Welcome to Teachers Credit Union!

Opening your HSA is easy. Simply print the forms attached using the instructions below, then complete and sign all the attached forms, and mail or fax to:

Meridian Service Center
2331 N. Meridian St.
Indianapolis, IN 46208
Fax: (317) 926-3245

Accessing your HSA account is even easier. You will receive a TCU Visa Check Card to access your account. Commonly referred to as a debit card, the TCU Visa Check Card works like a check, only better. Just swipe your card, sign the receipt, and go. Funds are withdrawn directly from your HSA account. Access your account 24 hours a day, 7 days a week through our Internet Banking. You can also use our Internet Bill Payment through our TCU website to set up recurring or one time payments at your convenience. No need to buy stamps or travel to the post office. Temporary share drafts are available upon request, or you may order checks, which are available in various designs and prices.

If you have questions, feel free to call:

(317) 926-1526 ext. 5572, 5573, or 5577

Instructions to complete the New Membership Signature Card

Please do not enter information on this page, it is provided for instruction only

In the section pictured here, please complete the following on the Signature Card:

- **Name**
- **Address**
- **BDT (Birthdate)**
- **SS# (Social Security Number)**
- **Phone**
- **Mother's Maiden Name**

INDIVIDUAL MEMBER, TRUST, OR ESTATE INFORMATION

NAME _____

ADDRESS _____

BDT _____ SS# _____ PHONE _____ MOTHER'S MAIDEN

After you have read the disclosure, please sign and date the signature card.

By signing below, the undersigned also agrees to the terms and conditions of the VISA Check Card Service, and if issued or approved theThe Teachers P.E.T ATM Card and the Home Banking (TCUNET.COM) services. If at any time I begin to use any of the Teachers Credit Union electronic services I agree to comply with the terms and conditions of the applicable Service Agreements, electronic Fund Transfer and Funds Availability Policies, as amended from time to time. Teachers Credit Union reserves the right to cancel any of these services, at any time, without prior notice.

HEALTH SAVINGS ACCOUNT ENROLLMENT PACKET

tcunet.com

Here's some information about the TCU Health Savings Account

TCU's HSA Share Draft Checking:

- Provides a competitive dividend rate on all balances**
- Includes a debit card with no initial issuance cost (replacement fee may be charged); TCU debit cards earn a .5% rebate once minimums are met
- ATM access
- Use of Online Banking and Bill Payment for the purpose of managing medical expenses. No charge for this service if HSA deposits are made electronically
- Checks may be ordered (normal check printing fees will apply)
- No monthly maintenance fees

TCU's HSA Share Savings:

- Provides a competitive dividend rate on all balances**
- No monthly maintenance fees
- Use of Online Banking for the purpose of managing medical expenses. There is no charge for this service.
- This account can be accessed at a TCU Branch by the member.

*TCU will provide complete account disclosures to individual members when accounts are opened

**Rates are subject to change and dividends paid in accordance with TCU bylaws

Instructions to complete the Health Savings Account Application

Section 1 – Please complete the following:

- Name and Address
- Daytime Phone Number
- Social Security Number
- Date of Birth
- Gender
- Type of Insurance Plan (Self Only or Family) **REQUIRED**

Section 2 – You do not need to complete any information in this section

Section 3 – You may designate a beneficiary for your account.
To properly identify beneficiaries, please complete the following information:

- Percent of the account you wish the beneficiary to receive
- Beneficiary's name
- Beneficiary's social security number
- Relationship to HSA owner (i.e. spouse, child)

You may indicate Contingent Beneficiaries if you choose. If so, please include the above information.

Section 4 – Please Initial by the appropriate choice–If you are married and designate a beneficiary other than your spouse, please have your spouse and a witness sign the application.

Section 5 – Please sign the application as HSA owner.

Please complete the next page making your HSA choices

Type of HSA selected to open–Please Check this box. You do not need to complete the information in this section.

