



U1 Health Savings Account Application

Federal Law requires Universal 1 Credit Union to obtain, verify and record identity. When opening an account, you will be asked for information that confirms identity such as a copy of your driver's license or other federal or state government ID. Thank you in advance for your cooperation.

Owner Information

First Name	MI	Last Name	Account #	SSN

Street Address	City	State	Zip

Home Phone	Work Phone	Email

Employer Name	Address	City	State	Zip

Job Title	How long have you been with this employer?

Health Insurance Coverage Single Family Form Purpose New HSA Changes to existing HSA
 Issue me an HSA Debit Card Yes No

Membership Application *(Complete if you are not a U1 member)*

ID Type (License, etc.)	ID #	Issuing State	Issue Date	Expiration Date	Birthdate

Certification Instructions. Check the box for item 2 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 is completed, your signature does not serve to certify this section. Exempt Codes

TIN Certification and Backup Withholding Information - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (TIN) or I am waiting for a number to be issued, 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, and
- (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; estate (other than foreign); or domestic trust (defined in Regulations Section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Primary Beneficiary Designation

- I designate that upon my death, the assets in this account be paid to the beneficiary named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. I understand that additional beneficiaries may be added, and I should contact U1 Member Support to do so.
- I elect not to designate beneficiaries and understand I may designate at a later date. If none are named, my estate will be my beneficiary.

Name	Birthdate	Relationship	Tax ID (SSN/TIN)

Street Address	City	State	Zip

