



Health Savings Account (HSA) Application Information

Account Owner Information***

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Phone Numbers: (H) _____ (W) _____

Additional Related Products (check applicable boxes):

- Checks (first order free)
- Debit Card (free)
- Online Banking (free)
- Online Statements (free)

*****If not a current TCNB customer, please attach photocopy of account owner's picture identification (i.e. valid WI Driver's License/State ID, US Passport, Gov't/Military ID or Resident Alien Card)*****

The undersigned gives this information to obtain a Tri City National Bank EZPay Health Savings Account Debit Card. I certify this information is true and complete and authorize Tri City National Bank to verify it, obtain more information on my financial responsibility, and furnish the same to others. I agree to use the EZPay Health Savings Account Debit Card (if issued) according to the rules provided by Tri City National Bank. I understand that the Internal Revenue Service (IRS) limits the use of the Health Savings Account to qualified medical expenses and that any non-qualified expenditures must be reported to the same (IRS).

Accountholder's Signature

Today's Date

Agent (Authorized Signer) Information

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Phone Numbers: (H) _____ (W) _____

Additional Related Products (check applicable boxes):

- Debit Card (free)
- Online Banking (free)

Death Beneficiary Information
(Minimum of one beneficiary must be named)

HSA Death Beneficiary #1

Name: _____

Address: _____

DOB: _____

SSN: _____

Relationship: _____

Share %: _____

Circle Beneficiary Type: Primary or Contingent

HSA Death Beneficiary #2

Name: _____

Address: _____

DOB: _____

SSN: _____

Relationship: _____

Share %: _____

Circle Beneficiary Type: Primary or Contingent

HSA Death Beneficiary #3

Name: _____

Address: _____

DOB: _____

SSN: _____

Relationship: _____

Share %: _____

Circle Beneficiary Type: Primary or Contingent

HSA Death Beneficiary #4

Name: _____

Address: _____

DOB: _____

SSN: _____

Relationship: _____

Share %: _____

Circle Beneficiary Type: Primary or Contingent

HSA Death Beneficiary #5

Name: _____

Address: _____

DOB: _____

SSN: _____

Relationship: _____

Share %: _____

Circle Beneficiary Type: Primary or Contingent

HSA Death Beneficiary #6

Name: _____

Address: _____

DOB: _____

SSN: _____

Relationship: _____

Share %: _____

Circle Beneficiary Type: Primary or Contingent