HSA Fees–If you would like to order share drafts (checks) to access your HSA account, please initial next to the line. A TCU Representative will contact you regarding this order. There will be normal check order charges if checks are ordered. If you would like to order a HSA Debit MasterCard to access your account, please initial next to the line. If you would like to order an additional card for your account for another user, please initial next to the line, and a TCU Representative will contact you.

Signatures–Sign as Account Holder

Request for Transfer

If you have a current HSA account and wish to transfer your fund to TCU, please complete the **Request for Transfer to a Health Savings Account (HSA)**; if you currently do not have an HSA, please disregard this form.

To complete transfer form:

Section 1–Complete name, address, social security number, date of birth, and phone number

Section 2–Check HSA to HSA transfer

Section 3–Complete the name of the financial institution your funds are currently with, along with address, phone number, and account number

Section 4–Choose how much of your funds you would like transferred; we will fill out part C of this section once your TCU account number has been assigned

Section 5–Sign as HSA Owner

Health Savings Account (HSA) Application

1 HSA OWNER INFORMATION

(Custodian's/Trustee's name, address, and phone number above)

NAME, ADDRESS, CITY, STATE, AND ZIP		HSA ACCOUNT (PLAN) NUMBER
		SOCIAL SECURITY NUMBER (SSN)
DAYTIME PHONE NUMBER	E-MAIL (OPTIONAL)	DATE OF BIRTH

Type of Health Insurance Plan Coverage (select one): ☐ Self-Only ☐ Family

2 CONTRIBUTION INFORMATION (See Additional Information included with the form.)

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR
	$		

CONTRIBUTION TYPE (select one):

- ☐ Regular (including Catch-Up)
- ☐ Rollover from an HSA
- ☐ Transfer from an HSA
- ☐ Contribution from an IRA
- ☐ Rollover from an Archer MSA
- ☐ Transfer from an Archer MSA
- ☐ Return of Mistaken Distribution

Original Distribution Date _____

3 DESIGNATION OF BENEFICIARY (See Additional Information included with the form.)

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all of the beneficiaries die before me, or if none are designated, my HSA assets will be paid to my estate. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

PRIMARY SHARE	CONTINGENT SHARE	NAME OF BENEFICIARY	SSN OR TIN	RELATIONSHIP TO HSA OWNER	DATE OF BIRTH	ADDRESS, CITY, STATE, AND ZIP
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
Total 100%	Total 100%					

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4 SPOUSAL CONSENT

Community or marital property state laws may require spousal consent for a nonspouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the HSA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by financial organization policy.

_____ (HSA Owner Initials) **I Am Married.** I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.

_____ (HSA Owner Initials) **I Am Not Married.** I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian/trustee has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property, including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in this Application.

Signature of Spouse _____ Date _____

Signature of Witness (if required) _____ Date _____
(Witness cannot be a beneficiary of this HSA)

5 SIGNATURES

If this HSA is being established with a regular contribution, I certify that I am covered by a qualified high deductible health plan (HDHP), and that I am not covered by a health plan other than an HDHP that provides any of the same benefits as an HDHP. I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, IRS Form 5305-C, *Health Savings Custodi Account*, or IRS Form 5305-B, *Health Savings Trust Account* and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Health Savings Custodial Account or Health Savings Trust Account, Disclosure Statement, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature of HSA Owner _____ Date _____

Signature of Custodian/Trustee _____ Date _____

ADDITIONAL INFORMATION

Purpose. The Health Savings Account Application form is designed to assist you in opening a Health Savings Account (HSA). This Application will accompany an Internal Revenue Service (IRS) Form 5305-B, *Health Savings Trust Account,* IRS Form 5305-C, *Health Savings Custodial Account,* or IRS-approved prototype and Disclosure Statement.

Additional Documents
Applicable law or policies of the HSA custodian/trustee may require additional documentation such as IRS Form W-9, *Request for Taxpayer Identification Number and Certification*.

