KH CREDIT UNION

HSA Application and Membership Agreement

INSTRUCTIONS

1. Read carefully and complete the entire form to open a **Health Savings Account** with **KH Credit Union.**
2. If you have any **questions** as you complete this form, please contact **FlexBank Administrators at 1-888-677-8373.**
3. **Please fax this completed form to HR at 937-762-1199.**

7740 Paragon Road • Dayton, OH 45459 • Phone (937) 558-9070 • khcreditunion.com

KH CREDIT UNION
khcreditunion.com

HEALTH SAVINGS ACCOUNT
Application and Membership Agreement

Please fax this Completed Form to HR at 937-762-1199.

Are You a Member of KH Credit Union?

☐ **Yes -** My account number is:

☐ **No -** Please also complete the **Membership Application** section below

PRIMARY HSA OWNER INFORMATION - Please Print or Type

Type of HSA Medical Coverage: Single ☐ Family ☐ Mother's Maiden Name | HDHP Effective Date:

First Name | MI | Last Name | SSN/TIN | Date of Birth

Street Address | City | State | ZIP

Mailing Address | City | State | ZIP

Work Phone | Home Phone | Cell Phone

MEMBERSHIP APPLICATION - Complete this section if you are NOT a member of KH Credit Union

How Eligible for Membership | Driver's License or Other Government ID# (Expiration Date: / U.S. State Where Issued:) | Email Address

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Certification Instructions: *Check the box of each item below that applies to you. Do not check box #2 if you **have been notified** by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Do not check box #3 if you **are not** a U.S. person and complete a W-8 BEN*

Under penalties of perjury, I certify that:

☐ **(1)** The number shown on this form is my correct taxpayer identification number

☐ **(2)** I am **not** subject to backup withholding because: (s) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding

☐ **(3)** I am a U.S. person (including a U.S. resident alien)

ACCOUNT STATEMENTS

I understand that I am responsible for monitoring the activity in my HSA, and that I am responsible for notifying the Credit Union in a timely manner of any discrepancies, as outlined in the HSA Terms and Conditions. I hereby elect to receive periodic account statements as follows:

☐ I choose to receive electronic statements. I understand that in order to begin receiving electronic statements, it is my responsibility to enroll for Online Banking at www.khnetworkcu.com and elect to receive FREE E-Statements. **If I do not enroll for Online Banking and make this election within 60 days of account opening, I understand that I will receive monthly paper statements.**

☐ I choose to receive **paper** copies of account statements in lieu of electronic copies. **NOTE: In order to open this account, a $5.00 check must accompany this application made payable to: *KH Credit Union*. This is for your Membership Share. This account will not be opened without the check.**

ACCOUNT ELECTRONIC DISCLOSURES

By providing your email address below, you consent to receive communications and information from the Credit Union in electronic rather than paper format, including but not limited to all account disclosures, records, notices, and other information including any changes, additions, or deletions to the terms of your Deposit Account Agreement.

This consent to receive electronic disclosures is valid only for the account you are applying for at this time. You can withdraw your consent at any time by contacting us in writing at the address provided, or by phone at the number provided, at the top of this application. You also agree to provide us with any changes in your contact information. You have a right to request paper disclosures at any time. You may view the consumer disclosures at any time by visiting: http://www.khcreditunion.com/documents.

Before you decide whether you wish to provide your consent to receiving electronic disclosures, you should read and consider the Credit Union's Electronic Disclosures Consent Statement, which is located online at: http://www.khnetworkcu.com/documents. It contains important information on how to obtain electronic disclosures, cancel consent to receive electronic disclosures, and system and equipment requirements.

☐ **I have read the Electronic Disclosures Consent Statement and agree to receive communications electronically.** My email address is:

KH CREDIT UNION
khcreditunion.com

HEALTH SAVINGS ACCOUNT
Application and Membership Agreement

Please fax this Completed Form to HR at 937-762-1199.

