

 **FIRST SOUTH**
C R E D I T U N I O N
HEALTH SAVINGS ACCOUNT APPLICATION

Member # _____ HSA # _____ TLR ID# _____

PRIMARY MEMBER:

(First name) (MI) (Last Name)

(Date of Birth) (Social Security Number)

JOINT MEMBER:

(First name) (MI) (Last Name)

(Date of Birth) (Social Security Number)

ADDRESS INFORMATION:

(Address) (City) (State) (ZIP)

(Home phone) (Work or cell phone) (E-mail address)

(Employer's name and address)

Under penalty of perjury, I certify (1) that the Social Security Number shown above on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (If you, the member, have been notified that you are subject to backup withholding due to underreporting or have not been notified by the IRS that backup withholding has been terminated, you MUST strike out section 2 of the preceding sentence.) (3) I certify that I am a U.S. citizen or resident alien. (4) I certify that I am eligible for membership based upon my residence, employment, worship or school affiliation in Fayette, Shelby, Tipton, DeSoto, Marshall, Tate & Tunica counties.

I hereby make application for membership in and agree to conform to the Bylaws or any amendments thereof in this Credit Union. Member's accounts are not transferable except as allowed by 12CFR204.2 (f)(I)(iv).

Checking Account and Health Savings Account Agreement

It is agreed that: only methods approved by FSCU may be used to withdraw funds from this checking account, (i.e. share checks, ATM, debit cards) FSCU is under no obligation to pay a check which exceeds the balance in the checking account; FSCU may, however, pay such a check and charge the amount of the resulting overdraft against any account connected to the savings account to which this is attached. FSCU is under no obligation to pay a check on which the date is more than six months old. Except for negligence, FSCU is not liable for any action it takes regarding the payment or nonpayment of a check. Any obligation respecting any item shown on a monthly statement of the checking account shall be waived unless made in writing to FSCU on or before the twentieth day following the day the statement is mailed. Non-cash payments received on shares of the checking account will be credited subject to final payment. The checking account shall be subject to service charges in accordance with the rates schedules adopted by FSCU from time to time .The use of the checking account is subject to such other terms, conditions, and requirements as FSCU may establish from time to time, and if one or more persons are on the SAVINGS/SUBSIDIARY accounts, this agreement is subject to the additional terms and conditions printed on this form. I/we consent to allow the credit union to obtain my credit report at the discretion of the credit union and without notice. Additional copies of the account agreements and disclosures are available upon request. I/we consent to opt-in for the overdraft privilege service if/when my account is eligible. This service will provide a safety net for unexpected incidents or for emergencies when the funds in my checking account are not adequate to cover transactions such as; ATM, debit, checks, and other types of debits to my account. I have reviewed and fully understand the fees associated with this program.

FIRST SOUTH CREDIT UNION is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this savings account which **INCLUDES ALL** subsidiaries and services (with the exception of IRS accounts) attached to it which may be created by **FSCU** now or in the future upon request of said member or joint member(s). The joint member(s) hereby agree with each other and with **FSCU** that all sums not paid or heretofore or hereafter paid by either or all of said joint members **ARE** and **SHALL BE OWNED** by them jointly with right

of survivorship and be subject to withdrawal or receipt of any ONE of them and payment to any one of them or their survivors shall be valid and discharge FSCU from any liability for such payment. Said member(s) also agree to conform with FSCU bylaws and amendments thereof. Any or all said joint member(s) may pledge all or any part of the monies as collateral security to a loan or loans. FSCU reserves the right to review the credit of any member at the discretion of FSCU and without notice. The undersigned acknowledges receipt of a copy of the **ACCOUNT TERMS AND CONDITIONS** and the following disclosures: **FUNDS AVAILABILITY, TRUTH IN SAVINGS, AND ELECTRONIC FUNDS TRANSFER.**

Health Savings Account Rules and Conditions

An HSA is a trust or custodial account which is created exclusively for the benefit of the HSA holder and which is generally used to pay for qualifying medical expenses. If you are eligible, contributions can be made to your HSA by you or your employer. Qualifying distributions from your HSA are tax-free.

DEFINITIONS

High Deductible Health Plan (HDHP) generally means, as defined in IRS Section 223©(2), which satisfies the following requirements regarding deductibles and expenses for Tax year 2010: The maximum amount of contributions in any one year that can be made is the lesser of: (a) \$3,050, for single coverage, or (b) \$6,150 for family coverage. Additional catch up contributions can be made for individuals who are 55 or older.

I understand the eligibility requirements for the type of HSA deposit I am making and I state that I do qualify to make the deposits and that I assume complete responsibility for determining my eligibility for an HSA account, that all contributions I make are within the limits set forth by the tax laws and that it is my responsibility that distributions requested from my HSA account are for eligible health care expenses.

SIGNATURE	SOCIAL SECURITY #	DATE OF BIRTH
Primary _____	_____	_____
Joint _____	_____	_____

DESIGNATION OF BENEFICIARY FOR SHARES (to be completed if there is no joint member)

I, _____, hereby designate _____
 residing at _____ as the beneficiary on # _____
 and as such is entitled to all shares in and relating to the account at my death.

Primary Signature: _____

Type of HSA: Member Pay Employer Pay Both Monthly Annual

Initial HSA Deposit:	Account Set Up Fee:	\$ 39.00*	
	Additional Check Card:	\$	
	Check Order (if applicable):	\$ *	(please see First South for pricing)
	Other Funds Deposited:		
	TOTAL DEPOSIT:	\$	

*Subject to change. Please see First South for current pricing.

VISA CHECK CARD ORDER: If you would like to order a check card for your HSA account, please check here:

CHECK ORDER: If you wish to order checks for your HSA Account, please check here:

The address provided above will be used for check orders.

PHOTO ID: (A CURRENT VALID DRIVER'S LICENSE, STATE ID OR OTHER VALID PHOTO ID IS REQUIRED.)

Primary member's ID:

Joint Member's ID: