be completed; signed and a <u>copy of</u> <u>the driver's license</u> provided. If spouse has authority to use account a form needs to be completed by them also with a copy of their license.

**Health Savings Account Application** – Beneficiary info completed and form signed by account holder. No need to have spouse sign as we are not a community property state.

Telephone Transfer Form – just needs to be signed.

The only document that needs to be fully completed is the **Customer Information** Form.

The folder and everything on the right side is for the client. They will receive a letter informing them of the process together with their checks within a couple days of receiving their completed forms. Debit cards will arrive within a week to ten days.

Please feel free to call me with any questions at 860-408-5660.

All forms should be sent to me: Terry Boulton Simsbury Bank PO Box 248 981 Hopmeadow St

Simsbury, CT 06070



	<u>Customer Information</u>	& Address Change Form			
Please Check O	ne: New Customer	Existing Customer Update*			
Name:					
**Prior Name					
Mailing Address	(if Different)				
City/Town					
		Country of Residence			
		*PEP: Y N			
		Issuer			
		teExpire Date			
		Date of Birth			
		Cell Phone			
Email address(s)	······································				
		Phone			
Signature		Date			
For Bank use only:					
ChexSystems: Print an	d attach completed online ChexSystem	is form			
SS# Results: State	Year	Records			
Driver's License Result:	S:				
Discrepancies Y/N	If yes how resolved				
**Market Manager Ap	proval	Date			
* Required if existing	please verify all information g customer with information changes ilable (Minor, Handicapped, etc) Ma				

<sup>\*</sup> Politically Exposed Person, one in a prominent foreign government position and their families, i.e. Ambassador, etc. 10/26/2011



