



## NEW CUSTOMER APPLICATION

Do you know how many checks or withdrawals you will make a month? 1-5 6-10 11 or more

Do you have any automatic withdrawals? YES NO

If yes, please list as many as possible:

### IDENTIFYING INFORMATION

Customer Password:

### HSA APPLICANT ONLY

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Are you covered by a High Deductible Health Plan?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you also covered by any other health plan that is not an HDHP and that provides coverage for any benefit which is covered under the HDHP? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you enrolled in Medicare?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you eligible to be claimed as a dependent on another person's tax return?   | <input type="checkbox"/> | <input type="checkbox"/> |

*If you answered YES to question 1 and NO to questions 2 through 4, you are eligible to establish an HSA.*

*If this contribution is a qualified HSA funding distribution from your IRA, please answer the following eligibility question.*

|  |                          |                          |
|--|--------------------------|--------------------------|
| 5. Do you certify that you satisfy the requirements for depositing a qualified HSA funding distribution from your IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |

**\*\*I have applied to open an account at Citizens First Bank and certify that all information contained in this application is true and valid as of this date. I also authorize Citizens First Bank to obtain a consumer credit report and to verify the above information by contacting any party which may verify said information, including former financial institutions and employers.**

Signature of applicant

Date

For Bank Use:

Privacy Disclosure: \_\_\_\_\_ Address Verification: \_\_\_\_\_ OFAC: \_\_\_\_\_

Risk Rating: \_\_\_\_\_

Application Taken By: \_\_\_\_\_

Application Approved By: \_\_\_\_\_

Verified By: \_\_\_\_\_