

For Internal Use:

Date Opened: _____ Opening Deposit: _____ Port #: _____ Account #: _____
OFAC: Doc: DL , GID , Other Non Doc: Mail , Other



**The Cattle National Bank & Trust Company
Health Savings Account
Account Agreement/Signature Card**

(To prevent delays please type or print neatly)

HSA Account Owner:

Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Employer Phone: _____ Employer Name: _____

Mother's Maiden Name (For future identification): _____

Question That We May Ask to Verify Identity: _____

Answer to Above Question (For future identification): _____

Driver's License Number: _____ State of Issue: _____

Date Issued: _____ Date Expires: _____

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

IMPORTANT: Please return a copy of two forms of identification for yourself. This must be one unexpired photo id such as Driver's License or other Government Issued Document and a second form which may include but is not limited to a social security card, birth certificate, work id, library card, hunting license or other form of government issued id.

FAILURE TO DO SO WILL DELAY THE OPENING OF THIS ACCOUNT

HSA Contribution Information:

Enrollment Fee	20.00
Initial Deposit (\$25 minimum)	
Checks (First 50)	FREE
Debit Card	FREE
Online Account Access	FREE
Total Enclosed Payable To The Cattle National Bank & Trust Company	

Contribution Total: \$ _____ Contribution Date: _____ Tax Year: _____

Contribution Breakdown (Select all that apply and enter amount. This should equal the Contribution Total above):

Regular \$ _____ Catch-Up \$ _____ HSA Transfer \$ _____ MSA Transfer \$ _____

Contributor Relationship (Select one): HSA Owner HSA Owner's Employer HSA Owner's Family Member

HSA Beneficiary Designation:

At the time of my death, the primary beneficiaries listed below will receive my HSA assets. If all my primary beneficiaries pre-decease me, the contingent beneficiaries listed below will receive my HSA assets. In the event a beneficiary pre-deceases me, such beneficiaries share will be re-allocated pro-rata to the other beneficiaries that share the deceased beneficiaries classification (primary or contingent). If all beneficiaries pre-decease me, my HSA assets will be paid to my estate. If no percentages are assigned, the beneficiaries of each classification will share equally. If the percentage total for each classification does not equal 100%, the remaining percentage amount will be divided equally amongst the beneficiaries of said classification.

Primary Beneficiaries (percentage should total 100%):

Name	Relationship	SSN	DOB	Percentage

Contingent Beneficiaries (percentage should total 100%):

Name	Relationship	SSN	DOB	Percentage

Spousal Consent:

This section should be completed if the account owner is married and designates a primary beneficiary other than his/her spouse.

It is the account owner's responsibility to determine if this section applies. The Cattle National Bank & Trust Company is not liable for any consequences resulting from a failure of the account owner to provide proper spousal consent.

I, the spouse of the above named account owner, acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my interest in this HSA account, The Cattle National Bank & Trust Company has advised me to seek legal and tax advice. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No legal or tax advice was given to me by The Cattle National Bank & Trust Company.

Signature of Spouse: _____ Date: _____

Signature:

If this account is being established with a regular contribution, I certify that I am covered by a qualified High Deductible Health Plan and that I am not covered by any other Health Plan that would disqualify me for eligibility for this Health Savings Account under IRS code, regulations and guidelines. If this account is being established with a transfer of assets, I certify that the assets are from another qualified Health Savings Account or Archer Medical Savings Account. I certify that if I am married and have designated a primary beneficiary other than my spouse, my spouse has read and signed the Spousal Consent section of this document. I assume all responsibility for all actions and consequences related to the establishment of this account. I have not received any legal or tax advice from The Cattle National Bank & Trust Company and will seek such advice from my own legal or tax advisors to ensure compliance with all applicable laws and regulations. I understand that The Cattle National Bank & Trust Company reserves the right to accept or reject my account application and to change the terms of this account at any time. I understand that I may revoke this HSA on or before seven (7) days after the date of establishment. I agree to hold harmless The Cattle National Bank & Trust Company against any and all claims arising from my actions.

I understand that this account requires a one time, non-refundable enrollment fee of \$20, a minimum opening deposit of \$25 and that a \$3 per month fee applies to account balances of \$500 or less. I understand that I am solely responsible for assuring that I meet the eligibility requirements for a Health Savings Account and that distributions from this account are made in accordance with IRS and other rules and regulations. I understand that The Cattle National Bank & Trust Company reserves the right to accept or reject my account application and to change the terms of this account at any time.

TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING CERTIFICATIONS

I certify that the Social Security Number shown above is my correct taxpayer identification number.

I certify that I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I also certify under penalties of perjury the statements above and that I am a U.S. person (including a U.S. resident alien).

I certify that all information supplied by me on this account agreement/signature card is accurate and complete and that I have received a copy of this account agreement/signature card. I agree to the terms stated on every page of this form. I also certify that I have received a copy of the following disclosures: Funds Availability Policy, Electronic Fund Transfers Policy, Deposit Account Terms and Conditions, Health Savings Account Agreement, Health Savings Account Disclosure Statement, and Limits & Fees Disclosure. I further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on myself. This will be done at the financial institution's discretion.

X

Account Owner Signature

Date

For Internal Use: Port Number: _____ Account Number: _____ Date Opened: _____

Additional Signer (agent)

A Health Savings Account is a single ownership account in the name of the Account Owner. Only the Account Owner may specify additional Authorized Signers. If desired, the account owner authorizes the following person(s) to withdraw funds from this HSA by any means available. This authorization only allows for the withdrawal of funds. All other account changes or actions must be made by the Account Owner.

Name of Additional Signer: _____ SSN: _____

Signature of Additional Signer: _____ Date: _____

Name of Additional Signer: _____ SSN: _____

Signature of Additional Signer: _____ Date: _____

IMPORTANT: Please return a copy of two forms of identification for yourself. This must be one unexpired photo id such as Driver's License or other Government Issued Document and a second form which may include but is not limited to a social security card, birth certificate, work id, library card, hunting license or other form of government issued id.

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Questions?

Call us at (402) 643-3636 or email us at hsainfo@cattlebank.com

Mail Completed Forms To:

The Cattle National Bank & Trust Company
ATTN: HSA Accounts
P.O. Box 467
Seward, NE 68434-0467

Please verify that you have enclosed:

- 1) Health Savings Account Agreement/Signature Card
- 2) Health Savings Account Debit Card Form
- 3) Photocopies of your identification as outlined on page 1
- 4) A check for your initial deposit and enrollment fee

Please keep copies of the above documents for your records.

For Internal Use: Port Number: _____ Account Number: _____ Date Opened: _____

NOTES: (List any variation in identifying information)

Complete only
if you want a
Debit Card

APPLICATION FOR HSA VISA CHECK CARD

Please accept this form, as my request for a HSA Visa Check Card from
The Cattle National Bank & Trust Co.

Account Owner: _____ Social Security #: _____

I certify that all the information to be true in every respect. By signing below, I authorize you to verify my credit. I understand that receiving a VISA Check Card is contingent upon a credit check, and if I do not qualify, I may apply for an ATM card. The agreements that apply to my deposit account apply to all Check Card transactions made on this account. I understand that all deposit accounts accessed by this Check Card must have the same ownership and liability. If I am not approved for the VISA Check Card, I agree that this application will no longer be valid and I can reapply for an ATM card at The Cattle National Bank & Trust Co. There will be a \$10.00 fee to replace a lost or destroyed card. This card must be returned to The Cattle National Bank at the time the account holder closes his/her account. Without the card the card owner will be required to pay a \$10.00 fee. I understand that for security the daily limit on this card will be a total of \$300 per day for ATM cash withdrawals and a total of \$1000 per day for point-of-sale purchases. You may request an increase in limit by calling our customer service department at (402)643-3636. You will receive your new card in approximately two - three weeks after the bank receives this application.

X _____
Signature of Applicant Date 4-DIGIT PIN # (REQUIRED)

FOR INTERNAL USE

OFFSET # _____

Account # _____ Port # _____ Card # 4474 4003 000 _____

APPLICATION FOR HSA VISA CHECK CARD – AGENT CARD

Please accept this form, as my request for a HSA Visa Check Card from
The Cattle National Bank & Trust Co.

Account Agent: _____ Social Security #: _____

I certify that all the information to be true in every respect. By signing below, I authorize you to verify my credit. I understand that receiving a VISA Check Card is contingent upon a credit check, and if I do not qualify, I may apply for an ATM card. The agreements that apply to my deposit account apply to all Check Card transactions made on this account. I understand that all deposit accounts accessed by this Check Card must have the same ownership and liability. If I am not approved for the VISA Check Card, I agree that this application will no longer be valid and I can reapply for an ATM card at The Cattle National Bank & Trust Co. There will be a \$10.00 fee to replace a lost or destroyed card. This card must be returned to The Cattle National Bank at the time the account holder closes his/her account. Without the card the card owner will be required to pay a \$10.00 fee. I understand that for security the daily limit on this card will be a total of \$300 per day for ATM cash withdrawals and a total of \$1000 per day for point-of-sale purchases. You may request an increase in limit by calling our customer service department at (402)643-3636. You will receive your new card in approximately two - three weeks after the bank receives this application.