## HEALTH SAVINGS ACCOUNT APPLICATION

2. Contingent		HSA A	CCOUNT OWNER'S NAME AN	D ADDRESS			HSA C	JSTODIAN'S NA	ME, ADDRESS AN	ID PHONE
Security (or more         Nome Trans         Data or During         Nome Trans           Date of Birth         E-mail Address              CONTRESUTION INFORMATION               Contribution Type            Contribution Date         Contribution Amount         Contribution For Tax Ver         Contribution Type            Contribution Date         Contribution For Tax Ver         Contribution Type          Select One:         Regular         Iteravier         Rollower           Description         Description         Formacy mode contribution For Tax Ver         Contribution Type          Regular         Iteravier         Rollower           Description         Description Formacy mode contribution For Tax Ver         Contribution For Tax Ver         Contribution For Tax Ver         Contribution Provide and Select One:         Regular         Iteravier         Rollower           Description         Description         The other provide and Select One:         Regular         Iteravier         Rollower           No         Beneficiary's Name and Address         Description Formacy Regular         Rollower         Rollower <th colspan="3"></th> <th>·</th> <th></th> <th></th> <th></th> <th></th> <th></th>				·						
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CONTREBUTION INFORMATION  Contribution Date Contribution Amount Contribution For Tay Year Seted Dre: Regular Contribution Amount Contribution Amount Contribution Amount Contribution For Tay Year Seted Dre: Regular Transfer Regular Transfer DESIGNATION OF BENETICLARV(69)  The demode to a primary beneficiary. The optimary optimary beneficiary of the tay yrinary and contribution to entry with the teary formary optimary beneficiary to accurate the tear of tear of tear of tear of tear of tear of the tear of the tear of tear					· · · ·					
Contribution Date         Contribution Amount         Contribution For Tax Year         Contribution Type           Select One:         Regular         Transfer         Relower           DESIGNATION OF BENEFICIARY(ies)         DESIGNATION OF BENEFICIARY(ies)         Transfer         Relower           The following individual(s) or natity shall be my primary and/or contingent beneficiary with a designated and no distilution precentingent beneficiary with a designated and no distilution precentingent beneficiary with a designated with a comparise beneficiary with a designated with a low before excepting.         It is primary or contingent beneficiary with a designated with a comparise beneficiary with a designation of more shall be metabolic and the precentage share of any remaining beneficiary with the interact of the other here shall terminate completely and the precentage share of any remaining beneficiary with a designation of more share sha		Date of Birth	E-m	ail Address		<u> </u>	Check	here if this is an an	nendment to an existi	ng HSA.
Selved Date: Regular Transfer  DESIGNATION OF BENEFICIARY(ies)  The following individuality or ensity shall be any primary and/or contingent beneficiary in the control of the determine of the definition or ensity will be determed to use equal have preventages in the USA Multiple contingent beneficiary is used to the determine of the therefore and the				CONTRIBUTIO	ON INFOR!	AATION				
DESIGNATION OF BENEFICARY(es)       Inside       Kollever         The following individual(s) or entity shall be my primary and/or contingent beneficiary: Not the one primary beneficiary is the streamage on the individual of entity will be determent to be determined to be determent to be determined to be determent to be determined to		Contribution Date	Contribution Amount	Contributio	n For Tax Y			Contribu	tion Type	
The following individual(s) or entity shall be my primary and/or contingent beneficiary(set). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. It more than one primary beneficiary is sugnated and no distribution precentages are indicated. In the individual or entity will be deemed to some a relationated in the beneficiary is a sugnated and no distribution precentages are indicated. In the individual or entity will be deemed to some a relationated in the beneficiary is a sugnated and no distribution precentages are indicated. In the individual or entity will be deemed to some a relations to some primary or contingent is indicated. In the individual or entity will be designated share of my HSA.						S	elect One:	Regular [	Transfer	Rollover
deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages in the ISA Milple contagent beneficiary dise percentages in the ISA Account Owner.       If any primary or contingent beneficiary dise percentage share of any remaining in the interest of his or the heirs shall terminate completely, and the percentage share of any remaining the interest of his or the heirs shall terminate completely. and the percentage share of any remaining the interest of heir of heirs shall terminate completely. and the percentage share of any remaining the interest of heirs shall terminate completely. and the percentage share of any remaining the interest of heirs shall terminate completely. and the percentage share of any remaining the interest of heirs shall terminate completely.         No.       Beneficiary's Name and Address       Date of Birth       Social Security       Relationship       Primary or Contingent         1.			DE	SIGNATION C	F BENEFI	CIARY(i	es)			
No.     Beneficiary's Name and Address     Date of Birlh     Number     Reasonable     Contingent     Start w       1.     Image: I	deemed equal sh If any p	to be a primary benefic are percentages in the HS.	iary. If more than one primary bene A. Multiple contingent beneficiaries	eficiary is design with no share pe crest and the inter	ated and no ercentage ind rest of his or	distributio icated will her heirs	on percentages a Il also be deeme shall terminate a	are indicated, the b d to share equally, completely, and the	eneficiaries will be d	eemed to own
1.       Contingent       %         2.       Contingent       %         3.       Contingent       %         3.       Primary       %         4.       Primary       %         5.       Primary       %         6.       Primary       %         7.       Primary       %         6.       Primary       %         7.       Primary       %         7.       Primary       %         7.       SPOUSAL CONSENT       Primary         7.       Primary       %         7.       Primary       %         7.       Primary       %         8.       Primary       %         9.       Primary       %      1	No.	Benefici	ary's Name and Address	Dat	e of Birth			Relationship	Primary or Contingent	Share %
2.       Contingent       %         3.       Primary       %         4.       Primary       %         5.       Primary       %         5.       Primary       %         6.       Primary       %         7.       Primary       %         6.       Primary       %         7.       Primary       %         7.       Contingent       %         7.       Primary       Contingent         8.       Contingent       %         9.       Primary       Contingent         9.       Contingent       %         9.       Primary       Contingent         9.       Primary	1.									%
3.       Contingent       %         4.       Primary       %         5.       Primary       %         SPOUSAL CONSENT         SPOUSAL CONSENT         Signature of the residence of the HSA Account         Note is located in a community or marial property state and the HSA Account Owner or to the important tax consequences of giving up one's community or marial property state and the HSA Account Owner or to the important tax consequences of giving up one's community or marial property state and the future. I must or only a dove so community of the hype of HSA deposit 1 har making and 1 state that 10 quality to make the deposit 1 have received a copy of the Application, the spoile and the sequences of giving up one's community or marial inductions which apply to this HSA are contained in the Application, the spoile or an HSA each year I make a contribution.         I Am Not Married - 1 understand that if 1 become married in the future. I must or the residence of the aportant tax consequences of giving up one's complete responsibility for:         I Am Mort Married - 1 understand that if 1 become married in the future. I must account Owner. I acknowledge that I have consequences of any contributions 1 make ac contribution.         A married - 1 understand that if 1 become tarried in the future. I must account Owner. I acknowledge that I have consequences of giving up my interest in this state that all contributions 1 make are within the limits set forth by the tax taws.         A married - 1 understand that if 1 become tarried in the future. I must account tax consequences of giving up my interest in this bact that and reasonable	2.									No
