



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION	
Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No.:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP	
Designate the ownership of the accounts and responsibility for the services requested.	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship <input type="checkbox"/> Joint Account without Rights of Survivorship	
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS	
<input type="checkbox"/> Payable on Death (POD)/Trust Account	
Primary Beneficiaries	
Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Contingent Beneficiaries (if only one primary beneficiary is named)	
Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
<input type="checkbox"/> UTMA (as custodian for Minors Act) (minor) under the Uniform Transfers to Minors Act Minor's SSN/TIN: _____	
<input type="checkbox"/> Agency <input type="checkbox"/> Agent only for HSA	Print Name of Agent: _____ Signature _____ Date: _____
<input type="checkbox"/> Other:	<input type="checkbox"/> See Account Authorization Card

