



The Simsbury Bank.

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 copy of the driver's license 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



Simsbury Bank

Customer Information & Address Change Form

Please Check One: New Customer _____ Existing Customer Update* _____

Name: _____

**Prior Name _____

Residential Address _____

Mailing Address (if Different) _____

City/Town _____

State _____ Zip Code _____ Country of Residence _____

Country of Citizenship _____ *PEP: Y _____ N _____

Prior Address** _____

Photo ID Type*** _____ Issuer _____

ID Number _____ Issue Date _____ Expire Date _____

Social Security # _____ Date of Birth _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Email address(s) _____

Employer _____ Phone _____

Mother's Maiden Name _____

Signature _____ Date _____

For Bank use only:

ChexSystems: Print and attach completed online ChexSystems form

SS# Results: State _____ Year _____ Records _____

Driver's License Results: _____

Discrepancies Y/N _____ If yes how resolved _____

Employee Signature _____ Date _____

Checked By _____ Date _____

***Market Manager Approval _____ Date _____

- *If existing customer please verify all information
- ** Required if existing customer with information changes
- ***If no Photo ID available (Minor, Handicapped, etc) Market Manager must approve.

* Politically Exposed Person, one in a prominent foreign government position and their families, i.e. Ambassador, etc.



HEALTH SAVINGS ACCOUNT APPLICATION

HSA ACCOUNT OWNER'S NAME AND ADDRESS			HSA CUSTODIAN'S NAME, ADDRESS AND PHONE	
			SIMSBURY BANK & TRUST 981 HOPMEADOW STREET SIMSBURY, CT 06070	
Social Security Number	Home Phone	Business Phone	HSA Account Identification	
Date of Birth	E-mail Address		<input type="checkbox"/> Check here if this is an amendment to an existing HSA.	

CONTRIBUTION INFORMATION			
Contribution Date	Contribution Amount	Contribution For Tax Year	Contribution Type
			Select One: <input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover

DESIGNATION OF BENEFICIARY(ies)						
<p>The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.</p> <p>If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my HSA.</p>						
No.	Beneficiary's Name and Address	Date of Birth	Social Security Number	Relationship	Primary or Contingent	Share %
1.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
2.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
3.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
4.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
5.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

SPOUSAL CONSENT	
<p>This section should be reviewed if either the trust or the residence of the HSA Account Owner 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 property interest, individuals signing this section should consult with a competent tax or legal advisor.</p>	
<p>CURRENT MARITAL STATUS</p> <p><input type="checkbox"/> I Am Not Married - I understand that if I become married in the future, I must complete a new HSA Designation Of Beneficiary form.</p> <p><input type="checkbox"/> I Am Married - I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.</p> <p>I am the spouse of the above-named HSA Account Owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional.</p> <p>I hereby give the HSA Account Owner any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.</p>	
_____	_____
(Signature of Spouse)	(Date)
_____	_____
(Signature of Witness)	(Date)

SIGNATURES	
<p><i>Important: Please read before signing.</i></p> <p>I 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 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.</p> <p>I assume complete responsibility for:</p> <ol style="list-style-type: none"> Determining that I am eligible for an HSA each year I make a contribution. Ensuring that all contributions I make are within the limits set forth by the tax laws. The tax consequences of any contributions (including rollover contributions) and distributions. 	
_____	_____
(HSA Account Owner)	(Date)
_____	_____
(Witness)	(Date)
_____	_____
(Authorized Signature of Custodian)	(Date)

Empty box for account information.

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS

OWNERSHIP OF ACCOUNT - PERSONAL PURPOSE
INDIVIDUAL
JOINT - WITH SURVIVORSHIP (and not as tenants in common)
JOINT - NO SURVIVORSHIP (as tenants in common)
TRUST - SEPARATE AGREEMENT:
REVOCABLE TRUST DESIGNATION AS DERIVED IN THIS AGREEMENT
Name and Address of Beneficiary:

TYPE OF ACCOUNT
NEW EXISTING
CHECKING SAVINGS
MONEY MARKET CERTIFICATE OF DEPOSIT
NOW X
This is your (check one):
Permanent Temporary account agreement.

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
SOLE PROPRIETORSHIP
CORPORATION: FOR PROFIT NOT FOR PROFIT
PARTNERSHIP
BUSINESS:
COUNTY & STATE OF ORGANIZATION:
AUTHORIZATION DATED:

Number of signatures required for withdrawal
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The 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 terms of the following disclosure(s):

Deposit Account Funds Availability Truth in Savings
Electronic Fund Transfers Privacy Substitute Checks

DATE OPENED BY
INITIAL DEPOSIT \$
CASH CHECK
HOME TELEPHONE #
BUSINESS PHONE #
DRIVERS LICENSE #
E-MAIL
EMPLOYER
MOTHERS MAIDEN NAME
Name and address of someone who will always know your location:

(1): [X]

I.D. # D.O.B.

(2): [X]

I.D. # D.O.B.

(3): [X]

I.D. # D.O.B.

(4): [X]

I.D. # D.O.B.

BACKUP WITHHOLDING CERTIFICATIONS
TIN:
TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
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 me that I am no longer subject to backup withholding.
EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.
SIGNATURE: I certify under penalties of perjury the statement checked in this section and that I am a U.S. person (including U.S. resident alien).
(Date)

Authorized Signer (Individual Accounts Only)
[X]

I.D.# D.O.B.



The Simsbury Bank.

Telephone Transfer Authorization

Customer Name _____ Branch _____

Customer Name _____

Address _____

Default PIN is last 4 digits of the primary owners Social Security number.

Please allow the following Telephone Banking Services with this agreement:

Account Inquiry Y___ N___ Funds Transfer Y___ N___

Simsbury Bank Loan Payment Y___ N___

Checking Account # _____

Savings Account # _____

Loan Account # _____

Signature _____ Date _____

Signature _____ Date _____

All accounts must be under the same name(s)

All names on accounts must sign this Telephone Banking Agreement