# Health Savings

Federal Law requires Universal 1 Credit Union to obtain, verify and record identity. When opening an account, you will be asked for information that confirms identity such as a copy of your driver's license or other federal or state government ID. Thank you in advance for your cooperation.

#### **Owner Information**

First Name	MI	Last Name		Account #			SSN			
Street Address				City State			Zip			
Home Phone	W	Vork Phone		Email						
Employer Name		Address		City			State	Zip		
Job Title			How long have you been with this employer?							

# Health Insurance Coverage Single Family Form Purpose New HSA Changes to existing HSA Issue me an HSA Debit Card Yes No

#### Membership Application (Complete if you are not a U1 member)

ID Type (License, etc.)	ID #	Issuing State	Issue Date	Expiration Date	Birthdate	

Certification Instructions. Check the box for item 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 is completed, your signature does not serve to certify this section. Exempt Codes

TIN Certification and Backup Withholding Information - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (TIN) or I am waiting for a number to be issued, and
- (2) I am not subject to backup withholding because: (a) 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, and

(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; estate (other than foreign); or domestic trust (defined in Regulations Section 301.7701-7).

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

### **Primary Beneficiary Designation**

□ I designate that upon my death, the assets in this account be paid to the beneficiary named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. I understand that additional beneficiaries may be added, and I should contact U1 Member Support to do so.

□ I elect not to designate beneficiaries and understand I may designate at a later date. If none are named, my estate will be my beneficiary.

Name		Birthdate	Relationship	)	Tax ID (SSN/TIN)		
Street Address		City	Sta	ite	Zip		

#### Spousal Consent & Status (Required if residing in a community or marital property state)

Spousal consent should be considered if either the trust or the residence of the HSA owner is located in a community or marital property state.

□ I am not married – I understand that if I become married, I should review the requirements for spousal consent.

□ I am married – I understand if I choose a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

I am the spouse of the above-named HSA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional. Additionally, I hereby give the HSA owner my interest in the assets or property deposited in this HSA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

**Spouse Signature** 

Date

Witness Signature

Date

#### Authorized Signer (Optional)

Since regulations require one individual own an HSA, the account holder may want another authorized signer to write checks or use debit card. By designating an authorized signer on your account, you authorize the person designated above as "Authorized Signer" to transact business with and give instructions to Universal 1 Credit Union (U1) regarding your health savings account; make deposits or withdrawals by any means acceptable to U1, including paper and electronic methods such as ACH and Internet-generated transactions; receive and have access to account information, including account balances and transactions; endorse any instruments such as checks, orders or other documents for the payment of funds; and to otherwise serve as agent for your U1 health savings account.

You specifically authorize U1, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that U1 receives a written revocation of this authorization, and has had a reasonable time to act upon the revocation. You understand that you are responsible for ensuring that your authorized signer reads and understands U1 Account Disclosures which have been provided to you. You hold harmless and indemnify U1 against any claims against or losses U1 may suffer arising out of U1's reliance on this authorization, and release U1 from any liability arising from such reliance, unless otherwise prohibited by law. You understand that you bear sole responsibility for any tax consequences that result from any actions taken by the authorized signer regarding your account.

No present or future ownership or right of survivorship is given to the authorized signer by this authorization. Upon notice to U1 of your death, this authorization terminates, and rights to funds in your account will be transferred to your beneficiaries. If no beneficiary is named, your account balance will be payable to your estate.

I (account holder), as named above, designate the following individual as an additional authorized signer on my Health Savings Account.

First Name	MI	Last Name		S	SSN E		Birthdate		Home Phone	
Street Address				City			State		Zip	
ID Type (License, etc.)		ID #	lss	uing State	Issue Date		Expiration Date		te Birthdate	
Issue a Debit Card to my authorized signer for my HSA Account										

Account Holder Signature

Date

Authorized Signer

Date

## **Acknowledgements & Signatures**

I understand the eligibility requirements for this type of HSA deposit I am making, and I state that I do qualify to make the deposit. I have received a copy of the Health Savings Account Application, the 5305-C Custodial Account Agreement, and the Disclosure Statement. I understand that the terms and conditions that apply to this HSA are contained in this Application and the HSA Custodial Account Agreement. I agree to be bound by those terms and conditions.

I assume complete responsibility for: 1) Determining that I am eligible for an HSA each year I make a contribution; 2) Ensuring that all HSA 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. I also understand that IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Credit Report Authorization: By signing below you authorize Universal 1 Credit Union, Inc. (U1) to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, U1 will tell you the name and address of any credit bureau from which it received a credit report on you. The credit union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the <u>Membership and Account Agreement</u>, <u>Truth-in-Savings Disclosure</u>, <u>Funds Availability Policy Disclosure</u>, <u>Electronic Fund</u>, <u>Transfers Agreement and Disclosure</u>, <u>Privacy Notice</u> and to any amendments to these documents that U1 may make from time to time.

**HSA Owner Signature** 

Date

Witness Signature

Date

Mail, email or fax form to 1 River Park Dr, Dayton, OH 45409 I hsa@u1cu.org I Fax 937.225.8425 Universal 1 Credit Union I u1cu.org I 800.543.5000 opt. 0