

FIRST SECURITY BANK  
NEW CUSTOMER INFORMATION – HEALTH SAVINGS ACCOUNT



**WELCOME!**

**Account Owner**

Legal Name: \_\_\_\_\_ Debit Card for owner  
Mailing Address: \_\_\_\_\_  Yes  No  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_

Please provide us with a front-side copy of your current and legal photo ID (such as a state driver's license, state ID card, military ID, or your passport) to complete this request.

**Account Set-Up**

Please select your HSA plan type:  Self Only Plan  Family Plan  
Which branch is most convenient for signer your HSA documents?  
 Four Corners Branch  Cottonwood Branch  Main Office  
33 Ice Center Lane, Bozeman 642 Cottonwood Rd Bozeman 208 E Main St, Bozeman  
 S 19<sup>th</sup> Branch  Belgrade Branch  
670 South 19<sup>th</sup>, Bozeman 511 West Main St, Belgrade

**Account Convenience**

First Security Bank offers additional services to simplify your Health Savings Account.

Check Order:  Yes  No  
*(A bank employee will take your check order when you sign the HAS documents. Please bring a method of payment for check orders as the cost is not a qualified medical expense and can not be withdrawn from your HSA.)*

FREE Online Banking  Yes  No  
FREE Bill Pay  Yes  No  
FREE Electronic Statements  Yes  No

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**Authorized Signer**

Legal Name:	_____	Debit Card for owner
Mailing Address:	_____	<input type="radio"/> Yes <input type="radio"/> No
	City: _____ State: _____ Zip: _____	
Physical Address:	_____	
	City: _____ State: _____ Zip: _____	
Social Security #:	_____	
Home Phone:	_____	
Cell Phone:	_____	
Birth Date:	_____	
Employer:	_____	
Occupation:	_____	
Email:	_____	

Please provide us with a front-side copy of your current and legal photo ID (such as a state driver's license, state ID card, military ID, or your passport) to complete this request.

**Authorized Signer**

Legal Name:	_____	Debit Card for owner
Mailing Address:	_____	<input type="radio"/> Yes <input type="radio"/> No
	City: _____ State: _____ Zip: _____	
Physical Address:	_____	
	City: _____ State: _____ Zip: _____	
Social Security #:	_____	
Home Phone:	_____	
Cell Phone:	_____	
Birth Date:	_____	
Employer:	_____	
Occupation:	_____	
Email:	_____	

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**Primary Beneficiaries**

Legal Name:	_____
Relationship:	_____
Social Security #:	_____
Beneficiary Percentage:	_____
<i>(If choosing more than 1 Primary Beneficiary, percentages must total 100% between all Primary Beneficiaries.)</i>	
Legal Name:	_____
Relationship:	_____
Social Security #:	_____
Beneficiary Percentage:	_____
Legal Name:	_____
Relationship:	_____
Social Security #:	_____
Beneficiary Percentage:	_____

**Contingent Beneficiaries**

Legal Name:	_____
Relationship:	_____
Social Security #:	_____
Beneficiary Percentage:	_____
<i>(If choosing more than 1 Contingent Beneficiary, percentages must total 100% between all Contingent Beneficiaries.)</i>	
Legal Name:	_____
Relationship:	_____
Social Security #:	_____
Beneficiary Percentage:	_____
Legal Name:	_____
Relationship:	_____
Social Security #:	_____
Beneficiary Percentage:	_____