Health Savings Account (HSA) Application

TELCOE FEDERAL CREDIT UNION PO BOX 34200 LITTLE ROCK, AR 72203

SA OWNER INFORMATION NAME, ADDRESS, CITY, STATE, AND ZIP						HSA ACCOUNT (PLAN) NUMBER			
								g pun ur	
	DAYTIME I	HONE NUMBER	E-M/	AIL (OPTIONAL)		DATE OF BIRT		GENDER	
								Male L.	Femal
Type of	f Health Insu	rance Plan Coverage (s	elect one): Self-	Only Family	у				
ONT	RIBUTIO	N INFORMATIO	N (See Addition	al Information	included wit	th the form	ո.)		
INVESTMENT NUMBER			AMOUNT		CONTRIBUTION DATE		TAX YEAR		
		\$							
		YPE (select one):							
Regular (including Catch-Up)				Contribution from			2		
☐ Rollover from an HSA					☐ Rollover from an Archer Medical Savings Account ☐ Transfer from an Archer Medical Savings Account				
	ansfer from a						_		
		ken Distribution			er from a Healt Flexible Spend		ment Arrai	ngement/	
On	iginal Distrib	ution Date		Healui	Flexible Spelid	mig Account			
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Total 100% Total 100%

SPOUSAL CONSENT Community or marital property state laws may require spousal consent for a nonspouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the HSA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by financial organization policy. I Am Married. I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by (HSA Owner Initials) signing below. I Am Not Married. I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation. (HSA Owner Initials) I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian/trustee has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property, including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in this Application. Signature of Spouse Date Signature of Witness (if required) Date (Witness cannot be a beneficiary of this HSA) **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. I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, IRS Form 5305-C, *Health Savings Custodial Account*, or IRS Form 5305-B, *Health Savings Trust Account* and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Health Savings Custodial Account or Health Savings Trust Account, Disclosure Statement, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this HSA. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I understand that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

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Signature of HSA Owner	Date	Signature of Custodian/Trustee	Date

Telcoe Federal Credit Union 820 Louisiana St Little Rock AR 72201

Our Health Savings Account (commonly known as an HSA) is designed to help individuals with a high-deductible health plan* pay for current and future qualified medical expenses on a tax-free basis, while earning terrific dividends.

- \$100 to open or payroll deduction.
- No service fee.
- No minimum balance required.
- Access your account by check or debit card, ACH, or teller transaction.
- First order of printed checks free.
- No transaction limitations (account holder is responsible for compliance with IRS regulations).
- Monthly account statement.
- Prompt annual reporting of account balance and any withdrawals.
- ❖ Earn monthly dividends by maintaining an average daily balance of \$500.
- Telcoe membership required (share savings account with minimum deposit of \$10); full menu of additional financial services and accounts also available.
- Unused HSA funds may be rolled over and accumulated from year-to-year. This allows you to build up a nest egg for large future medical expenses.
- The account is portable, which means you can take it with you, regardless of job changes.
- \$15 annual fee if the balance in the account is less than \$500 on December 31st.
- ♦ \$25.00 transfer fee will apply for partial account transfers.
- Close out administration fee of \$30.00 will apply.

Dividends are calculated by the average daily balance method, which applies a periodic rate to the average daily balance in the account for the period. The average daily balance is calculated by adding the balance in the account for each day of the period and dividing that figure by the number of days in the period. The period we use is the calendar month. Dividends will begin to accrue on the first business day after the banking day you place items in your account.

If you close your HSA account before dividends are paid, you will not receive the accrued dividends.

*Consult your tax advisor for additional information. Telcoe Federal Credit Union reserves the right to change rates without notice.

Account features listed above could change by a vote of the board of directors of Telcoe FCU and 30 day notification to account owners of record.

Copy of disclosure received:	Dated
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H.S.A. Authorized Signer

A Heath Savings Account (HSA) is an individual account owned by an account owner. The owner may authorize a spouse or other party to withdraw funds from the HSA and to obtain account records and other information related to the HSA.

I hereby designate the individual listed below as an authorized signer on the HSA:

First _____ MI ___ Last____ SSN ________ Date of Birth ______/____ Street Address _____ State _____ ZIP ____ Home Phone _____ Driver's License Number ______ State ____ Exp ____ PROVIDE CHECK CARD IN AUTHORIZED SIGNERS NAME? Ν ADD AUTHORIZED SIGNER NAME TO CHECKS? Ν The authorized signer may perform withdrawal transactions on the HSA including the use of the MasterCard check card and writing of checks if affirmatively indicated above. I also agree that my authorized signer may access all records and information relating to the HSA. Furthermore, I hold harmless and indemnify TFCU from any claims or losses that may arise out of TFCU allowing an authorized signer to transact on the account and release TFCU from any liability arising from this appointment. I authorize TFCU to rely upon this authorization until TFCU receives written revocation of this authorization and allow TFCU reasonable time to act. **HSA Owner Signature** Date **Authorized Signer Signature** Date