4.       Contingent         5.       Primary         6.       Primary         7.       SPOUSAL CONSENT         his section should be reviewed if either the trust or the residence of the HSA Account         Important: Please read before signing.         Important: Please read before signing.         Indextant be eignbilty requirements for the type of HSA deposit Lam making and I state that I do quality to make the deposit. I have received a copy of the Application, the S305-C Plan Agreement and the Disclosure Statement. Lunderstand that if D become married in the future. I must complete a new HSA Designation Of Beneficiary form.         I LAM Not Married - Lunderstand that if D become married in the future. I must sign below.         am the spouse of the above-named HSA Account Owner. Lacknowledge that I have existed to see a tax professional.         berefwy give the HSA Account Owner. I acknowledge that I have existed to see a tax professional.         berefwy give the HSA Account Owner. I have in the funds or property postied in this HSA and consent to the beneficiary designation(s) indicated above. assume full responsibility for any adverse consequences that may result. No tax or gal advice was given to me by the Custodian.         (Signature of Spone)       (Date)	3.									%
5.       Contingent       %         SPOUSAL CONSENT       SIGNATURES         This section should be reviewed if either the trust or the residence of the HSA Account Owner is located in a community or maring property state and the HSA Account Owner is married. Due to the important tax consequences of giving up one's community or maring this section should consult with a competent tax or gal advisor.       Important: Please read before signing.         CURRENT MARITAL STATUS       I Am Not Married - 1 understand that if 1 become married in the future. I must completer and the signing base to designate a primary beneficiary other than my spouse, my spouse must sign below.       I assume complete responsibility for: Interest for the type of HSA eacount Owner. I acknowledge that I have teed of a fair and reasonable disclosure of my spouse's property and financial obgations. Due to the important tax consequences of giving up my interest in this SA. The been advised to see a tax professional.       I betermining that I an eligible for an HSA each year I make a contributions.         2. Ensuring that HSA Account Owner. I acknowledge that I have teed in the future see advised to see a tax professional.       I betermining that I contributions I make are within the limits set forth by the tax laws.         3. The been advised to see a tax professional.       I have the future see advised to see a tax professional.         begin the HSA Account Owner any interest I have in the future see or be been divised to see a tax professional.       I be the future see advised to see a tax professional.         3. I have been advised to see a tax professional.       I be thengotat tax consequences of giving up my interest in t	4.					· .			·	%
In section should be reviewed if either the trust or the residence of the HSA Account Where is located in a community or marital property state and the HSA Account Owner is married. Due to the important tax consequences of giving up one's community orperty interest, individuals signing this section should consult with a competent tax or geal advisor.       Important: Please read before signing. Understand the eligibility requirements for the type of HSA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, the 5305-C Plan Agreement and the Disclosure Statement. I understand that if I become married in the future. I must complete a new HSA Designation Of Beneficiary form.         I Am Not Married – I understand that if I become married in the future. I must complete a new HSA Designation Of Beneficiary other than my spouse, my spouse must sign below.       I assume complete responsibility for: Determining that I am eligible for an HSA each year I make a contribution.         I have been advised to see a tax professional.       I conserve to the important tax consequences of giving up my interest in this SA. I have been advised to see a tax professional.       I have been advised to see a tax professional.         hereby give the HSA Account Owner any interest I have in the funds or property gal advice was given to me by the Custodian.       (Marcount Owner)       (Date)         (Signature of Spouse)       (Date)       (Date)       (Date)       (Date)	5.									%
Dement is located in a community or marital property state and the HSA Account Owner is married. Due to the important tax consequences of giving up one's community morety interest, individuals signing this section should consult with a competent tax or gal advisor.       Lunderstand the eligibility requirements for the type of HSA deposit I am making and I state that I do quality to make the deposit. I have received a copy of the Application, the 5305-C Plan Agreement and the Disclosure Statement. I understand that the terms and conditions which apply to this HSA are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions.         I Am Not Married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.       I am eligible for an HSA each year I make a contribution.         I Am Married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.       I am eligible for an HSA each year I make a contribution.         B Agreement. I agree to be bound by those terms and conditions which apply to this HSA ace out owner any interest in this SA, I have been advised to see a tax professional.       I betermining that I am eligible for an HSA each year I make a contributions) and distributions.         B Agreement full responsibility for any adverse consequences that may result. No tax or gal advice was given to me by the Custodian.       I Make account Owner)       (Date)         (BSA Account Owner)       (Date)       (Date)       (Date)       (Date)		SPC	DUSAL CONSENT					SIGNATURES		
	Owner is s marrie roperty : ggal advi cgal advi i I Al com J I Al othe am the s icceived bligation SA, I ha hereby p eposited assume	located in a community or d. Due to the important interest, individuals signing isor. CURREN m Not Married – I under splete a new HSA Designa m Married – I understand er than my spouse, my spo- pouse of the above-named a fair and reasonable di is Due to the important t give the HSA Account O in this HSA and consent full responsibility for any	marital property state and the HSA tax consequences of giving up or g this section should consult with a c NT MARITAL STATUS stand that if I become married in the thon Of Beneficiary form. that if I choose to designate a prim buse must sign below. d HSA Account Owner. I acknowle sclosure of my spouse's property ax consequences of giving up my ax professional. wher any interest I have in the fun to the beneficiary designation(s) in adverse consequences that may re	Account Owner re's community onipetent tax or e future. I must ary beneficiary dge that I have and financial interest in this ds or property dicated above.	I understa state that 5305-C F condition Agreeme I assume 1. Detern 2. Ensuri 3. The ta	and the el I do qual lan Agree s which nt. I agree complete nining th ng that al x conseq	igibility require ify to make the ement and the I apply to this H to be bound by responsibility at I am eligible I contributions i uences of any	ments for the type deposit. I have rece Disclosure Stateme ISA are contained y those terms and c for: for an HSA each make are within th contributions (incl	ived a copy of the Ap nt. I understand that t in this Application a onditions. year I make a contrib he limits set forth by t uding rollover contri	plication, the he terms and and the Plan bution. he tax laws. butions) and
		(Signature of Spous	e) (1	Date)			(Witness)		(Dat	e)
(Dara) (Dara) II (Authorized Constants) (Data)		•				<u> </u>		Custolice		

