



Health Savings Account Application

Thank you for choosing Oklahoma Fidelity Bank for your Health Savings Account (HSA). In order to qualify for an HSA, you must meet the following four requirements in accordance with the Internal Revenue Service, Publication 969:

1. You have a High Deductible Health Plan (HDHP)
2. You have no other health coverage
3. You are not enrolled in Medicare
4. You cannot be claimed as a dependent on someone else's tax return

If, after reviewing these requirements, you find that you qualify for an HSA, please complete and submit the following application by mail to:

Oklahoma Fidelity Bank
Attn: Deposit Services
100 E. English
Wichita, KS 67202

Once Oklahoma Fidelity Bank receives your application, we will complete the required account agreements and return them to you via US Mail. After you have reviewed the terms of the account, sign the documents where indicated and return them, along with your opening contribution, to Oklahoma Fidelity Bank. You will receive your pre-printed personal checks and your HSA Check Card in the mail in approximately 10-14 days. All fields on the application must be completed.

Important Information about Procedures for Opening a New Account:

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.

In accordance with Section 326 of the USA PATRIOT Act, please include a copy of an unexpired driver's license or state issued ID for the account owner and the authorized signer with this application. ***Applications submitted without this documentation cannot be approved.***



HSA Applicant Information (Fields with an asterisk are required):

*First Name _____ *Initial _____ *Last Name _____
*SSN _____ - _____ *DOB _____ / _____ / _____
*Street Address _____
*City _____ *State _____ *Zip _____
*Home phone (_____) - _____ Work phone(_____) - _____
Employer _____ *Marital Status Married Single
*Driver's License # _____ *Issuing State/Entity _____
Date of Issue _____ / _____ / _____ Date of Expiration _____ / _____ / _____

Authorized Signer Information (Fields with an asterisk are required):

The Internal Revenue Service deems HSA Accounts as individual ownership accounts, therefore, your HSA cannot be held jointly. However, Oklahoma Fidelity Bank will permit you to designate an authorized signer to act on your behalf in connection to this account only. By making this designation, you agree to allow the authorized signer to have access to all records relating to this account and this account only. In addition, this designation remains in effect until Oklahoma Fidelity Bank receives notification in writing of its revocation. The authority of an authorized signer ceases upon death of the owner.

*First Name _____ *Initial _____ *Last Name _____
*SSN _____ - _____ *DOB _____ / _____ / _____
*Street Address _____
*City _____ *State _____ *Zip _____
*Home phone (_____) - _____ Work phone(_____) - _____
Employer _____ *Marital Status Married Single
*Driver's License # _____ *Issuing State/Entity _____
Date of Issue _____ / _____ / _____ Date of Expiration _____ / _____ / _____



Designation of Beneficiary

Primary Beneficiary

Percentage	Name of Beneficiary	SSN or Taxpayer ID Number	Relationship to HSA Owner
%			
%			
%			
Total 100%			

Contingent Beneficiary

Percentage	Name of Beneficiary	SSN or Taxpayer ID Number	Relationship to HSA Owner
%			
%			
%			
Total 100%			

Contribution Information

Initial Contribution Amount \$ _____

Type of Contribution:

- Regular
- Rollover (Must also complete Rollover form)
- Transfer (Must also complete Transfer form)

Initial contribution made by HSA Owner Employer Family Member Other

Additional Products

- Visa HSA Check Card 2nd Visa HSA Check Card for authorized signer
- Pre-printed checks (50 checks per order)

By signing below, I understand that this application in no way guarantees acceptance or opening of an HSA Account at Oklahoma Fidelity Bank. I am aware that Oklahoma Fidelity Bank will verify the information provided on this application through third parties such as ChexSystems, or credit bureaus.

Signature of applicant Date

Signature of authorized signer Date