



The Bank of Bennington

New Account Application [HSA – Health Savings Account]

What type of health insurance plan do you have? (check one box only) Family Single

Are you currently enrolled in Medicare? YES NO

NAME and IDENTIFICATION

First Name _____ Middle Name _____ Last Name _____

U.S. Citizen YES NO Social Security Number _____ - _____ - _____ Date of Birth _____

Resident Alien ITIN _____ - _____ - _____ Non-Resident Alien W8-BEN Home Country _____

ID Type Driver's License Issued by State of _____ ID # _____

Passport Country of _____

Gov't ID Gov't Agency Issue Date _____

OTHER [identify] OTHER [identify] Expiration Date _____

Occupation _____ Employer _____ Self-Employed

ADDRESS and CONTACT INFO

Street Address _____ APT# _____

City, State, ZIP _____, _____, _____ Country _____

Mailing Address _____ APT# _____

City, State, ZIP _____, _____, _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

AUTHORIZED SIGNER (OPTIONAL)

HSA accounts are single ownership accounts, but you may add an authorized signer, who will be able to conduct transactions and get information about the account on your behalf. Do you want to add an authorized signer to this account? YES NO

First Name _____ Middle Name _____ Last Name _____

U.S. Citizen YES NO Social Security Number _____ - _____ - _____ Date of Birth _____

ACCOUNT ACCESS

CHECKS – Do you want checks for this account? YES NO

DEBIT CARD – How many debit cards do you want to access your account? Myself Authorized Signer No Cards

BENEFICIARY INFORMATION

Do you want to name a beneficiary for this account? YES NO

First Name _____ Middle Name _____ Last Name _____

U.S. Citizen YES NO Social Security Number _____ - _____ - _____ Date of Birth _____

DISCLOSURE and SIGNATURE

By signing below you authorize us to verify any information provided to us by you and to obtain your credit report from an applicable credit reporting agency now or at any time in the future and you further authorize any such agency to furnish us with your credit and financial history information as well as the information we deem necessary to comply with the USA PATRIOT Act. You acknowledge that you have received the account agreement and related disclosures for the account you are applying, and that you agree to accept the terms and conditions found therein. You further acknowledge receipt of the bank's Service Fee Schedule and agree to pay for any fees that you incur. You understand that items presented for payment against insufficient or unavailable funds in your account may not be paid and will incur a fee. If your account has repeated overdrafts, it will be subject to closure.

Signature of Applicant: _____ Date: _____

