BankPacific
Where Others Put Branches, We Place Roots.

HSA

NEW HEALTH SAVINGS ACCOUNT CHECKLIST

Complete this checklist for each HSA account. This checklist is to be prepared by an ASC representative and submitted to BankPacific with each HSA signature card.

	Account Disclosure / Document Requirement
	To be completed by ASC Staff (Initial upon completion)
	Your Deposit Accounts Disclosure
	Must be presented to Customer prior to opening of account
	Interest Rate & Annual Percentage Yield must be disclosed and notated with opening date in Disclosure Booklet
	Provide Privacy Policy Disclosure
	Signature Card
	Obtain photocopies of Identification
	Ensure completeness of signature card
	Have customer sign & date signature card
	Authorized ASC Representative sign & date signature card
	VISA Debit Card
	Complete Application
	MyOnlineBanking
	Complete Online Banking Application (Select desired services)
	Obtain email address, required for electronic statements
	Have customer create username (Minimum 6 characters)
	To be completed by BankPacific Staff (Initial upon completion)
	Perform OFAC Search & MCB Verification via SSN (If listed refer to Manager
	Complete section marked "For Bank Use Only"

Account Number: _____ **Date Received:** _____

Approved for Processing: _____ **Date Approved:** _____

Entered By: _____ **Date Entered:** _____

Officer Review: _____ **Date Reviewed:** _____

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HEALTH SAVINGS ACCOUNT
CONSUMER SIGNATURE CARD

Account Holder Name	**Account Number**
Social Security #	**Date of Birth**
Street Address	**Mailing Address**

Home Phone	**Business Phone**	**Other Phone**
Email Address	**Citizenship Status** [ ] U.S. Citizen	[ ] Resident Alien [ ] Non-resident Alien (If checked, provide W8) [ ] Other (Specify Country of Citizenship)
Form of ID	**ID #**	
Employer Name & Address	**Job Title/Profession**	**Industry**

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 to you: When you open an account we will need you and your authorized signer to provide name, street address, date of birth and other information that will allow us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents.

HSA Account Options	Cancelled Checks	Statements
[X] Checks	[ ] Return Service (service fee applicable)	[ ] Hold (service fee applicable)
[X] Visa Debit Card	[X] Check Storage	[X] Mail

HSA Eligibility Requirements: **[X] YES** **[ ] NO**

Accountholder Certification - I certify that:

(1) I am, or effective _____, I will be covered by a [ ] single or [ ] family qualified High Deductible Health Plan (HDHP), with a deductible of _____,

(2) I certify that I am not covered by a health plan, other than a HDHP, which provides any of the same benefits as the HDHP,

(3) I am not enrolled in Medicare, and

(4) I may not be claimed as a dependent on another person's tax return.

If you answered NO to the above, you are not eligible to establish a Health Savings Account.

Your HSA account will be considered established for tax purposes as of your first date of eligibility under your HDHP, provided that you have signed and dated the application for your HSA on or before that date. If we receive your application after your first date of eligibility under your HDHP, your HSA account will be considered established as of the date you signed and dated this card. To receive tax favored treatment for distributions from your HSA account, any qualified medical expenses must be incurred after the date that your HSA account is established.

Authorized Signer

I hereby designate ASC Trust Services Corporation (ASC) as an authorized signer on my Health Savings Account. By designating ASC as an authorized signer on my Health Savings Account, I authorize ASC to transact business with and give instructions to BankPacific regarding my health savings account; make deposits or withdrawals by any means acceptable to BankPacific, including paper and electronic, methods such as ACH and Internet-generated transactions; receive and have access to account information, including account balances and transactions; endorse any instruments such as checks, orders or other documents for the payment of funds; and to otherwise serve as agent for my BankPacific Health Savings Account.

I specifically authorize BankPacific, as custodian of my HSA, to rely upon this authorization and designation until such time, if any, that BankPacific receives a written revocation of this authorization, and has had a reasonable time to act upon the revocation. I understand that I am responsible for ensuring that ASC reads and understands the BankPacific Account Documents which have been provided to me.

I hold harmless and indemnify BankPacific against any claims against or losses BankPacific may suffer arising out of BankPacific's reliance on this authorization, and release BankPacific from any liability arising from such reliance, unless otherwise prohibited by law. I understand that I bear sole responsibility for any tax consequences that result from any actions taken by ASC regarding my account.

I ACKNOWLEDGE THAT NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS GIVEN TO ASC BY THIS AUTHORIZATION. UPON NOTICE TO BANKPACIFIC OF MY DEATH, THIS AUTHORIZATION TERMINATES, AND RIGHTS TO FUNDS IN MY ACCOUNT WILL BE TRANSFERRED TO MY BENEFICIARIES, OR TO MY ESTATE, IF NO BENEFICIARY IS NAMED.

HEALTH SAVINGS ACCOUNT
CONSUMER SIGNATURE CARD

Designation of Beneficiary

The following individual(s) or entity shall be my primary beneficiary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to share equally. If a primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rated basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to BankPacific. BankPacific has provided no tax or legal advice to me regarding my beneficiary designation.