For Additional Guidance
It is in your best interest to seek the guidance of a tax or legal professional before completing this document. For more information, refer to IRC Section 223, other relevant IRC sections, and all additional IRS guidance; IRS publications that include information about HSAs; instructions to your federal income tax return; your local IRS office; or the IRS's web site at www.irs.gov.

Terms. A general understanding of the following terms may be helpful in completing your transactions.

Account Owner. The account owner is the person who establishes the trust or custodial account. For HSA purposes, the account owner is you.

Archer Medical Savings Account (MSA). An Archer MSA is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health plan. Archer MSA assets may be rolled over or transferred to an HSA.

HSA. An HSA is a tax-exempt trust or custodial account established exclusively for the purpose of paying qualified medical expenses of you, your spouse, and your dependents.

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Member # Account #

MEMBER ELIGIBILITY

Purpose New Membership

Account Name _____ SDC # _____

Account Type - Ownership _____

Trust Dated _____

Teachers Credit Union
Application for Membership
Share Type

INDIVIDUAL MEMBER, TRUST, OR ESTATE INFORMATION

NAME _____

ADDRESS _____

BDT _____ SS# _____ PHONE _____ MOTHER'S MAIDEN NAME _____

CHEX INQUIRY _____ E-MAIL ADDRESS _____ DR LIC State _____ Number _____

JOINT APPLICANT INFORMATION

(NAMES OF JOINT APP, TRUSTEES, CUSTODIAN)	BDT	SS#	DRIVERS LICENSE State	DRIVERS LICENSE Number	CHEX INQUIRY	CB REQUEST

BENEFICIARY DESIGNATION

☐ REVOCABLE TRUST OR ☐ PAY-ON-DEATH

BENEFICIARY NAME _____ BDT _____ SS# _____

BENEFICIARYNAME _____ BDT _____ SS# _____

BENEFICIARYNAME _____ BDT _____ SS# _____

Additional Services Requested

☒ PAL/Home Banking with TCUNET.COM

☒ ATM/Debit Card ☐ Approved ☐ Denied

☐ _____

This application approved _____ by _____

Signatures

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

By signing below, I _____ certify under penalties of perjury that (1) the taxpayer identification number (TIN) shown above is my correct TIN and I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding. I certify under penalties of perjury that I am a U.S. person (including U.S. Resident Alien).

By signing below, the undersigned agree to the Credit Union by-laws and the Terms and Conditions of any approved account, as amended from time to time, and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certify that information provided on these applications is true and correct and that the terms on the application apply to all accounts held by the undersigned at this credit union. The undersigned acknowledge receipt of the Terms and Conditions applicable to each listed account and the following disclosures: Electronic fund Transfers, Funds Availability, and our Privacy Policy.

By signing below, the undersigned also agrees to the Terms and Conditions of the TCU Debit MasterCard Service, and if issued or approved theThe Teachers P.E.T.ATM Card and the Home Banking (TCUNET.COM) services. If at any time I begin to use any of the Teachers Credit Union electronic services I agree to comply with the Terms and Conditions of the applicable Service Agreements, electronic Fund Transfer and Funds Availability Policies, as amended from time to time. Teachers Credit Union reserves the right to cancel any of these services, at any time, without prior notice.

1.Member's Signature _____ Date _____

2.Signature _____ Relationship _____

3.Signature _____ Relationship _____

4.Signature _____ Relationship _____

The individual signing on line _____ is signing as:

☐ A Successor Custodian of the UTMA Account ☐ POA agreement on file

☐ Authorized Signer ☐ Parent/Guardian

☐ Other _____

HEALTH SAVINGS ACCOUNT OPTIONS

Member Number

Type of HSA selected to open:

____ TCU Health Savings Share Draft Account. A TCU Health Savings Share Draft Account will be opened for you unless you are contacted by a TCU representative. (You may only be able to open an HSA Savings account with limited services or denied a TCU account if you have charged off accounts with TCU.)