ACCOUNT SERVICES

(A) Debit Card Order: • HSA Owner: ☐ No ☐ Yes • Authorized Signer: ☐ No ☐ Yes

(***Note:*** *Additional debit card for* ***Authorized Signer*** *requires Authorized Signer section to be completed on next page. The first two debit cards are at no charge; a fee of $7.00 will be charged per debit card for additional cards ordered.)*

(B) HSA Checks: ☐ No ☐ Yes • Book of 50 checks available upon request for a charge of **$17.00**. This cost will be debited from your HSA Account (price subject to change without notice). Checks will be ordered after the first deposit with sufficient funds in the account.

(C) Online Banking/Bill Pay: Please visit our web site at **www.khcreditunion.com** and click 'Create Account' to set-up your Online Banking/Bill Pay account access.

DESIGNATION OF BENEFICIARY

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. If all of the beneficiaries die before me, my HSA assets will be paid to my estate. If no percentages are assigned to beneficiaries, the beneficiaries will share equally. If the percentage total for each beneficiary classification does not equal 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. This designation revokes and supercedes all earlier beneficiary designations that may apply to this HSA.

Beneficiaries	Name of Beneficiary	SSN	Relationship to HSA Owner	Percentage
☐ Primary ☐ Contingent				
☐ Primary ☐ Contingent				
☐ Primary ☐ Contingent				

SPOUSAL CONSENT

☐ **I Am Married.** I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by 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.

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian 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 Section 4 of this form.

X _____

By Signature of Spouse For Beneficiary Release Date

HSA Checking Account Terms and Conditions

Under penalties of Perjury, I certify that: The Social Security Number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). I have received and agree to be bound by the terms and conditions of the following disclosures: Your Deposit Account Terms and Conditions; Health Savings Custodial Account Form 5305-C; Notice of Your Financial Privacy Rights; Your Ability to Withdraw Funds; Truth In Savings Disclosure; The KH Credit Union Truth-In-Savings Addendum; Electronic Funds Transfers Your Rights and Responsibilities

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. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents.

Other Terms and Conditions: 1. The terms and conditions stated herein, together with disclosures which accompany this signature card, constitute the Deposit Agreement ("Agreement") between individual(s) or entity(ies) named hereon ("Depositors") and the Credit Union. **2.** This Agreement incorporates the Rules, Regulations, Agreements and Disclosures established by the Credit Union from time to time, clearing house rules and regulations, state and federal laws, recognized banking practices and customs, service charges as may be established from time to time and is subject to laws regulating transfers at death and other taxes. **3.** All signers agree that the above named Credit Union is authorized to act as a depository under the terms and conditions of the agreement **4.** Credit Union is authorized to recognize the signatures executed herein for withdrawal of funds or transfer of any other business regarding this account until written notice to the contrary is given to the Credit Union.

KH CREDIT UNION
khcreditunion.com

HEALTH SAVINGS ACCOUNT
Application and Membership Agreement

Please fax this Completed Form to HR at 937-762-1199.

AUTHORIZED SIGNER

☐ **If checked, I choose to appoint an Authorized Signer on my HSA Account**

Since regulations require that only one individual can own an HSA account, the account owner may want an authorized signer to write checks and/or use a debit card. By checking this section and signing below I hereby grant full power, authority and access to my HSA account to the undersigned Authorized Signer. I ratify any transactions originated pursuant to this Authorized Signer. I further authorize the Credit Union to issue a Debit MasterCard to my Authorized Signer. I understand that I assume sole responsibility for how this individual utilizes my HSA account. By signing below the Authorized Signer acknowledges and agrees that they are able to act on behalf of the HSA account only. Access to other accounts of the HSA owner will not be granted.

Authorized Signer Information

First Name | MI | Last Name

Mother's Maiden Name | Driver's License or Other Government ID# | U.S. State Where Issued | Expiration Date

SSN/TIN | Date of Birth | Home Phone | Work Phone

Street Address | City | State | ZIP

HSA CERTIFICATION and SIGNATURES

HSA CERTIFICATION

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. If this HSA is being established with a rollover or transfer contribution, I certify that the rollover or transfer assets are from another HSA or Archer Medical Savings Account (MSA). I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, Health Savings Custodial Account, and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Health Savings Custodial Account, Disclosure Statement, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that I may revoke this HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the HSA custodian harmless against any and all claims or losses arising from my actions. I further certify under penalties of perjury the statements checked in this agreement are correct and that I am a U.S. person (including a U.S. resident alien).

