



(HEREAFTER REFERRED TO AS "BANK")

HEALTH SAVINGS ACCOUNT APPLICATION / HSA CHECKING ACCOUNT - SIGNATURE CARD

Name			Account No.	
Street Address			Type HSA CHECKING ACCOUNT	
City and State		Zip		
Home Phone	Date of Birth	Mother's Maiden Name		
Employer			Work Phone	
Social Security Number	Driver License #	Driver License - State	Driver License - Exp. Date	
Following line - For internal use only - applicant is not to complete				
Ownership	Opened by	Cost Center	Company Code	Employer Code
DEBIT MASTERCARD ®				
As part of your HSA Account you are eligible to receive a free Debit MasterCard. Do you want a free Debit MasterCard?			Yes	No
<small>NOTE: If you do not check "yes" you <u>will not</u> receive a Debit MasterCard for your HSA Account.</small>				
POWER OF ATTORNEY				
Since regulations require that only one individual can own an HSA account, the account owner may want his/her spouse through a Power Of Attorney ("POA") to write checks and/or use a debit card. Please complete the section below if you wish to grant power of attorney and issue a Debit MasterCard to your spouse. I understand that I assume sole responsibility for how this individual ("POA") utilizes my HSA Account. By signing below the POA acknowledges and agrees that they are able to act on behalf of the HSA account only. Access to other accounts of the HSA owner will not be granted.				
Name		DOB	SSN	
Signature of POA		Signature of HSA Account Owner		
<small>NOTE: No signatures are required in this section if you are not assigning a POA on your HSA Account.</small>				
Do you currently have any account(s) with Fifth Third Bank?			Yes	No
Checks Order - I would like to place my first order of checks - 150 checks at a cost of \$20.00 which will be charged to HSA checking account.			Yes	No
USA PATRIOT ACT REQUIREMENTS				
<small>Federal law requires account applicant to answer the following before HSA account can be opened</small>				
1. Are you a Non-U.S. person with more than \$500,000 on deposit or invested with Fifth Third?			Yes	No
2. Are you a Senior Foreign Official of a government branch, military branch, political party, foreign government-owned company, or a close personal or professional associate of one of these persons?			Yes	No
THE UNDERSIGNED AGREES TO THE TERMS AND CONDITIONS AT THE RIGHT				
Under penalties of perjury, I certify that: The Social Security Number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).				
<input checked="" type="checkbox"/> _____ Signature of HSA Account Owner				
<small>By signing this document, I also agree to the terms and conditions at the right of this page</small>				

TERMS AND CONDITIONS

- The terms and conditions stated herein, together with resolutions or authorizations which accompany this signature card, if applicable, and the Rules, Regulations, Agreements, and Disclosures of Bank constitute the Deposit Agreement ("Agreement") between the individual(s) or entity(ies) named hereon ("Depositor") and the Bank.
- This Agreement incorporates the Rules, Regulations, Agreements, and Disclosures established by Bank from time to time, clearing house rules and regulations, state and federal laws, recognized banking practices and customs, service charges as may be established from time to time and is subject to laws regulating transfers at death and other taxes.
- All signers hereby agree that the above named bank is authorized to act as a depository under the terms and conditions of the Agreement.
- Bank is authorized to recognize the signatures executed hereon in such numbers as indicated, for the withdrawal of funds or transactions of any other business regarding this account until written notice to the contrary is received by Bank.
- In the case of overdraft or overpayment on this account, whether by error, mistake, inadvertence or otherwise, the amount of such overdraft or overpayment shall be immediately paid to the Bank.
- Depositor acknowledges and agrees that Bank, for itself and as agent for any affiliate of Fifth Third Bancorp, is granted a security interest in, and may, at any time, set off, against any balance in this account, any debt owed to Bank by any person having the right of withdrawal or any debt owed to Bank by any entity listed under the Account Title. A debt includes, but is not limited to, an obligation owing to Bank, whether now existing or hereafter acquired by Bank whenever payable and without regard to whether arising as maker, drawer, endorser, or guarantor.
- All signers agree to the Terms and Conditions set forth hereon and acknowledge receipt of a copy of the Rules and Regulations, Agreements, and Disclosures of Bank and agree to the terms set forth therein.

Verification - Internal Use Only:
Accurrit:
Verify Name _____
Verify Phone Number _____
Verify Address _____

