

**For Internal Use:**

Date Opened: \_\_\_\_\_ Opening Deposit: \_\_\_\_\_ Customer #: \_\_\_\_\_ Account #: \_\_\_\_\_

OFAC:  Doc: DL , GID , Other  \_\_\_\_\_ Non Doc: Mail , Other  \_\_\_\_\_



**Cattle Bank & Trust  
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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Maiden Name (For future identification): \_\_\_\_\_

Birthplace City (For future identification): \_\_\_\_\_ State: \_\_\_\_\_

Security Password (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 Box)	_____ FREE
Debit Card	_____ FREE
Online Account Access	_____ FREE
<b>Total Enclosed Payable To:</b>	_____
<b>Cattle Bank &amp; Trust</b>	_____

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. Cattle Bank & Trust 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, Cattle Bank & Trust 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 Cattle Bank & Trust.

**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 Cattle Bank & Trust and will seek such advice from my own legal or tax advisors to ensure compliance with all applicable laws and regulations. I understand that Cattle Bank & Trust 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 Cattle Bank & Trust 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 Cattle Bank & Trust 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:** Customer 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: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature of Additional Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Additional Signer: \_\_\_\_\_ DOB: \_\_\_\_\_ 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.**  
**FAILURE TO DO SO WILL DELAY THE OPENING OF THIS ACCOUNT**

**Questions?**

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

**Mail Completed Forms To:**  
Cattle Bank & Trust  
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:** Customer Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_  
**NOTES:** (List any variation in identifying information)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete only  
if you want a  
Debit Card

# HSA DEBIT MASTERCARD APPLICATION

Please accept this form, as my request for a HSA Debit Mastercard from  
Cattle Bank & Trust

Account Owner: \_\_\_\_\_ Social Security #: \_\_\_\_\_

By signing below, the undersigned requests the described service and agrees to the terms and conditions governing the service, including any fees and charges. The undersigned agrees that all information is accurate and authorizes Cattle Bank & Trust to verify credit and employment history by any necessary means, including preparation of a consumer report by a consumer reporting agency. The undersigned acknowledges receipt of and agrees to the terms of the Electronic Fund Transfers disclosure. The agreements that apply to my deposit account apply to all Debit/ATM Card transactions made on this account. I understand that all deposit accounts accessed by this Debit Card must have the same ownership and liability. If I apply for and am not approved for the Mastercard Debit Card, I agree that this application will no longer be valid and I can reapply for an ATM card. There will be a \$20.00 fee to replace a lost or destroyed card. This card must be returned to Cattle Bank at the time I close my account. Without the card I will be required to pay a \$20.00 lost card fee. I understand that for security the daily limit on my Mastercard Debit 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. For an ATM card the daily limit will be a total of \$300 per day for ATM cash withdrawals. I may request an increase in limit by calling the customer service department at (402)643-3636. The increase may be approved on a case-by-case situation.

X

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR INTERNAL USE (MUST BE FILLED OUT BY EMPLOYEE)**

PLEASE CHECK ONE:  NEW CARD  INSTANT ISSUE  REORDER  
PLEASE CHECK ONE:  DEBIT  ATM

Customer # \_\_\_\_\_ HSA Acct # \_\_\_\_\_ CSR \_\_\_\_\_

MASTERCARD #559642 \_\_\_\_\_ ATM #585240239 \_\_\_\_\_

# HSA DEBIT MASTERCARD APPLICATION – AGENT CARD

Please accept this form, as my request for a HSA Debit Mastercard from  
Cattle Bank & Trust