Name & Address of Individual	Date of Birth	Social Security #	Relationship	Primary Contingent	Share %

Spousal Consent

This section should be reviewed if either the trust or the residence of the Accountholder is located in a community or marital property state and Accountholder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with an independent tax advisor.

CURRENT MARITAL STATUS

◯ I am not married - I understand that if I become married in the future, I must complete a new Designation of Beneficiary form.
◯ I am married - I understand that if I chose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named Accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the Accountholder any interest I have in the funds or property deposited in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Signature of Spouse _____ Date _____

Signature of Witness _____ Date _____
(Must be a Notary Public or duly authorized ASC Representative)

Signatures *Important: Please read before signing.*

BankPacific is hereby appointed to serve as custodian of my Health Savings Account. By signing this Signature Card, I am requesting BankPacific to open the account indicated. I have received a copy of and agree to the Deposit Account Agreement and Disclosures for Health Savings Accounts, the HSA Custodial Agreement, Truth in Savings, and Privacy Statement, which may be amended from time to time. I also acknowledge that this account is subject to all BankPacific by-laws, rules, regulations, and standard practices and all other applicable laws and regulations related to this account. Within seven (7) calendar days from the date I open this HSA, I may revoke the authorization by mailing a written notice to BankPacific.

Please initial if the following applies to you

Under penalties of perjury, I certify that:

[ ] The taxpayer identification number shown is my correct taxpayer identification number

[ ] 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. The Internal ReVenue Service does not require your consent to any provision of this document other than the certification required to avoid backup witholding.

[ ] I am a U.S. person (including a U.S. resident alien)

Accountholder Signature _____ Date _____

ASC Trust Corporation *(Authorized Signer)* _____ Date _____

Bank Use Only

[ ] OFAC Verified _____ [ ] ID Verified _____
[ ] MCB Verified _____ [ ] SIGPRO Scanned _____

Approved by Branch/Unit Manager **Date**

BankPacific
Where Others Put Branches, We Place Roots.

Visa® Check Card Application & Tracking Form

HSA

New Account Card [X]	Reorder [ ]	Additional Card [ ]	Replacement for Lost/Stolen Card [ ]

Application Request Date _____ **BankPacific Account Number** _____ **Account Open Date** _____

Customer Name
Maximum 26 Letters & Spaces

Mailing Address
Maximum 32 Letters & Spaces

City _____ State _____ Zip Code _____

Home Address

City _____ State _____ Zip Code _____

Date of Birth Month ____ Day ____ Year ____ **SSN / EIN** _____

Home Tel. # ___-___-____ **Business Tel. #** ___-___-____

Email (Optional) _____

NOTE: Bank employee must verify that all of the above personal information matches customer profile information in AS400. If information does not match, bank employee must have customer complete ASD form before proceeding with Visa check card application form.

CUSTOMER AUTHORIZATION

By completing and signing this application form, I am applying for a BankPacific Visa® Check Card and I am in agreement to all terms and conditions governing the use of the Visa® Check Card. I understand fully that BankPacific is not responsible in any way for the manner in which my new Visa® Check Card is utilized. I understand that the use of my Visa® Check Card is subject to all of the provisions set forth in the deposit account agreement and disclosure statement, as amended from time to time, a copy of which BankPacific has furnished to me. I accept the condition that BankPacific is not responsible for the refusal of anyone to honor my Visa® Check Card.

Everything that I have stated in this application is true and correct to the best of my knowledge.

[ ] My initials in the box confirm that I have received the Electronic Fund Transfers Disclosure that explains the terms & conditions for my Visa® Check Card.

Applicant's Signature _____ Date _____

INTERNAL USE ONLY

BankPacific VISA Check Card Number _____

Processing Branch _____

CWS Input Date _____

Input Signature _____

Card and Pin Mailer [ ]
Pin Mailer Only [ ]
Primary Account [ ] changed

Reason for Card Re-Order:

Notes:

Branch Manager Approval _____ **Date** _____

CPC Audit Date _____ **CPC Reviewer's Initials** _____

BankPacific

HSA

MyOnlineBanking Enrollment Form (Personal Banking ONLY)

To sign up for Internet Banking for your Personal Accounts only, fill in the information below. The first time you log in to the system, you will be required to change your password.

First Name:

Last Name:

Address:

City:

State: Zip: Phone:

Email:

Social Security Number:

Date of Birth

Primary Checking Acct. #:

USERNAME _____

PASSWORD online

[X] MyOnlineBanking
Access account balance, transfer money, and conduct common banking task online

[ ] Bill Payment
Pay bills online. Pay any individual or company

Account Number	Account Description	Account Type
	HSA Debit Card	Checking

Please Note: By signing this application, you are indicating your agreement to the Terms and Conditions of MyOnlineBanking Consumer Agreement. This application form is for personal banking only. You must be an authorized signer on each of the accounts you have *listed above to have access to them.*

_____ _____

Signature of Account Owner Date