



WorkLife HEALTH SAVINGS ACCOUNT Application

Important Account Opening Information: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. The HSA Sweep and Lift accounts must be opened simultaneously for the sweep to function appropriately.

Select **One** of the Following Accounts: Health Savings Account # _____

Health Savings Sweep/Lift Account # _____ / # _____

Applicant Information		
Name (First, Middle, Last)		SSN
DOB	Primary Contact Number	Secondary Contact Number
Address (Street, City, State, Zip)		
Identification (Number, Issue Date, Expiration Date)		Secondary ID (if required)
Occupation:		Health Insurance Plan Type: <input type="checkbox"/> Self <input type="checkbox"/> Family

Are you currently or have you ever been a senior foreign government official, an official of a major foreign political party, or are you, an immediate family member, close associate, acting at the direction of or for the benefit of those officials or their corporations or businesses? Yes No

Do you have controlling interest in a publicly traded firm? Select: Yes No

Estimated Monthly Contribution Amount \$ N/A

ACCOUNT STATEMENTS

By providing your email address below, you consent to receive communications and information from the Bank in electronic rather than paper format, including but not limited to all account statements, records, notices, and other information including any changes, additions, or deletions to the terms of your Deposit Account Agreement.

This consent to receive electronic communications is valid only for the account you are applying for at this time. You also agree to provide us with any changes in your contact information. You may view your account information at any time by visiting: www.bankatfirst.com. You have the right to opt-out of electronic statements and receive them on paper. You are able to change your preference to receive paper statements when you login to www.bankatfirst.com online banking or you should contact one of our convenient banking centers; provide your account information, and request to opt-out of receipt of electronic statements.

I understand that in order to begin receiving electronic statements, it is my responsibility to enroll for Online Banking at www.bankatfirst.com and elect to receive FREE E-Statements. If I do not enroll for Online Banking and make this election within 30 days of account opening, I understand that I will receive monthly paper statements for the Health Savings Account I choose.

There is no monthly fee for the Health Savings Account.

The monthly fee for the Health Savings Sweep/Lift Account is \$2.00 per month.

Email Address: _____ I choose to receive paper copies of account statements in lieu of electronic copies.

Online Banking Log-In Information:

Please select a login ID between 6-25 characters. It is case-sensitive and may contain a combination of letters and numbers, but may not contain spaces.

Desired Login ID: _____ For Security Purposes, please provide your mother's Maiden name: _____

Backup Withholding Certifications (If not a "U.S. Person", certify foreign status separately.)

- Taxpayer ID Number (TIN) – The number shown above is my correct taxpayer identification number.
- Backup Withholding – 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 and dividends, or the Internal Revenue Service has not notified me that I am no longer subject to backup withholding.
- Exempt Recipients – I am an exempt recipient under the Internal Revenue Service Regulations.

By signing below, I certify under penalties and perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

I acknowledge and agree to the terms of this document as well as Privacy Notice. I further agree to the Account Terms and Conditions and to each of the following disclosures: Privacy, Truth in Savings, Electronic Funds Transfers, Funds Availability Policy, and Substitute Checks and Your Rights; copies of which will be delivered to me within 7 business days of executing the application documents.

I further certify that the information above is complete and accurate.

Signature	Date
-----------	------

Check Order—First Box of Checks is Free! This application is for one (1) free box (50 checks) of First Financial checks only. You can order additional checks by visiting bankatfirst.com or calling our Client Service Center at 1-877-322-9530. <input type="checkbox"/> No, I do not want to receive checks.	Debit Card When you open a Checking Account with First Financial, you are eligible to receive a VISA Check Card. You should receive your card and PIN within 10 days of opening your account. Refer to the Electronic Fund Transfer Disclosure for more information on your Card.
---	---

For Bank Use Only		
Employer Number: _____	Sales Center Location Cost Center: _____	
First position Officer Code: _____	Second position officer code: _____	Third position officer code: _____