

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:		Member No:
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No.:	
Home Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:	
E-mail:	Membership Eligibility:	
Employer:		

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Primary Beneficiaries

Beneficiary/POD Payee:

Beneficiary/POD Payee:

Street:

Street:

City/State/Zip:

City/State/Zip:

Contingent Beneficiaries (if only one primary beneficiary is named)

Beneficiary/POD Payee:

Beneficiary/POD Payee:

Street:

Street:

City/State/Zip:

City/State/Zip:

UTMA (as custodian for Minors Act)

(minor) under the Uniform Transfers to

Minor's SSN/TIN:

Agency Agent only for HSA Print Name of Agent: _____

Signature _____

Date: _____

Other:

See Account Authorization Card

