Office Use Only – **Parent Account #:** _____ **Accounts Linked: Y / N** **Agent ID#:**_____
Date Received: _____ **Account #:** _____ **Fee Code:** _____
Date Opened: _____ **Date Funds Received:** _____ **Penley Date:** _____ **Approved: Y / N**

Home Federal Bank

HEALTH SAVINGS ACCOUNT APPLICATION

Instructions: **All fields must be completed.** For assistance, call 800-888-7283
Return this application with a check to:

Home Federal Bank, P.O. Box 190, Nampa, ID 83653

Make Checks Payable to Home Federal Bank

A. Annual Fee	$ 40.00
B. Check Order ($8.20, if requested)	$
C. Initial Contribution	$
D. Total Amount Enclosed	$

ACCOUNT OWNER INFORMATION: (Please Print Clearly)

Social Security # Date of Birth / /

First Name MI Last Name

Physical Address (Required)

City State ZIP

Mailing Address (If different than Physical Address)

City State ZIP

Home # Work #

Driver's License # State of Issuance

Mother's Maiden Name/Password

*** A COPY OF YOUR DRIVER'S LICENSE WILL BE REQUIRED FOR IDENTITY VERIFICATION PURPOSES (*or other government issued id)**

Employer Information

Name of Employer

Type of Initial Deposit – Please check one $90.00 minimum. (Make check payable to Home Federal,.)

☐ Regular – Tax Year of Contribution (Required)

☐ Rollover/Transfer Amount of rollover contribution $

In the case of a rollover from an MSA/HSA, I certify that this contribution is a rollover contribution within the meaning of Internal revenue Code Section 220, that the rollover is being made within 60 days of receipt, and this is my only rollover in the last 12 months.
For calendar year 2009, the maximum annual contribution limit for an account owner with self-only coverage under a high deductible health plan is $3,000. For calendar year 2009, the maximum annual contribution limit for an account owner with family coverage under a high deductible health plan is $5,950. These limits are subject to cost-of-living increases after 2009. Contributions to Archer MSAs or other HSAs count toward the maximum annual contribution limit to this HSA. For calendar year 2009, an additional $1,000. catch-up contribution may be made for an account owner who is at least age 55 and less than age 65.Contributions in excess of the maximum annual contribution are subject to an excise tax. However, the catch-up contributions are not subject to an excise tax..

POWER OF ATTORNEY (Optional): **I (account owner) hereby designate the individual named below as my attorney-in-fact with respect to my HSA account. My attorney-in fact will have the right, in my name, and on my behalf, to write checks on and use a check card to make withdrawals from only the account listed below**. This power of attorney shall not be affected by subsequent disability or incapacity of the account holder. For additional information, please refer to the Customer Account Agreement.

First Name MI Last Name

Social Security # Date of Birth / /

Second Debit Card Option

☐ Please issue a second Visa® check card in name and for use by my POA listed above.

BENEFICIARY (IES) DESIGNATION: (In the event of my death, I name as)
Primary Beneficiary (ies) (total of shares percents must equal 100%)

Name & Address of Individual	Date of Birth	Social Security #	Relationship		Share (%)
				□ Primary □ Contingent	
				□ Primary □ Contingent	

The above designations are subject to the Conditions of Beneficiary Designation listed below:

CONDITIONS OF BENEFICIARY DESIGNATION:

1. This designation is subject to all terms and provisions of the agreement and shall be effective only if received by the custodian prior to the death of the person executing it.
2. This designation applies to the account holder's entire interest, if any, in custodial account assets remaining undistributed at the account holder's death.
3. Each payment to be made pursuant to this designation: (a) shall be paid to the primary beneficiary or beneficiaries who are living at the time of the account holder's death, (b) if no primary beneficiary is living at the time, such payment shall be made to the secondary beneficiary or beneficiaries who are then living at the time of the account holder's death (c) if percentage shares are not filled in above, payments to joint primary or secondary beneficiaries shall be in equal shares.
4. This designation may be changed only by filing a written Change of Beneficiary Designation with the custodian.

SPOUSAL CONSENT :(For use in community property or marital property states including: AZ, CA, ID, LA, NV, NM, TX, WA, WI)
If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole primary beneficiary, your spouse must sign below. In addition, if required in your state, the form must be signed in the presence of a Notary Public. I am the spouse of the above named HSA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional. I hereby give the HSA owner any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Spouse Signature (required in community or marital property states) _____ Date _____

ACCEPTANCE OF TERMS:
By my signature below, I apply, and the institution by its signature accepts my application to establish a Health Savings Account pursuant to the terms of the Home Federal Health Savings Account Custodial Account Agreement, Customer Account Agreement and the Services Charges and Fees brochure, which are incorporated into this application by reference.

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 an account.
What this means for you: When you open an account, we will ask for your name, physical address, mailing address, date of birth, and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

X_____ **X**_____
Signature of Account Holder Date Signature of Attorney-in-Fact Date