

Customer Information Worksheet

Please Check One: New Customer _____ Existing Customer Update* _____

Name: _____

Residential Address: _____

Mailing Address (if Different): _____

City/Town _____

State _____ Zip Code: _____ U. S Citizen: _____

If No Country of Citizenship/Residence _____

Social Security #: _____ Date of Birth: _____

Photo ID Type*** _____ Issuer: _____

ID Number _____ Issue Date: _____ Expire Date _____

Home: _____ Cell: _____ Business Phone: _____

Email address(s): _____

Occupation: _____ **Employer** _____

Keyword: _____ (for telephone identification purposes)

Has your address changed since you last opened an account with us? _____
(Fill out address change form and have customer sign)

Has your name changed since you first opened an account with Simsbury Bank? _____
(Legal document required)

Customer Signature

Date

Branch Representative Signature

Date

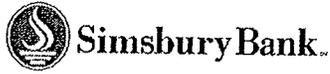
***Market Manager Approval*

Date

*If existing customer verify all information to core

**If no Photo ID available (Minor, Handicapped, etc) Market Manager must approve

Spouse



Customer Information Worksheet

Please Check One: New Customer _____ Existing Customer Update* _____

Name: _____

Residential Address: _____

Mailing Address (if Different): _____

City/Town _____

State _____ Zip Code: _____ U. S Citizen: _____

If No Country of Citizenship/Residence _____

Social Security #: _____ Date of Birth: _____

Photo ID Type*** _____ Issuer: _____

ID Number _____ Issue Date: _____ Expire Date _____

Home: _____ Cell: _____ Business Phone: _____

Email address(s): _____

Occupation: _____ Employer _____

Keyword: _____ (for telephone identification purposes)

Has your address changed since you last opened an account with us? _____
(Fill out address change form and have customer sign)

Has your name changed since you first opened an account with Simsbury Bank? _____
(Legal document required)

Customer Signature _____ *Date* _____

Branch Representative Signature _____ *Date* _____

****Market Manager Approval** _____ *Date* _____

*If existing customer verify all information to core

**If no Photo ID available (Minor, Handicapped, etc) Market Manager must approve

SIMSBURY BANK & TRUST
 981 HOPMEADOW STREET
 SIMSBURY, CT 06070

OWNERSHIP OF ACCOUNT - PERSONAL PURPOSE

INDIVIDUAL HSA
 JOINT - WITH SURVIVORSHIP (and not as tenants in common)
 JOINT - NO SURVIVORSHIP (as tenants in common)
 TRUST - SEPARATE AGREEMENT:
 REVOCABLE TRUST DESIGNATION AS DEFINED IN THIS AGREEMENT
 Name and Address of Beneficiary:

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS

TYPE OF ACCOUNT NEW EXISTING
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW HSA

This is your (check one):
 Permanent Temporary account agreement.

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

SOLE PROPRIETORSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 PARTNERSHIP

BUSINESS:
 COUNTY & STATE OF ORGANIZATION:
 AUTHORIZATION DATED:

DATE OPENED BY Joseph W. Beale

INITIAL DEPOSITS
 CASH CHECK

HOME TELEPHONE#
 BUSINESS PHONE #
 DRIVER'S LICENSE #
 E-MAIL
 EMPLOYEE I
 MOTHER'S MAIDEN NAME
 Name and address of someone who will always know your location:

BACKUP WITHHOLDING CERTIFICATIONS

TIN:
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

BACKUP WITHHOLDING - 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.

EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalty of perjury that the statements checked in this section and that I am a U.S. person (including J.S. resident alien).

X _____ (Date)

Number of signatures required for withdrawal 1
 FACSIMILE SIGNATURE(S) ALLOWED? YES NO

~~_____~~

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

Deposit Account Funds Availability Truth in Savings
 Electronic Fund Transfers Privacy Substitute Checks

(1): _____]

I.D. # _____ D.O.B. _____

(2): _____]

I.D. # _____ D.O.B. _____

(3): _____]

I.D. # _____ D.O.B. _____

(4): _____]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

_____]

I.D. # _____ D.O.B. _____

EMPLOYEE

employee

wspouse



HEALTH SAVINGS ACCOUNT APPLICATION

to be completed

HSA ACCOUNT OWNER'S NAME AND ADDRESS			HSA CUSTODIAN'S NAME, ADDRESS AND PHONE		
			SIMSBURY BANK & TRUST 981 HOPMEADOW STREET SIMSBURY, CT 06070		
Social Security Number	Home Phone	Business Phone	HSA Account Identification		
Date of Birth	E-mail Address		<input type="checkbox"/> Check here if this is an amendment to an existing HSA.		

CONTRIBUTION INFORMATION					
Contribution Date	Contribution Amount	Contribution For Tax Year	Contribution Type		
			Select One: <input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover		

to be completed

DESIGNATION OF BENEFICIARY(ies)

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my HSA.

No.	Beneficiary's Name Address and Phone Number	Date of Birth	Social Security Number	Relationship	Primary or Contingent	Share %
1.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
2.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
3.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
4.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
5.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

if needed

SPOUSAL CONSENT

This section should be reviewed if either the trust or the residence of the HSA Account Owner is located in a community or marital property state and the HSA Account Owner is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

I Am Not Married - I understand that if I become married in the future, I must complete a new HSA Designation Of Beneficiary form.

I Am Married - I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named HSA Account 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 Account 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.

(Signature of Spouse) (Date)

(Signature of Witness) (Date)

SIGNATURES

Important: Please read before signing.

I understand the eligibility requirements for the type of HSA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, the 5305-C Plan Agreement and the Disclosure Statement. I understand that the terms and conditions which apply to this HSA are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions.

I assume complete responsibility for:

- Determining that I am eligible for an HSA each year I make a contribution.
- Ensuring that all contributions I make are within the limits set forth by the tax laws.
- The tax consequences of any contributions (including rollover contributions) and distributions.

X _____ (Date)
(HSA Account Owner)

_____ (Date)
(Witness)

_____ (Date)
(Authorized Signature of Custodian)

EMPLOYEE