	ACCOUNT NUMBER
	ACCOUNT OWNER(S) NAME & ADDRESS
OWNERSHIP OF ACCOUNT - PERSONAL PURPOSE	
JCINT - WITH SURVIVORSHIP (and not as tenants in common) JCINT - NO SURVIVORSHIP (as tenants in common) TRUST - SEPARATE AGREEMENT:	
I         REVOCABLE TRUST DESIGNATION AS DEFINED IN THIS AGREEMENT           Name and Address of Beneficiary;	1 <b>*</b>
Nanie and Addiess de Denenday.	I NEW I EXISTING TYPE OF I CHECKING I SAVINGS ACCOUNT MONEY MARKET I CERTIFICATE OF DEPOSIT
	1 NOW K This is your (check one):
	Permanent ] Temponary account agreement.
OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE	FACSIMLE SIGNATURE(S) ALLOWED? J YES J NO
1 corporation: 1 for profit 1 not for profit 1 partnership	X S(CNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The
BUSINESS: COUNTY & STATE OF ORGANIZATION:	undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the
AUTHORIZATION DATED:	terms of the following disclosure(s): 1 Deposit Account 1 Funds Availability 1 Truth in Savings
DATE OPENED BY	1 Electronic Fund Transfers 1 Privacy 1 Substitute Checks
INITIAL DEPOSIT \$	r 7
HOVE TELEPHONE #	(1): 🧈
BUSINESS PHONE #	
DRIVER'S LICENSE #	i.D. # D.QB
EMPLOYER	
MOTHER'S MAIDEN NAME	(2):
	LD. # D.O.B
	r 1
BACKUP WITHHOLDING CERTIFICATIONS	(3): X
TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.	i.D. # D.O.B
BACKUP WITHHOLDING - I am not subject to backup withholding either 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	( <b>4</b> ):
ne that I am no longer subject to backup withholding	I.D. # D.O.B
EXEMPT RECIPIENTS - I am an exempt recipient under the nermal Revenue Service Regulations. INCNATURE: I certifyundepenaltiesof perjurythestatement shecked in this	Authorized Signer (Individual Accounts Only)
ectionandthatl ama U.S.persor(including U.S.residentalien).	L× J
(Date)	