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**The Cattle National Bank & Trust Company
Health Savings Account
Account Agreement/Signature Card**

(To prevent delays please type or print neatly)

HSA Account Owner:

Name: _____
Date of Birth: _____ Social Security Number: _____
Street Address: _____
Mailing Address (If Different): _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Email Address: _____
Employer Phone: _____ Employer Name: _____
Mother's Maiden Name (For future identification): _____
Question That We May Ask to Verify Identity: _____
Answer to Above Question (For future identification): _____
Driver's License Number: _____ State of Issue: _____
Date Issued: _____ Date Expires: _____

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

IMPORTANT: Please return a copy of two forms of identification for yourself. This must be one unexpired photo id such as Driver's License or other Government Issued Document and a second form which may include but is not limited to a social security card, birth certificate, work id, library card, hunting license or other form of government issued id.

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I, the spouse of the above named account owner, acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my interest in this HSA account, The Cattle National Bank & Trust Company has advised me to seek legal and tax advice. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No legal or tax advice was given to me by The Cattle National Bank & Trust Company.

Signature of Spouse: _____ Date: _____

Signature:

If this account is being established with a regular contribution, I certify that I am covered by a qualified High Deductible Health Plan and that I am not covered by any other Health Plan that would disqualify me for eligibility for this Health Savings Account under IRS code, regulations and guidelines. If this account is being established with a transfer of assets, I certify that the assets are from another qualified Health Savings Account or Archer Medical Savings Account. I certify that if I am married and have designated a primary beneficiary other than my spouse, my spouse has read and signed the Spousal Consent section of this document. I assume all responsibility for all actions and consequences related to the establishment of this account. I have not received any legal or tax advice from The Cattle National Bank & Trust Company and will seek such advice from my own legal or tax advisors to ensure compliance with all applicable laws and regulations. I understand that The Cattle National Bank & Trust Company reserves the right to accept or reject my account application and to change the terms of this account at any time. I understand that I may revoke this HSA on or before seven (7) days after the date of establishment. I agree to hold harmless The Cattle National Bank & Trust Company against any and all claims arising from my actions.

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I certify that all information supplied by me on this account agreement/signature card is accurate and complete and that I have received a copy of this account agreement/signature card. I agree to the terms stated on every page of this form. I also certify that I have received a copy of the following disclosures: Funds Availability Policy, Electronic Fund Transfers Policy, Deposit Account Terms and Conditions, Health Savings Account Agreement, Health Savings Account Disclosure Statement, and Limits & Fees Disclosure. I further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on myself. This will be done at the financial institution's discretion.

X CUSTOMER COPY

Account Owner Signature

Date

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Complete only
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APPLICATION FOR HSA VISA CHECK CARD

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Account Owner: _____ Social Security #: _____

I certify that all the information to be true in every respect. By signing below, I authorize you to verify my credit. I understand that receiving a VISA Check Card is contingent upon a credit check, and if I do not qualify, I may apply for an ATM card. The agreements that apply to my deposit account apply to all Check Card transactions made on this account. I understand that all deposit accounts accessed by this Check Card must have the same ownership and liability. If I am not approved for the VISA Check Card, I agree that this application will no longer be valid and I can reapply for an ATM card at The Cattle National Bank & Trust Co. There will be a \$10.00 fee to replace a lost or destroyed card. This card must be returned to The Cattle National Bank at the time the account holder closes his/her account. Without the card the card owner will be required to pay a \$10.00 fee. I understand that for security the daily limit on this card will be a total of \$300 per day for ATM cash withdrawals and a total of \$1000 per day for point-of-sale purchases. You may request an increase in limit by calling our customer service department at (402)643-3636. You will receive your new card in approximately two - three weeks after the bank receives this application.

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Signature of Applicant Date 4-DIGIT PIN # (REQUIRED)

FOR INTERNAL USE OFFSET # _____
Account # _____ Port # _____ Card # 4474 4003 000 _____

APPLICATION FOR HSA VISA CHECK CARD – AGENT CARD

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Signature of Applicant Date 4-DIGIT PIN # (REQUIRED)

FOR INTERNAL USE OFFSET # _____
Account # _____ Port # _____ Card # 4474 4003 000 _____