

# HSA Application

Deerwood Bank  
PO Box 2905 Baxter, MN 56425  
218-825-8946  
www.deerwoodbank.com

## 1 Personal Information.

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
*If different from above* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Security Word \_\_\_\_\_ Security Reminder Question \_\_\_\_\_ Debit Card (Optional)  Yes  No  
Email \_\_\_\_\_

## 2 Initial Contribution Information.

**Do Not Complete for Employer Plans:** Skip this section if your HSA contributions are coming directly from your employer.

- A. Type  Regular  Rollover  Transfer  
B. Tax Year  Current Year **or**  Prior Year

## 3 Signatures.

I have received, either in print or electronically, read and agree to the terms in the Custodial Agreement and Disclosure Statement and I agree that those terms and conditions apply to this HSA and that I am bound by those terms and conditions. If applicable, I hereby designate the beneficiaries for this HSA as those named on the second page of this Application in the HSA Designation of Beneficiary section. If applicable, I hereby authorize the person named on the second page of this Application in the HSA Authorized Signer section as an authorized signer for this HSA. I understand that I am solely responsible to determine my eligibility to make this HSA contribution and to determine the tax deductibility of the contribution; including an understanding that I must be covered under a "High Deductible Health Plan" for annual contribution eligibility. I agree that I will consult with my tax or legal advisor if I need advice. I acknowledge that Deerwood Bank cannot and does not provide me with tax or legal advice. I am solely responsible for determining the tax consequences of all distributions. I acknowledge that the information provided is subject to Policy. If applicable, I hereby apply for a Point of Sale (POS) Card to be used in conjunction with this account. I agree that use of the POS Card will be subject to the terms and conditions obtained in the Deposit Account Agreement and Disclosure and Regulation E Disclosure that will be provided to me. I authorize Deerwood Bank to retain this application and any other credit information, even if this POS Card is not granted. I agree not to use the POS Card Service in any illegal manner.

**T.I.N./Backup Withholding.** Under penalties of perjury, I certify (1) that the number shown is my correct taxpayer ID number or social security number, (2) that I am a U.S. person (including U.S. resident alien), (3) and that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) because the IRS has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**Minnesota Legal Requirement.** (Cross out item (1) or (2) if untrue) (1) I have not had a transaction account closed at this or another financial intermediary within 12 months before mailing this Application; (2) I have not been convicted of a criminal offense because of the use of a check or other similar items within 24 months of making this Application.

\_\_\_\_\_  
HSA Owner Signature Date  
\* Return with a copy of HSA  
Owner's Drivers License\*

# HSA Designation of Beneficiary Form

## 4 Designation of Beneficiary.

### A. Primary Beneficiaries.

In the event of my death, pay my HSA balance to the following primary beneficiaries according to the percentages indicated. If more than one primary beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. If a primary beneficiary dies before me, his or her share shall be reallocated on a pro-rata basis to any remaining primary beneficiaries.

*Name and Address	*SSN	*Relationship	*Date of Birth	*Percentage

\*All Primary Beneficiary information is required

### B. Contingent Beneficiaries.

If all of my primary beneficiaries die before me, pay my HSA balance to the following contingent beneficiaries according to the percentages indicated. If a contingent beneficiary dies before me, his or her share shall be reallocated on a pro-rata basis to any remaining contingent beneficiaries.

*Name and Address	*SSN	*Relationship	*Date of Birth	*Percentage

\*All Contingent Beneficiary information is required

### C. Spousal Consent. Complete only if you name someone other than your spouse as a primary beneficiary.

If you are married and name someone other than your spouse as the primary beneficiary, complete this section. Consult your tax or legal advisor with questions regarding naming beneficiaries in community or marital property states.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

## HSA Authorized Signer (Optional)

**5 Authorized Signer.** If you want your spouse or other party to have access to the HSA, please complete the following section with the authorized signer's information.

**6** The authorized signer must sign below.

Authorized Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_  
If different from HSA Owner \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Second debit card for authorized signer  Yes  No

\_\_\_\_\_  
Authorized Signer Signature  
(signature of additional signer)

\_\_\_\_\_  
Date

## FACTS

### WHAT DOES DEERWOOD BANK 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 balances 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 everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Deerwood Bank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Deerwood Bank share?	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes—</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes—</b> information about your transactions and experiences	No	We don't share
<b>For our affiliates' everyday business purposes—</b> information about your creditworthiness	No	We don't share
<b>For affiliates to market to you</b>	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

#### Questions?

Call toll-free 800-291-6597 or go to [www.deerwoodbank.com](http://www.deerwoodbank.com)

## What we do

<p><b>How does Deerwood Bank protect my personal information?</b></p>	<p>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.</p>
<p><b>How does Deerwood Bank collect my personal information?</b></p>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>■ open an account or deposit money</li> <li>■ make a wire transfer or apply for a loan</li> <li>■ use your credit or debit card</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<p><b>Why can't I limit all sharing?</b></p>	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>■ sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>■ affiliates from using your information to market to you</li> <li>■ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>

## Definitions

<p><b>Affiliates</b></p>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ <i>Deerwood Bank does not share with our affiliates.</i></li> </ul>
<p><b>Nonaffiliates</b></p>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ <i>Deerwood Bank does not share with nonaffiliates so they can market to you.</i></li> </ul>
<p><b>Joint marketing</b></p>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>■ <i>Our joint marketing partners include a marketing company, a credit card company and a securities broker-dealer.</i></li> </ul>

## Other important information

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