Drivers License _____

HORIZON BANK **Account Application**

Account type: _____

Primary: **Secondary:**

Full Name: _____   Full Name: _____

SSN: _____-__-_____   SSN: _____-__-_____

DOB: __/__/_____   DOB: __/__/_____

Phone 1: _____-_____-_____   Phone 1: _____-_____-_____

Phone 2: _____-_____-_____   Phone 2: _____-_____-_____

Email: _____   Email: _____

Address: _____   Address: _____

_____   _____

_____   _____

Employer: _____   Employer: _____

Position: _____   Position: _____

City of Birth: _____   City of Birth: _____

Mother's Maiden Name: _____   Mother's Maiden Name: _____

Father's Middle Name: _____   Father's Middle Name: _____

Security Code: _____   Security Code: _____

Please circle one:

Are you a US Citizen?   Yes   No

Are you affiliated with any foreign government agencies?   Yes   No

- Do you plan on conducting reoccurring wire transfers from this account? If so for how much?

- Do you regularly send funds out of the country? And if so where do you send funds?

- Do you handle a lot of cash transactions? How much cash do you withdraw or deposit on average in a given month?

Health Savings Account (HSA) Application

Horizon Bank, N.A.
515 Franklin Square
Michigan City, IN 46360

1 HSA OWNER INFORMATION

(Custodian's name, address, and phone number above)

NAME, ADDRESS, CITY, STATE, AND ZIP	HSA PLAN NUMBER
	SOCIAL SECURITY NUMBER (SSN)

DAYTIME PHONE NUMBER	E-MAIL (OPTIONAL)	DATE OF BIRTH

Type of Health Insurance Plan Coverage (select one): ☐ Self-Only ☐ Family

2 CONTRIBUTION INFORMATION

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR
	$		

CONTRIBUTION TYPE (select one):

☐ Regular (including Catch-Up)
☐ Rollover from an HSA
☐ Transfer from an HSA
☐ Return of Mistaken Distribution
Original Distribution Date(s) _____

☐ Contribution from an IRA
☐ Rollover from an Archer MSA
☐ Transfer from an Archer MSA

3 DESIGNATION OF BENEFICIARY

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all of the beneficiaries die before me, or if none are designated, my HSA assets will be paid to my estate. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

PRIMARY SHARE	CONTINGENT SHARE	NAME OF BENEFICIARY	SSN OR TIN	RELATIONSHIP TO HSA OWNER	DATE OF BIRTH	ADDRESS, CITY, STATE, AND ZIP
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
Total 100%	Total 100%					

4 SPOUSAL CONSENT

Community or marital property state laws may require spousal consent for a nonspouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the HSA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by financial organization policy.

_____ **I Am Married.** I understand that if I designate a primary beneficiary other than my spouse, my spouse must
(HSA Owner Initials) consent by signing below.

_____ **I Am Not Married.** I understand that if I marry in the future, I must complete a new Designation of Beneficiary
(HSA Owner Initials) form, which includes the spousal consent documentation.

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property, including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in this Application.

_____   _____   _____   _____
Signature of Spouse   Date   Signature of Witness (if required)   Date
                                                                          (Witness cannot be a beneficiary of this HSA)

5 SIGNATURES

If this HSA is being established with a regular contribution, I am an eligible individual, covered by a qualified high deductible health plan (HDHP), and not covered by a health plan other than an HDHP that provides any of the same benefits as an HDHP. I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, IRS Form 5305-C, *Health Savings Custodial Account*, and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Health Savings Custodial Account, Disclosure Statement, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that the custodian cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

_____   _____   _____   _____
Signature of HSA Owner   Date   Signature of Custodian   Date

ATM/DEBIT CARD ORDER AND MAINTENANCE FORM

Date: [   ]   Branch # [   ]   Completed By: [   ]

Customer #1 Information	Customer # 2 Information
Customer #1	Customer #2
Social Security #	Social Security #
CIF Level Date of Last Address Change _____ *****(enter date from screen 23 from Work with Customer CIF record if order not signed by customer) **CIF level address will be used (address on green screen 01)** [ ] Check This box if customer wants card mailed to alternate address located on green screen 04	CIF Level Date of Last Address Change _____ *****(enter date from screen 23 from Work with Customer CIF record if order not signed by customer) **CIF level address will be used (address on green screen 01)** [ ] Check This box if customer wants card mailed to alternate address located on green screen 04
Please circle type for new order: New Debit Card New ATM Card New HSA Card Fresh Start : Yes or No Please circle type of card maintenance: (include card number to be maintained) Reissue Card Close Card Name Change Change Account(s) Card Number: [ ] Close/Reissue reason: [ ]	Please circle type for new order: New Debit Card New ATM Card New HSA Card Fresh Start Yes or No Please circle type of card maintenance: (include card number to be maintained) Reissue Card Close Card Name Change Change Account(s) Card Number: [ ] Close/Reissue reason: [ ]

Account Number	DD	SV	Nickname	Account Number	DD	SV	Nickname
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Customer Signature: _____   Customer Signature: _____

Operations Use Only: Input by: _____   Order Verified by: _____

Effective 11/30/12