

HEALTH & BENEFIT ACCOUNTS

Health Savings Account identity verification form

Instructions: The U.S. Patriot Act law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. You may be asked to provide additional information to help us verify your identity.

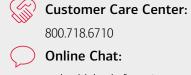
Please submit the completed form and copies of necessary documentation to:

Bank of America c/o Health Account Services PO Box 2203 Fargo, ND 58108

Secure fax: 844.590.0919

you 24 hours a day, 7 days a week.

We're here to help



myhealth.bankofamerica.com

All fields are required.

Step 1: Customer information

Employer name (If sponsored by an employer plan)		Customer name (First, middle initial, last)			
Birth date (MM/DD/YYYY)	Social Security number		Day telephone nu	Day telephone number	
Street address			Email address		
City		Sta	ate	Zip code	

Step 2: Valid identification documentation

Below is a list of the types of documents you can submit based on the category of information requested per the notification you received. You only need to provide one document for each item needing verification. **The documentation you submit must match the information on file for your account.** For example, if you use your driver's license to validate your address, the address on your driver's license must match the information on your account.

We were unable to verify:	Acceptable forms of documentation:		
Name	 Social Security card ITIN card U.S. passport Birth certificate Marriage certificate 	 Divorce decree Legal name change certificate State identification Driver's license Current phone/utility bill with current address 	
Social Security number	Social Security cardITIN Card	• Military ID (only if it shows the SSN)	
Address	 Driver's license State Identification Current phone/utility bill with current address Current bank statement with current address 	 IRA or 401K statement Auto/home/health insurance statement Mortgage statement/rental lease 	
Date of birth	Driver's licenseU.S. passport	Birth certificateState identification	

This Health Savings Account (HSA) is a custody account with Bank of America serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement and Cardholder Agreement. Bank of America deposit products that are held in the HSA are FDIC insured, subject to FDIC insurance limits.