

Account Number _____ Date: _____

Health Savings Account Application

Type of Health Insurance Plan Coverage: Self Only _____ Family _____

*Legal Name (as appears on Driver's License) _____

*Physical Address _____

*Mailing Address (if different) _____

*Does current address match ID? Yes No If no, Why? _____

*Home Phone _____ Cell Phone _____ Business Phone _____

*U.S. Person - SS # _____ *Date of Birth _____ Email _____

DL _____ (ST) _____ (Number) _____ Issued _____ Expires _____

*Current Employer: _____ Phone _____

*Occupation (If retired still need past occupation): _____

Nearest relative not living with you: Name: _____ Relation: _____

Address _____ City/St _____ Phone _____

Primary Beneficiary Name: _____ Primary Beneficiary social security number: _____

Primary Beneficiary Address: _____

Primary Beneficiary Relationship: _____ Primary Beneficiary Birth date: _____

***Please Circle Residential Status: U.S. Citizen / Resident Alien / Non-Resident Alien (W8BEN)**

If you choose Resident Alien or Non-Resident Alien Provide one or more of the following:

Tax payer ID # _____ Alien ID Card # _____

Passport # Country of Issuance _____ Other _____

(Must be government issued, evidence nationality or residence and bear current photograph or similar safeguard)

As a full service community bank, we are committed to providing our customers with financial products and services that meet their needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Anticipated Account Activity - (Estimate based on a one month statement)

Deposits	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Purchase Official Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withdrawals	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Transfers (Telephone, AFT)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire Transfers	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Currency Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACH Credits	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Frequent Traveler	<input type="checkbox"/> Yes <input type="checkbox"/> International <input type="checkbox"/> No
ACH Debits	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Employee of an Embassy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Online Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Politically Exposed Person	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use Remote Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enroll in E-Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Security Phrase:		Would you like checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debit/ATM Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	You will be invoiced for checks ordered at a later date.	

By signing this document, I authorize First Robinson Savings Bank, N.A. to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with First Robinson Savings Bank's products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

X: _____

Customer Signature

Date

-----For Internal Bank Use Only-----

New Risk Code _____ CIF Info reviewed (no change) CIF Info reviewed (updated) Driver's License/ID Scanned
 Security Questions Answered CSR _____