ACCOUNT AGREEMENT AND AUTHORIZATION

The undersigned hereby authorizes KH Credit Union (the "Credit Union") to establish this HSA according to my instructions contained in this HSA Application and Membership Agreement. If I am a new member I understand and agree that all sub-accounts opened under this HSA Application and Membership Agreement will have the same ownership interest. This HSA Application and Membership Agreement is a continuing authorization to open any additional sub-accounts on my verbal or written request. I understand that I must execute additional applications to open accounts with different ownership interests. If I am already a primary member and have a previously executed Master Membership Application and Account Agreement on file, all future sub-accounts (except for IRA accounts) will have the same ownership interest as specified in that agreement.

The Credit Union is hereby authorized to recognize the signature(s) subscribed hereto in the payment of funds or the transaction of any business for this account. The primary owner agrees to allow the Credit Union to obtain periodic credit reports. The right and authority of the Credit Union under this HSA Application & Membership Agreement shall not be changed or terminated except by written notice to the Credit Union which shall not affect transactions theretofore made.

By signing below, I/we agree to the terms and conditions of the following documents and to any amendments the Credit Union makes from time to time, all of which are incorporated into this HSA Application & Membership Agreement: (1) the Health Savings Custodial Account Agreement; (2) the Health Savings Account Disclosure; (3) Membership and Account Agreement; (4) Privacy Notice; (5) Truth-in-Savings Rate and Fee Schedule, and to any amendment the Credit Union makes from time to time and services requested herein. To obtain a possible credit extension, I authorize KH Credit Union to run my credit report. (If you do not agree with this statement, please draw a line through this item and initial next to the stricken sentence.)

I further acknowledge and agree that I assume complete responsibility for: (1) determining that I am eligible for an HSA each year I make a contribution; (2) ensuring that all contributions I make are within the limits set forth by the tax laws; and (3) the tax consequences of any contributions (including rollover contributions) and distributions.

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

X _____ Signature of HSA Owner _____ Date

X _____ Signature of **Authorized Signer** *(Only required if appointed as **Authorized Signer** above)* _____ Date

For Credit Union Use Only

Signature of Custodian _____ Date _____ HSA Account Number _____ Date Opened _____ Opened By _____ Date Checks Ordered _____

Debit Card Number assigned to **Account Owner:** _____ Debit Card Number assigned to **Authorized Signer:** _____

FlexBank, Inc. ADMINISTRATIVE SERVICES AGREEMENT

By signing this form I understand that the following administrative services for my KH Credit Union Health Savings Account ("HSA") are provided to me by FlexBank, Inc. Administrative services provided by FlexBank, Inc. include enrollment assistance, access to the toll-free help-line to answer any questions concerning Health Savings Accounts, qualified medical expenses, or other distributions. I understand that I, and not FlexBank, Inc., am personally responsible for all aspects of my HSA. FlexBank does not offer tax or legal advice. I hereby appoint and authorize FlexBank, Inc. as my designated agent to interact with KH Credit Union as may be required in the administration of my HSA. This would include authorization to credit or make deposits to my account for the purpose of employee/employer HSA contributions and if necessary, process a debit or adjustment for any credit/deposit entries in error such as a mistaken contribution. I hereby specifically consent to and permit KH Credit Union to provide my account number, account information and other non-public information concerning my HSA to FlexBank, Inc. and authorize KH Credit Union to interact with FlexBank, Inc. as may be required or appropriate in the administration of my HSA. This appointment of FlexBank, Inc. as my designated agent is effective as of the date shown on this application or until revoked by me in writing. I have read and consent and agree to the terms of the FlexBank Administrative Agreement described above.