



KeyBank Health Savings Accounts (HSA) Application and Adoption Agreement

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT AT KEY

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each customer who opens an account. Therefore, all new and existing customers are subject to the identity verification requirements.

When a customer opens an account with any entity within the KeyCorp family of companies, we will ask for the customer's name, address and identification number, and, in the case of an individual, his or her date of birth. For business accounts we may also obtain this information for individuals associated with the business. We may also request to see a valid driver's license or other approved identifying documents. In all cases, Key is committed to protecting the privacy and identity of each of its customers.

Bank Number: _____
(to be completed by bank employee)

Owner of Account		SSN		Date of Birth	
KeyBank National Association, HSA Custodian					
Statement Mailing Address			Legal Mailing Address (if different from statement) (No post office boxes)		
Street:			Street:		
City:		State:	Zip Code:		
City:		State:	Zip Code:		
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Nonresident Alien (W-8BEN Form plus additional documents required)					
Home Phone	Cell Phone	Employment Phone		Place of Employment	
Email Address:			Primary Identification Type		Secondary Identification Type
ID / ID # / Exp. Date / Comments					
New Account Verification					
Account Decision-Source	Verified By	Override By			
Opened By	Officer Code	Branch #	Branch Phone		

This Health Savings Account Application and Adoption Agreement ("Agreement") authorizes KeyBank National Association (the "Bank"), at its discretion, to open one or more personal deposit accounts (including checking accounts, savings accounts and certificates of deposit but excluding passbook savings accounts) upon the receipt of electronic, written or oral instructions from me (meaning the signer below) without obtaining a signature on any additional Agreement or signature card. I understand that all deposit accounts opened by me under the Plan will be owned by me in the same capacity. This Agreement is the signature card for all accounts opened under this Agreement.

I authorize the Bank at its discretion: (i) to act upon instructions from me to deposit, withdraw or transfer funds to or from any other accounts (except passbook savings) at the Bank when opening new accounts; (ii) to recognize and honor my signature on checks (if withdrawal by check is permitted) and withdrawal slips and honor any other electronic, written or oral requests for withdrawals or transfers of funds, including transfers to the Bank or to third parties and (iii) to act upon instructions from me for the transaction of any business on any accounts covered by this Agreement. I agree that the Bank may receive instructions from me via any source including: electronic communications, computer, telephone, US mail or in person at the Bank.

I understand that all accounts opened under this Agreement are subject to the Deposit Account Agreement. I acknowledge receiving a copy of the agreement, and a written disclosure of the interest rate, annual percentage yield, fees and other terms and disclosures relating to the account opened at the time the Agreement was signed.

Wireless Express Consent

By providing a telephone number for a cellular telephone, other wireless device, or a landline number that was later converted to a wireless device, you are expressly consenting to receiving communications at that number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from KeyBank National Association and its affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose. These calls and messages may incur access fees from your cellular provider.

Attention New Customer: The information you are providing to open your new KeyBank account is subject to review and verification. KeyBank reserves the right to close your account in the event we are unable to verify, to our satisfaction, the information you have provided.

Reminder: Do not write an account number on this document.

KeyBank representative send the completed and authorized document to 2163576029@fax.keybank.com. Documents that have not been signed/accepted by a KeyBank representative must be mailed to: Retirement Operations, PO BOX 91578, Cleveland, OH 44101-3578.



KeyBank Health Savings Account (HSA) Application and Adoption Agreement

DESIGNATION OF BENEFICIARY (IES)

I designate the individual(s) named below as my primary and secondary Beneficiary(ies) of this plan. I revoke all prior Beneficiary designations, if any, made by me. I understand that I may change or add Beneficiaries at any time by completing and delivering the proper form to the Custodian. A secondary Beneficiary's interest shall begin only upon the death or disclaimer of all primary beneficiaries. If any primary or secondary Beneficiary dies before me, his or her interest shall terminate completely, and the share of any remaining Beneficiary of the same class (primary or secondary respectively) shall be increased on a pro rata basis. If neither "Primary" or "Secondary" is marked on this designation form by the name of a Beneficiary, the Beneficiary will be considered to be a Primary Beneficiary. This designation applies to all accounts open under this plan, either now or in the future.

The following individual(s) shall be my Beneficiary(ies):

<input type="checkbox"/> Primary	Name: _____	Social Security No.: _____
<input type="checkbox"/> Secondary	Address: _____	Date of Birth: _____
	_____	Relationship: _____
<input type="checkbox"/> Primary	Name: _____	Social Security No.: _____
<input type="checkbox"/> Secondary	Address: _____	Date of Birth: _____
	_____	Relationship: _____
<input type="checkbox"/> Primary	Name: _____	Social Security No.: _____
<input type="checkbox"/> Secondary	Address: _____	Date of Birth: _____
	_____	Relationship: _____

SPOUSAL CONSENT

Subject to your state's community or marital property laws, if applicable.

I am the spouse of the Health Savings Account holder. I agree to my spouse's designation of a primary beneficiary other than myself. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I also acknowledge that I have no claim whatsoever against KeyBank National Association or its affiliates, officers, directors, employees or agents (collectively, "KeyBank"), for any payment made to my spouse's named Beneficiary(ies). I further acknowledge that no tax or legal advice was given to me by KeyBank.

Account Holder's Spouse Signature _____	Date: _____
Witness Signature: _____	Date: _____

PLAN CERTIFICATIONS AND SIGNATURE

Important: Please read before signing.

