



HEALTH SAVINGS ACCOUNT MEMBERSHIP and SERVICES APPLICATION

- checkbox New
checkbox Change
checkbox Other

Important Information About Procedures For Opening A New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

How are you eligible for membership?

Account Number(s):

Health Savings Account:

Health Savings Account Services:

HSA High Deductible Health Plan Type:

- checkbox Savings - \$25 Balance (Required for Membership)
checkbox HSA Checking (Required for HSA Account)

- checkbox HSA Visa Debit Card
checkbox HSA Checks

- checkbox Individual Coverage
checkbox Family Coverage

Member Information (Print your full Name, including MI and Suffixes, Jr. Sr.)

Member SSN or TIN:

Birth Date:

Mailing Address:

City:

State:

Zip Code:

Home Phone Number:

Physical Address (if different than mailing):

City:

State:

Zip Code:

E-Mail Address:

Driver's License or Other Government ID Number:

ID Type: ID Number: State/Country: Issue Date: Expiration Date:

Account Password (up to 12 characters):

I understand that my password can be used as an alternative form of identification on my account. Credit Union Tellers, Member Service and Contact Center representatives may request the password when working with me on my account. I understand that this should be kept confidential and should be treated with the same level of security as a PIN.

eDocuments:

I understand, unless I request otherwise, I will be receiving electronic documents for all my accounts. Before receiving eDocuments, I will be required to confirm initial access via the Credit Union's online banking enrollment process. By checking the box below, I am requesting paper documents, which will be mailed directly to my address on file.

checkbox

Membership Agreement

By signing below, I agree to the terms and conditions of the Membership & Account Agreement, Truth in Savings Terms & Conditions Disclosure, Electronic Funds Transfer Agreement and Disclosure, Fee Schedule, Funds Availability Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein by reference. I certify the signature on this card apply to all accounts designated within this account applications; and all information provided is true and correct. I understating and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. I acknowledge receipt of a printed and/or electronic copy of, and agree to be bound by the terms of the Agreement, Credit Union Privacy Policy, and Truth in Lending Disclosures applicable to the accounts and services requested herein. After notification, the Credit Union may charge a fee for continuing to maintain my inactive account. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SSN Certification and Backup Withholding

By signing this application, I certify under penalty of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number (SSN) shown is my correct identification number and (3) I am NOT, unless designated below, 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 dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

checkbox I am subject to backup withholding

checkbox I am not a U.S. citizen or U.S. person (complete W-8BEN)

I agree to review the full membership agreement and account disclosures available in print, via email and at ElevationsCU.com

Owner Signature

Date