Account Agent: \_\_\_\_\_ Social Security #: \_\_\_\_\_

By signing below, the undersigned requests the described service and agrees to the terms and conditions governing the service, including any fees and charges. The undersigned agrees that all information is accurate and authorizes Cattle Bank & Trust to verify credit and employment history by any necessary means, including preparation of a consumer report by a consumer reporting agency. The undersigned acknowledges receipt of and agrees to the terms of the Electronic Fund Transfers disclosure. The agreements that apply to my deposit account apply to all Debit/ATM Card transactions made on this account. I understand that all deposit accounts accessed by this Debit Card must have the same ownership and liability. If I apply for and am not approved for the Mastercard Debit Card, I agree that this application will no longer be valid and I can reapply for an ATM card. There will be a \$20.00 fee to replace a lost or destroyed card. This card must be returned to Cattle Bank at the time I close my account. Without the card I will be required to pay a \$20.00 lost card fee. I understand that for security the daily limit on my Mastercard Debit 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. For an ATM card the daily limit will be a total of \$300 per day for ATM cash withdrawals. I may request an increase in limit by calling the customer service department at (402)643-3636. The increase may be approved on a case-by-case situation.

X

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR INTERNAL USE (MUST BE FILLED OUT BY EMPLOYEE)**

PLEASE CHECK ONE:  NEW CARD  INSTANT ISSUE  REORDER  
PLEASE CHECK ONE:  DEBIT  ATM

Customer # \_\_\_\_\_ HSA Acct # \_\_\_\_\_ CSR \_\_\_\_\_

MASTERCARD #559642 \_\_\_\_\_ ATM #585240239 \_\_\_\_\_

**For Internal Use:**

Date Opened: \_\_\_\_\_ Opening Deposit: \_\_\_\_\_ Customer #: \_\_\_\_\_ Account #: \_\_\_\_\_

OFAC:  Doc: DL , GID , Other  Non Doc: Mail , Other



**Cattle Bank & Trust  
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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Maiden Name (For future identification): \_\_\_\_\_

Birthplace City (For future identification): \_\_\_\_\_ State: \_\_\_\_\_

Security Password (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 Box)	FREE
Debit Card	FREE
Online Account Access	FREE
<b>Total Enclosed Payable To:</b>	
<b>Cattle Bank &amp; Trust</b>	

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. Cattle Bank & Trust 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, Cattle Bank & Trust 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 Cattle Bank & Trust.

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 Cattle Bank & Trust and will seek such advice from my own legal or tax advisors to ensure compliance with all applicable laws and regulations. I understand that Cattle Bank & Trust 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 Cattle Bank & Trust 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 Cattle Bank & Trust 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** Customer Copy

Account Owner Signature

Date

For Internal Use: Customer 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: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature of Additional Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Additional Signer: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature of Additional Signer: \_\_\_\_\_ Date: \_\_\_\_\_

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**FAILURE TO DO SO WILL DELAY THE OPENING OF THIS ACCOUNT**

### Questions?

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

#### Mail Completed Forms To:

Cattle Bank & Trust  
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:** Customer Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

**NOTES:** (List any variation in identifying information)

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Complete only  
if you want a  
Debit Card

# HSA DEBIT MASTERCARD APPLICATION

Please accept this form, as my request for a HSA Debit Mastercard from  
Cattle Bank & Trust

Account Owner: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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X

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR INTERNAL USE (MUST BE FILLED OUT BY EMPLOYEE)**

PLEASE CHECK ONE:  NEW CARD  INSTANT ISSUE  REORDER  
PLEASE CHECK ONE:  DEBIT  ATM

Customer # \_\_\_\_\_ HSA Acct # \_\_\_\_\_ CSR \_\_\_\_\_

MASTERCARD #559642 \_\_\_\_\_ ATM #585240239 \_\_\_\_\_

# HSA DEBIT MASTERCARD APPLICATION – AGENT CARD

Please accept this form, as my request for a HSA Debit Mastercard from  
Cattle Bank & Trust

Account Agent: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR INTERNAL USE (MUST BE FILLED OUT BY EMPLOYEE)**

PLEASE CHECK ONE:  NEW CARD  INSTANT ISSUE  REORDER  
PLEASE CHECK ONE:  DEBIT  ATM

Customer # \_\_\_\_\_ HSA Acct # \_\_\_\_\_ CSR \_\_\_\_\_

MASTERCARD #559642 \_\_\_\_\_ ATM #585240239 \_\_\_\_\_