

LS LAKE SHORE BANK

Consumer and HSA Debit Card Application

Branch 211 Date -20

Customer Name _____

Address _____

City, State, Zip Code _____

Type of Card Requested

540317 Debit Card Checking Account Number _____

519492 HSA Card HSA Account Number _____

Type Of Card Order

New Order (new card number is issued) Reorder (same card number is reissued)

Reason for the Order New Account

Replacement Fee Collected at Branch? Yes No If no, provide reason: New Account

Customer Overdraft Services Form on File for Debit Card? Yes No

(Debit and HSA Card PIN can be selected at time of card activation through the IVR System 1-800-992-3808)

I have reviewed the DEBIT card application and agree that the above information is correct:

Customer Signature _____ Date _____

For Internal Use Only:

CENTRAL ISSUANCE VIA INSIGHT

INSTANT ISSUE

Last Four of Card Number _____ Agreement Number _____

Branch Where the Card was Issued / Ordered Snyder

Card Ordered By _____ Date _____

D004401

SPOUSAL CONSENT

HSA owners who reside in or whose HSA is located in a community or marital property state should review this section.

This section may have important tax consequences to you and your spouse. It is your responsibility to determine whether spousal consent is necessary and therefore you should seek the guidance of a tax or legal professional prior to completing.

I Am Not Married – I understand that if I become married in the future, I must complete a new beneficiary designation form that includes the spousal consent provisions.

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

Consent of Spouse. By signing below, I acknowledge that I am the spouse of the HSA owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I understand that with my consent I transfer my community property interest in this HSA to my spouse as his or her separate property. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee/Custodian has not provided me any legal or tax advice.

Signature of Spouse X _____ Date _____
Witness X _____ Date _____

AUTHORIZED SIGNER

To permit someone else (such as your spouse) to authorize payments from your HSA (e.g., to write checks or use a debit card, if applicable), complete the information below and have the person designated as the Authorized Signer sign the "Acknowledgment" section at bottom. When Nondurable is checked, the authority of the Authorized Signer ends at your incapacity or disability.

Durable Nondurable

Name: _____ Relationship: _____
Date of Birth: _____ Tax ID Number: _____
Address: _____

HSA AUTHORIZED SIGNER ACKNOWLEDGMENT AND AGREEMENT:

Account Owner Statement: By signing below, you acknowledge and agree that you understand the statements above and have designated the named individual as Authorized Signer on this HSA.

Signature of HSA Owner X _____
Date _____

Authorized Signer Statement: As an Authorized Signer, you understand that you are not the account owner. You agree to immediately notify this financial institution in writing of the account owner's death. You acknowledge and agree that you shall not use this account after the owner's death.

Signature of Authorized Signer X _____
Date _____

ACKNOWLEDGMENT

By signing this *HSA Application*, I certify that the information I have provided is true, correct, and complete, and the Trustee/Custodian may rely on what I have provided. In addition, I have read and received copies of this HSA Application, the applicable IRS Form 5305, and the Disclosure Statement, including the applicable fee schedule, for this HSA. I agree to be bound to their terms and conditions.

I understand that the Trustee/Custodian has no duty or responsibility to determine whether my HDHP complies with the requirements of Section 223 of the Internal Revenue Code nor to determine or validate whether distributions I take from my HSA are used to pay for qualifying medical expenses. I assume all responsibilities for the HSA transactions I conduct, and I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as prior year contributions, I understand the contributions will be credited for the prior tax year. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Signature Of HSA Owner X _____
Date _____

Signature Of Authorized Signer X _____
Date _____

Signature of HSA Trustee/
Custodian Representative X **Leonard S. Rollo** _____
Date _____

DEFINITIONS. The terms "I", "we", "me", and "my" refer to the IRA/ESA/HSA Account Owner and any authorized individual identified on this document for the plan.

CHECKS AND DEBIT CARD ISSUANCE. (HSA accounts only) I understand that I may receive checks and/or a debit card for my Health Savings Account (HSA), and that these payment tools are intended to be used by me, the HSA owner, and any authorized signer (optional) on the HSA to pay for qualifying medical expenses. I am also responsible for understanding the distribution rules and that such amounts will be reported to the Internal Revenue Service as "normal" distributions at the end of the year. I am aware that I should not use the checks or debit card for any payments that are not qualified medical expenses. I understand any distributions taken or used incorrectly may be subject to taxes and penalties, and I assume full responsibility for my actions.

ADDITIONAL TERMS

HSA AUTHORIZED SIGNER ACKNOWLEDGMENT AND AGREEMENT:

Account Owner Statement: By signing below, you acknowledge and agree that you understand the statements above and have designated the named individual as Authorized Signer on this HSA.

Signature of HSA Owner

X _____
Date

Authorized Signer Statement: As an Authorized Signer, you understand that you are not the account owner. You agree to immediately notify this financial institution in writing of the account owner's death. You acknowledge and agree that you shall not use this account after the owner's death.

Signature of Authorized Signer

X _____
Date

ACKNOWLEDGMENT

By signing this document, I acknowledge that I have opened the type of account designated above. My signature acknowledges the receipt of the IRA/ESA/HSA Account Agreement and I agreed to be bound by the IRA/ESA/HSA Account Agreement. I acknowledge receipt of a copy of this institution's Privacy Policy, if one was not previously provided to me. I also acknowledge receipt, when applicable, of this institution's Truth In Savings, Funds Availability Policy, Electronic Fund Transfer, and/or the Substitute Check Policy Disclosure. I authorize this institution, in its sole discretion, to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

Signature of Account Owner:

Signature of HSA Authorized Signer/ESA Responsible Individual:

X _____
Date

X _____
Date

Signature of ESA Depositor:

X _____
Date

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (*NOTICE: If you are subject to backup withholding, cross out this line*), and
3. I am a U.S. citizen or other U.S. person.

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

X _____
SIGNATURE Date

Taxpayer Identification Number:

FOR INSTITUTION USE