I hereby adopt the Health Savings Account Plan referenced above and appoint KeyBank as Custodian. I certify that I have received a copy of the applicable KeyBank Health Savings Account Custodial Agreement and any accompanying disclosures. I understand the terms and conditions that apply to this HSA are contained in the Custodial Agreement and disclosure. I agree to be bound by those terms and conditions.

I assume complete responsibility for the tax consequences of any contribution (including rollover contributions) and distributions. I further certify that I am responsible for:

- 1) Determining my eligibility to establish this HSA.
- 2) Determining that all contributions to my HSA met the requirements of the Internal Revenue Code governing such contributions.
- 3) Determining whether any payments from the HSA are used for qualified medical expenses.

I release, indemnify and hold KeyBank harmless from any and all liabilities, damages, costs, expenses, taxes, penalties or other claims which it may incur for relying on this certification in accepting this account.

I understand the following tax certification applies to all accounts opened under this Agreement:

Certification of Taxpayer Identification Number

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct (codes apply only to certain entities, not individuals).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you are a foreign person, cross out the above Certification section and U.S. Person on the line next to your signature below. Complete the appropriate IRS Form W-8BEN.

Instructions to IRS Form W-9 Request for Taxpayer Identification Number are provided upon request.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of U.S. Person _____	Date: _____
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ACCEPTANCE BY KEYBANK

The plan shall be deemed to have been accepted by KeyBank upon receipt of all necessary forms, properly completed.

Authorized KeyBank Signature _____	BRANCH #/RACFID _____	Date: _____
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KeyBank representative send the completed and authorized document to 2163576029@fax.keybank.com. Documents that have not been signed/accepted by a KeyBank representative must be mailed to: Retirement Operations, PO BOX 91578, Cleveland, OH 44101-3578

Health Savings Account (HSA) ASQ Form

The "Health Savings Account (HSA) ASQ Form" is intended to be completed by you, the client, to facilitate the opening of the HSA at your place of employment. This information, in addition to other account opening documentation, is collected by a Key sales professional and used to process the opening of the account.

Please note that certain responses may result in the account opening process to stop. In the event you respond to a question that results in a stop, it does not necessarily mean that the account cannot be opened. It does mean that you will need to go to your local Key branch to open the HSA. Detail regarding any stop/s through this process can be found within the paper form.

*** Note: All fields are required.**

Client Name and Identification	
First:	Middle:
Last:	
Date of Birth:	
SSN:	

Citizenship	
Are you a United States citizen?	
YES	NO



Stop – Please note that if you are not a United States citizen, you may not proceed with the HSA opening through your place of employment. At this time, Key must obtain additional information from you. In order to facilitate the capture of that additional information, we ask that you go to a Key branch to open the account.

Permanent Residency	
Is your permanent residency in the United States?	
YES	NO



Stop – Please note that if you do not have permanent residence in the United States, you may not proceed with the HSA opening through your place of employment. At this time, Key must obtain additional information from you. In order to facilitate the capture of that additional information, we ask that you go to a Key branch to open the account.

Health Savings Account (HSA) ASQ Form

Expected Activity – Funds Transfers

Will any funds transfers be going to or coming from international location(s)?	
YES	NO



Stop – Please note that if you will have funds transfers going to or coming from international locations, you may not proceed with the HSA opening through your place of employment. At this time, Key must obtain additional information from you. In order to facilitate the capture of that additional information, we ask that you go to a Key branch to open the account.

Client Signature: _____ **Date:** _____

** BANK USE ONLY ** EMPLOYEE STATEMENT **

Employee completing this form – By signing this form I state that I have reviewed this form for completeness and have noted relevant additional comments in the section below:

___ Responses indicate a "STOP" as outlined in the "STOPS" section

___ Responses indicate that the account(s) may be opened

Employee Signature: _____ **Date:** _____

Additional Comments: _____



Key Bank HSA – Debit Card request

HSA Account Owner Information

Company Name _____

Employee's Full Name _____

Choose the type of HSA Debit Card you are requesting:

HSA Unlimited _____ HSA Limited _____

HSA Authorized User Information

Please note: To add an authorized user and order additional HSA debit card, the following required information will need to be provided for the individual who will be given access.

Citizenship

Are you a United States citizen?

YES

NO

Permanent Residency

Is your permanent residency in the United States?

YES

NO

Authorized users must be a U.S. Citizen and permanently reside in the U.S. to order a debit card through the HSA Account opening tool

Name	
Address (if different than account owner)	
Social Security #	
Date of Birth	
Primary ID (type)	
ID #	
State of Issuance	
Expiration Date	

Choose the type of HSA Debit Card you are requesting:

HSA Unlimited _____ HSA Limited _____

To order additional HSA Debit Cards, visit your local KeyBank branch or contact HSA Client Services by calling 1-888-KEY-2020, Option 2.

KeyBank

HEALTH SAVINGS ACCOUNTS

Employee Authorization

to provide my employer with my
Health Saving Account number

EMPLOYER NAME: _____

GROUP NUMBER: _____

Upon establishment of my Health Savings Account with the group number indicated above, I authorize KeyBank National Association to release to my employer my health savings account number and the date on which my health savings account was established for the purpose of establishing electronic fund transfer services. This Authorization shall be considered as continuing for thirty days after my account was established and will cease after that date.

Employee Signature: _____

Print Name: _____

Date: _____

HEALTH SAVINGS ACCOUNT INFORMATION (to be completed by KeyBank)

KeyBank Routing Number: _____

KeyBank Account Number: _____

Date Account Opened: _____