

Bankers Trust Health Advantage Checking New Account Information Worksheet

Accountholder Information

First Name _____ MI _____ Last Name _____

Social Security # _____ Date of Birth _____

Employer _____

Occupation _____

Job Title _____

Home Address _____
Street City State Zip

Alternate Mailing Address (if applicable)

_____ Street City State Zip

Home Phone # _____ Daytime Phone # _____

Email Address (optional) _____

Current Marital Status I am not married I am married

U.S. Citizen Yes No

Politically Exposed Person Yes No

(A politically exposed person (PEP) or organization can be foreign, domestic, or a person who is a senior member of an international organization. Please explain in detail position, connection, or affiliation)

If Yes, please explain _____

Password _____ Password Clue _____

Order me a Health Advantage debit card checks both

****Please note a debit card and/or checks will not be ordered until the account is funded***

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Designation of Beneficiary

Primary must equal 100% total

Contingent must also equal 100%

Primary Beneficiary(ies) **Receives HSA account proceeds upon the death of the HSA owner**

Contingent Beneficiary(ies) **Receives HSA account in the event all primary beneficiaries pre-decease the HSA owner**

Full name and address of each beneficiary	Social Security Number	Relationship	Date of Birth	Percent	Indicate Primary or Contingent

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Designation of Attorney-In-Fact (Agent)

Regulations require that only one individual own a Health Savings Account (HSA), however, Bankers Trust provides for the designation of an Attorney-in-Fact who can exercise your rights with respect to the HSA. The agent designated as Attorney-in-Fact must be an adult covered under the high deductible health plan (HDHP). Furthermore, this designation of an Attorney-in-Fact is applicable only to the funds held in your Bankers Trust HSA and can be revoked or changed by you in writing at any time.

- Yes, I would like to designate an Attorney-In-Fact on my HSA
 No, I do not want to designate an Attorney-In-Fact on my HSA

Attorney-In-Fact Information

Name: _____ Social Security: _____
Date of Birth: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Password: _____ Password Clue: _____

Order my HSA Attorney-In-Fact a Health Advantage: debit card checks both

HSA Transfer

- Yes, I am transferring an existing HSA No, I am not transferring an existing HSA

Name, address and phone number of current HSA Trustee or Custodian

HSA Account Identification and Type

_____ Type _____

Transfer Instructions

Directly Transfer all or part of the HSA identified above in the following manner

one time monthly quarterly annually other _____

The transfer will will not close the HSA

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Authorization for Payroll Deduction

I hereby authorize my employer to credit my HSA at Bankers Trust as a pre-tax contribution through payroll deduction and to provide required employee identification information to Bankers Trust.

Monthly Contribution Amount _____ Account Number _____
(Bankers Trust will provide)

Release of Information

I authorized Bankers Trust to contact my employer, _____, and provide notification that I have established a Health Advantage Checking at Bankers Trust and provide my account number for purposes of establishing deposits for future contributions. I understand the complete terms and conditions and other required disclosures for this account will be mailed to me at the address provided when the account is opened. All information provided by me is true and correct and may be relied on by the custodian.

Signature

Date

Customer Service

(515) 245-2863



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