

# **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.











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

# **Application and Membership Agreement**

Last Name			SSN/TIN			_	ate of irth	
	City				State		ZIP	
	City				State		ZIP	
Home				Cell				
		Date:	Where Issued:					
WITHHOLDING INFOR	MATION							
x of each item below that applie	es to you. Do no	t check box #2 if you <b>h</b> o	ave been notified	by the IRS	that you are cu	ırrently subje	ect to bac	kup
rt an interest and aividends on	your tux return.	DO HOL CHECK DOX #3 II	you <b>are not</b> a o.s. <sub>l</sub>	verson und	i complete a vi	I-O DLIV		
is my correct taxpayer identifi	cation number							
holding because: (s) I am exen	npt from backu	withholding, or (b) I	have not been noti	fied by the	Internal Reve	enue Service	(IRS) tha	t I am sul
t of a failure to report all inter	est or dividends	, or (c) the IRS has not	ified me that I am r	io longer s	ubject to back	kup withhold	ling	
.S. resident alien)								
	PPLICATION  Driver's Liver of each item below that applied interest and dividends on its my correct taxpayer identification is my correct taxpayer identification in the image is my correct taxpayer identificati	PPLICATION - Complet  Driver's License or Other Completed to the property of t	City  Home Phone  Driver's License or Other Government ID#  Expiration Date:  WITHHOLDING INFORMATION  of each item below that applies to you. Do not check box #2 if you have all interest and dividends on your tax return. Do not check box #3 if is my correct taxpayer identification number holding because: (s) I am exempt from backup withholding, or (b) I	City  Home Phone  Driver's License or Other Government ID#  Expiration Date:  WITHHOLDING INFORMATION  As of each item below that applies to you. Do not check box #2 if you have been notified or all interest and dividends on your tax return. Do not check box #3 if you are not a U.S. is my correct taxpayer identification number holding because: (s) I am exempt from backup withholding, or (b) I have not been notified in the property of the prop	City  Home Phone  Cell Phone  Driver's License or Other Government ID#  Expiration Date:  WITHHOLDING INFORMATION  As of each item below that applies to you. Do not check box #2 if you have been notified by the IRS or all interest and dividends on your tax return. Do not check box #3 if you are not a U.S. person and is my correct taxpayer identification number  holding because: (s) I am exempt from backup withholding, or (b) I have not been notified by the	City  State  City  State  City  State  Cell Phone  Phone  Driver's License or Other Government ID#  Email Ac  Expiration Date:  Where Issued:  PWITHHOLDING INFORMATION  In of each item below that applies to you. Do not check box #2 if you have been notified by the IRS that you are cut all interest and dividends on your tax return. Do not check box #3 if you are not a U.S. person and complete a Weight is my correct taxpayer identification number  holding because: (s) I am exempt from backup withholding, or (b) I have not been notified by the Internal Reverence in the Internal Reverenc	City  State  City  State  City  State  Cell Phone  Phone  Driver's License or Other Government ID#  Email Address  Expiration Date:  Where Issued:  P WITHHOLDING INFORMATION  As 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 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  is my correct taxpayer identification number  holding because: (s) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service	City  City  State  ZIP  City  State  ZIP  City  State  ZIP  Cell Phone  Phone  Cell Phone  Driver's License or Other Government ID#  Email Address  Expiration Date: Where issued:  PWITHHOLDING INFORMATION  As 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 back at 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

### 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.

payable to: KH Credit Union. This is for your Membership Share. This account will not be opened without the check.

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:	





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#### **ACCOUNT SERVICES**

(A) Debit Card Order: • HSA Owner: No Yes • Authorized Signer: 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'Creat	e Account' to set-up your Onlin	e Banking/Bill Pay account access.			
DESIGNA	ATION OF BENEFIC	IARY					
HSA assets. In the eve primary or contingent the percentage total f	th, the primary beneficiaries named below w nt a beneficiary dies before me, such benefici t beneficiary. If all of the beneficiaries die befi or each beneficiary classification does not eq rlier beneficiary designations that may apply	iary's share will be reallocated on a pro-ra ore me, my HSA assets will be paid to my ual 100 percent, any remaining percentac	ta basis to the other beneficiari estate. If no percentages are as	es that share the deceased beneficiary's signed to beneficiaries.	classification as a will share equally. If		
Beneficiaries	Name of Beneficiary	SSN		Relationship to HSA Owner	Percentage		
Primary Contingent							
Primary Contingent							
Primary Contingent							
SPOUSAL CONSENT							
	ied. I understand that if I designate a primar  Married. I understand that if I marry in the fi	, , , , , , , , ,	, , , ,		<b>1</b> .		
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.							
	ouse For Beneficiary Release						
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).  Lave 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							

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.





