



Return via Fax: **866-913-5087**
 or
 Mail to: **Farm Bureau Bank**
P.O. Box 33427
San Antonio, Texas 78265-9865

Health Savings Account Application

1. Please Tell Us About Yourself

(All information is required)

First Name		MI	Last Name		Date of Birth	
Social Security Number		Farm Bureau Member Number		County of Membership	State of Membership	
Mailing Address				City	State	Zip
Physical Address (if different from above)				City	State	Zip
Home Phone Number		Work or Alternate Phone Number		Drivers License Number		State
Fax Number		Mothers Maiden Name		Present Employer or Business		
Email Address (Required for E-Option)						

2. Authorized Signers

Name of Person	Social Security Number	Date of Birth	Additional HSA Debit Card
	- -	m m d d y y	Yes <input type="checkbox"/>
	- -	m m d d y y	Yes <input type="checkbox"/>

3. Health Savings Account

Checking Account Money Market Account

Initial Deposit Amount (\$100 minimum to open a Health Savings Account) _____

Is this a rollover? YES NO Rollover amount \$ _____

In the case of a rollover, I certify that this contribution is a rollover contribution within the meaning of IRS Section 223, that the rollover is being made within 60 days of receipt and I have not received a rollover in the last 12 months.

Account Access Options
 YES, I would like my first order of free checks.
 YES, I would like the E-Option, (Email address required) (I understand by selecting E-Option, I will not receive a physical statement, but I can view information online.)

4. Certificate of Deposit Option

YES, I would like the CD Option for my HSA (If you do not want the HSA CD Option, please leave this section blank.) (I understand by selecting the CD Option, I must maintain a minimum balance of \$2,000 in either a Checking or a Money Market HSA)

Initial Deposit Amount (\$1,000 minimum to open a Health Savings Account) _____

Term Months Years Maturity Date Requested _____/_____/_____

Federal withdrawal restrictions apply. A penalty will be imposed if there is an early withdrawal from the account. Fees could reduce earnings on your account. The Bank reserves the right to limit deposits taken under this program.

Rate: _____ % APY: _____ %

Jumbo CD (Minimum balance \$50,000) Step-Up CD (One-Time Rate Increase Option. Minimum 1 year CD Required)

5. Beneficiary Information

I hereby certify that if I die before distribution has been completed, the value of my account shall be distributed to the person(s) named below:

Name of Person	Social Security Number	Date of Birth	Percentage (Total must equal 100%)
	- -	m m d d y y	%
	- -	m m d d y y	%

Please Sign Below

Under penalty of perjury, I/we certify that: (1) The number shown on this form is my correct Social Security number and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest and dividends or the IRS has notified me that I am no longer subject to backup withholding. Cross out and initial statement #2 if you have been notified that you are subject to backup withholding. (3) By signing below, I/we verify we have read the Custodial Agreement and that I/we understand that my/our account is bound by the terms and conditions specified in the Deposit Account Agreement, the Custodial Agreement and disclosures that will be sent to me upon opening of my account. My signature authorizes Farm Bureau Bank FSB to open the account(s) I have indicated above. **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 the 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.

Applicant's Signature _____ Date _____
 Authorized Signer's Signature _____ Date _____
 Authorized Signer's Signature _____ Date _____

Agent Name: _____ Referral Source Code _____ FSR/BSR Code _____

By entering this information, I understand that this Farm Bureau Agent has requested that Farm Bureau Bank, P.O. Box 33427 San Antonio, TX 78265-9865, establish an account for me. Information pertaining to your application may be shared with your agent in order to assist in the application process. To inquire about the status of your application, you may contact your Farm Bureau Agent or you may contact Farm Bureau Bank directly at 800-492-3276.

ITC: _____	OPENED	LETTER	CHECKS	DEBIT	AUDIT	SCANNED
Account Number: _____						

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