



BANKING AT ITS BEST
FIRSTOPTIONBANK.COM

HEALTH SAVINGS ACCOUNT APPLICATION

Account Holder Information

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number/TIN: _____ Date of Birth: _____

Email Address: _____

Phone Number: _____

Driver's License #: _____ Issue Date: _____ Exp. Date: _____ State: _____

HSA Account Type: _____ Single _____ Family

Optional: Authorized Signer

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number/TIN: _____ Date of Birth: _____

Email Address: _____

Phone Number: _____

Driver's License #: _____ Issue Date: _____ Exp. Date: _____ State: _____

Debit Card

_____ Debit Card _____ PIN Owner

_____ Debit Card _____ PIN Authorized Signer

Checks

_____ Yes _____ No

Auth. Signer listed on check _____ Yes _____ No

Phone number on check _____ Yes _____ No

**** PLEASE COMPLETE BENEFICIARY INFORMATION ON PAGE 2 ****

Primary Beneficiary

First Name:_____ Middle Initial:_____ Last Name:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

Social Security Number/TIN:_____ Date of Birth:_____

Phone Number:_____ Relationship to Owner:_____

Contingent Beneficiary

First Name:_____ Middle Initial:_____ Last Name:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

Social Security Number/TIN:_____ Date of Birth:_____

Phone Number:_____ Relationship to Owner:_____

Contingent Beneficiary

First Name:_____ Middle Initial:_____ Last Name:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

Social Security Number/TIN:_____ Date of Birth:_____

Phone Number:_____ Relationship to Owner:_____

Contingent Beneficiary

First Name:_____ Middle Initial:_____ Last Name:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

Social Security Number/TIN:_____ Date of Birth:_____

Phone Number:_____ Relationship to Owner:_____

Contingent Beneficiary

First Name:_____ Middle Initial:_____ Last Name:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

Social Security Number/TIN:_____ Date of Birth:_____

Phone Number:_____ Relationship to Owner:_____