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AUTHORIZED SIGNER					
If checked, I choose to appoint an Authorized Signer on n	ny HSA Account				
Since regulations require that only one individual can own an HSA accosigning below I hereby grant full power, authority and access to my HS authorize the Credit Union to issue a Debit MasterCard to my Authorize Authorized Signer acknowledges and agrees that they are able to act o	ount, the account owner may the account to the undersigned and Signer. I understand that I soon behalf of the HSA account o	want an authorized signer to write Authorized Signer. I ratify any tran assume sole responsibility for how nly. Access to other accounts of th	checks and/or use a nsactions originated p this individual utilize e HSA owner will not	debit card. By checking the pursuant to this Authorized es my HSA account. By sig the granted.	nis section and d Signer. I further ning below the
Authorized Signer Information					
First Name	MI Last Name				
Mother's Maiden Name	Driver's License or Other Government II	D#	U.S. State Where Issued	Expiration Date	
SSN/TIN Date of Birth	Home Phone		Work Phone		
Street Address	City			State ZIP	
HSA CERTIFICATION and SIGI	NATURES				
ISA CERTIFICATION					
f this HSA is being established with a regular contribution, I certify that I am covered by a c his HSA is being established with a rollover or transfer contribution, I certify that the rollov nd that I have received a copy of the Application, Health Savings Custodial Account, and Di mendments thereto. I assume sole responsibility for all consequences relating to my actio dvice from the custodian, and I will seek the advice of my own tax or legal professional to urther certify under penalities of perjury the statements checked in this agreement are con	ensure my compliance with related I	aws. I release and agree to hold the HSA c	calth plan other than an H MSA). I certify that the inf he Application, Health Sa ven (7) days after the date ustodian harmless against	DHP that provides any of the sar ormation provided by me on this vings Custodial Account, Disclost e of establishment. I have not re any and all claims or losses aris	ne benefits as an HDHP. I's Application is accurate, ure Statement, and ceived any tax or legal ing from my actions. I
active certify under penalties of perjuly the statements checked in this agreement are con ACCOUNT AGREEMENT AND AUTHORIZATION	rect and that rain a 0.3. person (inch	iding a 0.5. resident allen).			
the undersigned hereby authorizes KH Credit Union (the "Credit Union") to establish this ccounts opened under this HSA Application and Membership Agreement will have the synitten request. I understand that I must execute additional applications to open accounts will have the same ownership interes fle, all future sub-accounts (except for IRA accounts) will have the same ownership interes	same ownership interest. This HSA A with different ownership interests. If	ontained in this HSA Application and Me pplication and Membership Agreement i I am already a primary member and have	nbership Agreement. If I s a continuing authorizati a previously executed Ma	am a new member l understan on to open any additional sub- ster Membership Application an	d and agree that all sub- accounts on my verbal or id Account Agreement on
he Credit Union is hereby authorized to recognize the signature(s) subscribed hereto in th ight and authority of the Credit Union under this HSA Application & Membership Agreeme	,	n of any business for this account. The prin	nary owner agrees to allow	w the Credit Union to obtain peri	iodic credit reports. The
y signing below, I/we agree to the terms and conditions of the following documents and avings Custodial Account Agreement; (2) the Health Savings Account Disclosure; (3) Mem time and services requested herein. To obtain a possible credit extension, I authorize KH Cr	to any amendments the Credit Unior nbership and Account Agreement; (4)	makes from time to time, all of which are Privacy Notice; (5) Truth-in-Savings Rate	incorporated into this HS and Fee Schedule, and to	A Application & Membership Ag any amendment the Credit Unio	greement: (1) the Health on makes from time to
further acknowledge and agree that I assume complete responsibility for: (1) determining ax consequences of any contributions (including rollover contributions) and distributions.	g that I am eligible for an HSA each ye	ear I make a contribution; (2) ensuring tha	t all contributions I make a	are within the limits set forth by	the tax laws; and (3) the
he Internal Revenue Service does not require your consent to any provision of t	his document other than the cer	tifications required to avoid backup v	rithholding.		
<b>X</b>	 Date	X Signature of <b>Authorized S</b> i	– – – – – – – gner		Date
		(Only required if appointed as <b>Au</b>		;)	
	For Credit Un	ion Use Only			
Signature of Custodian Date	HSA Account Number	 Date Opened	Opened By	Date Check:	s Ordered
Debit Card Number assigned to <b>Account Owner:</b>		ebit Card Number assigned to <b>Au</b>			

#### 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 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.