## The Simsbury Bank MasterMoney<sup>™</sup> Card Debit Card Application

You can select one primary checking account for debit card purchases. You can select 2 additional checking accounts and 3 savings accounts for ATM access. Note: for joint ownership, each individual owner must complete a separate application.

NAME	SOCIAL SECURITY NUMBER			
STREET ADDRESS (CANNOT BE DELIVERED TO A P.O. BOX)	CITY	STAFE	ZIP	
If customer address is a P.O. Box, card will be mailed to:	The Simsbury Bank (You will be	e notified when your card ar	tives)	
PHONE NUMBER (DAY)	(EVENING)			
CHECKING ACCOUNT NUMBER (PRIMARY)	STATEMENT SAVINGS AC	COUNT NO. (PASSBOOK ACCOU	INTS NOT ELIGIBLE)	
CHECKING ACCOUNT NUMBER	STATEMENT SAVINGS AC	COUNT NO. (PASSBOOK ACCOU	NTS NOT ELIGIBLE)	

CHECKING ACCOUNT NUMBER

STATEMENT SAVINGS ACCOUNT NO. (PASSBOOK ACCOUNTS NOT ELIGIBLE)

Authorizations: I agree to be bound by the terms and conditions covered in The Simsbury Bank Customer Agreements. I understand the MasterMoney" Card is not a credit card and that the dollar amount of purchases made with this card will be deducted only from my Simsbury Bank & Trust primary checking account designated above. I authorize The Simsbury Bank to verify the information provided above and to request a credit report if necessary. The Simsbury Bank & Trust MasterMoney" card is available for qualified customers only. Other requirements apply. If I am not approved for a Simsbury Bank & Trust MasterMoney" card I may be issued a Simsbury Bank ATM card if I do not already have one.

SIGNATURE (REQUIRED FOR ALL APPLICANTS)	• DATE		
FOR BANK USE	ONLY		
Current Checking Balance	Current Combined Retail Deposit Balance		
Personal Line of Credit Available (if any)	Personal Line of Credit Application in Process  Yes No		
Number of Overdrafts last 12 months	APPLICATION PROCESSOR		
Approvals:	MANAGER REQUIRED		
Other Instructions			
ATM 567354	ATM OFFSET		



Telephone Transfer Authorization

Customer Name		Brand	:h	
Customer Name				
Address				
			<u> </u>	
Default PIN is last 4 digits of the	primary owners	Social Security num	er.	
Please allow the following Teleph	one Banking Se	rvices with this agree	ment:	
Account Inquiry YN	Funds Tr	ansfer YN		
Simsbury Bank Loan Payment Y	N			
•		1		
Checking Account #				
			<u> </u>	
Savings Account #				~
Loan Account #				
		<u>.</u>		
		<u></u>		
Signature		Date		
Simpluro				
Signature	ne name(s)	Date		

All names on accounts must sign this Telephone Banking Agreement