HSA Fees

Other fees may apply as disclosed to you in the Common Features (Fee Schedule). The payment of fees has no effect on your contributions. We have the right to liquidate your Health Savings Account assets or the assets of our choice to pay such fees. TCU will not be responsible for any losses or claims that may arise out of the liquidation of such assets.

Any deposits to your Health Savings Account to cover overdrafts or fees will result in additional contributions to your Health Savings Account.

Purchases made with either the HSA Debit MasterCard or share drafts will be reported by the Credit Union as "normal distributions" and should only be used for "qualified medical expenses". I understand that I am responsible for any IRS or other tax penalties.

____ I would like to order sharedrafts*

By signing below, the undersigned also agrees to the terms and conditions of the HSA Debit MasterCard Service, and if issued or approved the Teachers P.E.T. ATM Card and the Internet Banking (TCUNET.COM) services. If at any time I begin to use any of TCU's electronic services. I agree to comply with the terms and conditions of the applicable Service Agreements, Electronic Funds Transfer and Funds Availability policies, as amended from time to time. Teachers Credit Union reserves the right to cancel any of these services, at any time, without prior notice.

____ I would like to order a HSA Debit MasterCard in my name for my account.

____ I would like to order an additional HSA Debit MasterCard for an authorized user.

Important: Please read before signing

Signatures

I understand the eligibility requirements for the type of Health Savings Account deposit I am making and I state that I do, or effective the date above, qualify to make the deposit. TCU is hereby appointed to serve as custodian of my Health Savings Account. I have received a copy of the Application, Health Savings Account Custodial Account Agreement and the following disclosures: Electronic Funds Transfers, Funds Availability, and our Privacy Policy via www.tcunet.com or by contacting the Member Call Center at 1-800-442-4745. I also agree to TCU's agreements, rules and regulations, and the following disclosures applicable to this Health Savings Account and any additional accounts that I establish with TCU in the future. Within seven (7) calendar days from the date I open this Health Savings Account, I may revoke the authorization by mailing or delivering a written notice to TCU.

I hereby assume complete responsibility for:

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

_____

Account holder Signature

*Normal check fees apply ($15-$35)

NAME:_____ MEMBER NUMBER: _____

Limited Power of Attorney

I, the undersigned member of Teachers Credit Union, hereby appoint

_____

who's signature appears below, as my true and lawful Agent and Attorney in Fact, to act for and on my behalf, with respect to my Health Savings Account (HSA) at Teachers Credit Union.

I hereby grant unto my Agent and Attorney in Fact full power and authority to do and perform any and every act and thing whatsoever, regarding my HSA, as fully and to all intents and purposes as I might or could do if personally present.

I hereby authorize Teachers Credit Union to grant to my Agent and Attorney in Fact access to my HSA and agree that it shall incur no liability to anyone by so doing. Until the receipt by Teachers Credit Union of written notice of revocation of this Limited Power of Attorney or of conclusive notice of my legal incapacity, any action of Teachers Credit Union in reliance upon this Limited Power of Attorney shall be fully binding upon me, my successors or my heirs. I agree to indemnify Teachers Credit Union against any unauthorized acts of my Agent and Attorney of Fact.

IN WITNESS WHEREOF, I have hereunto set my hand this

_____ day of _____

_____ _____

Member Signature POA Signature

State of _____

County of _____

On this day of to me personally known and known to me to be the same person described in and who executed the foregoing Limited Power of Attorney, and she/he duly acknowledged to me that she/he executed the same.

_____

Notary Public
My Commission Expires:
County of Residence:

NAME: MEMBER NUMBER:

DEBIT CARD REQUEST FOR HEALTH SAVINGS ACCOUNT

I would like a second HSA Debit MasterCard issued to the Power of Attorney designated for my account, to be used for normal distributions only.

By signing this Application, I am requesting that TCU issue to my spouse or other authorized third party, as indicated, a separate HSA Debit MasterCard to allow them access to my Health Savings Account.

_____

Member Signature