

# HEALTH SAVINGS ACCOUNT APPLICATION



## Health Savings Accounts

HSAs are a convenient, flexible and cost saving alternative to traditional health care. HSAs offer unique tax advantages and long term value to managing health care dollars for yourself, your family or your business.

Account Owner Information	Account #:				
	Name:		SSN:		
	Street address:		City:	State:	Zip:
	Mailing address: (if different than above)				
	DOB:	Home Phone:	Bus. Phone:		
	Email:				
	Employer:		Existing Customer: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Debit Card: <input type="checkbox"/> YES <input type="checkbox"/> NO		HSA Checks (fee applies): <input type="checkbox"/> YES <input type="checkbox"/> NO		Type of Coverage: <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY
Online Banking Access: <input type="checkbox"/> YES <input type="checkbox"/> NO		Preferred User ID:			

Identification	Please attach copy of unexpired state issued or government issued photo ID.		
	Primary Identification Type:		ID#
	Date Issued:	Place issued:	Exp Date
	SYB Employee Signature:		

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. 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.

Health Savings Account Signature Card	<b>(Very important: Please complete this section)</b>		<b>Backup Withholding Certification</b>	SSN/Tax ID# _____
	<input type="checkbox"/> The taxpayer identification number shown above is my correct taxpayer identification number.			
	<input type="checkbox"/> 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 not notified me that I am no longer subject to backup withholding.			
	<input type="checkbox"/> Exempt Recipient – I am an exempt recipient under the Internal Revenue Service Regulations.			
<b>Signature: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen (including a U.S. resident alien)</b> By signing this signature card, I am applying to Stock Yards Bank to open the accounts indicated. I certify that the information provided here is true to the best of my knowledge and authorize Stock Yards Bank at it's discretion to obtain credit reports and employment verifications on me. The undersigned agrees to the terms and conditions for this account and online banking if applicable.		<b>Please Sign Here!</b>	<b>X</b>	_____ Date _____
			Accountholder's Signature	
			Health Savings Account # _____	

To allow another individual access to HSA for Debit Card or Check Order access, this section must be completed by HSA account holder and P.O.A. and provide copy of state issued photo ID.

I, the Health Savings Account ("HSA") holder as named above, designate and appoint the following individual as my Power Of Attorney for the limited purpose of acting as an additional signer on my Stock Yards Bank ("SYB") HSA.

**Please check the following that applies to this account:**

DEBIT CARD  CHECK ORDER

Power of Attorney (P.O.A.) Information	P.O.A. Name:				
	P.O.A. Address:		City:	State:	Zip:
	P.O.A. Date of Birth:		P.O.A. SSN:		
	<p>My power of attorney is hereby authorized to perform any and all acts that I can perform pursuant to my HSA agreement with SYB, including signing in my name, electronically or otherwise, agreements and orders relating to the HSA or access to the HSA; withdrawing funds from or transferring funds into or out of the HSA, by any means acceptable to SYB, including Internet access; and depositing, cashing and endorsing any instrument, order or other document for the payment of money to me. I agree that my Power Of Attorney may access all records relating to the HSA and may give instructions to SYB regarding the HSA.</p> <p>I will hold harmless and hereby indemnify SYB against any claims against or losses or expenses it may suffer arising out of its reliance on this appointment and releases SYB from any liability arising from such reliance. This appointment remains in full force and effect until SYB receives written notice of revocation and has had a reasonable time to act upon such notice.</p> <p>No present or future ownership or right of survivorship is conferred by this designation. The authority of my Power Of Attorney is exercisable notwithstanding my subsequent disability or incapacity if any.</p>				
	Accountholder's Signature		Date		
	P.O.A. Signature		Date		
P.O.A. Drivers Lic.#:		Issue Date:	Exp. Date:		