

PLEASE ATTACH A CLEAN PHOTOCOPY OF EMPLOYEE'S DRIVER'S LICENSE AND /OR IDENTIFICATION.

SUNSET BANK & SAVINGS
HEALTH SAVINGS ACCOUNT SET UP FORM

CUSTOMER INFORMATION

Customer Name:
Exactly as it appears on ID
Physical Address:
City, State, Zip Code:
Home Phone #:
Social Security #:
Date of Birth:
Security Code (Keycode):
(Can be numbers or letters)

Mailing Address if different from above:

Address:

Add Agent to Acct?: Yes No (If yes, complete name, social security number and date of birth below)

Agent Name:
Exactly as it appears on ID
Date of Birth:
Social Security #:
Security Code (Keycode):
(Can be numbers or letters)

Type of HSA Plan: Individual: Family: Effective Date of Insurance:

Beneficiary Name: Relationship:

Beneficiary Social Security #:

Contingent Beneficiary Name: Relationship:

Contingent Beneficiary Social Security #:

Debit Card: Yes No

IDENTIFICATION ( MUST be Verified by A Company Official )

For CUSTOMER
Original Social Security Card Viewed?: Yes No
Photo ID Number: Drivers License or Passport or Other (Notate below)
Issuing Agency: WI DOT Other: Form of Identification:
Issue Date (If Applicable): Expiration Date:

For AGENT
Original Social Security Card Viewed?: Yes No
Photo ID Number: Drivers License or Passport or Other (Notate below)
Issuing Agency: WI DOT Other: Form of Identification:
Expiration Date: Date of Issuance (if applicable):

AKNOWLEDGEMENT

I HEREBY CERTIFY THAT I HAVE PERSONALLY LOOKED AT THE DOCUMENTS NAMED ABOVE AND THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. (MUST be completed by a Company Official)

Date Completed: By:
(Name and Title of individual completing this form)
(Name of Organization)

Please Fax this form to (262) 970-9090 Attention: Laura

VALIDATION: Penley / EFunds Completed By: Attach Penley / EFunds validation printout to this form.
(new acct rep initials)