

HSA Account Opening Disclosure Form
Ashland Credit Union - P.O. Box 391 - Ashland, Kentucky 41105

A Health Savings Account (HSA) is a tax-exempt savings account established exclusively for the purpose of paying qualified medical expenses of the account owner and dependents. To open your HSA, please

1. Review and familiarize yourself with the HSA Custodial Account Agreement and Disclosure Statement,
2. complete this form,
3. complete the HSA Application, and
4. complete the HSA Eligibility and Information Form.

Return these forms to the Credit Union at the address above.

Initial contribution: I want to open an HSA with an initial contribution of \$_____.
(The minimum initial contribution is \$50.00)

Set-up fee: A one-time \$15.00 account set-up is due with your application unless you have or open a Credit Union checking account.

I have a Credit Union checking account so my fee is waived.

I want to open a Credit Union checking account. Please send me the required information. If for any reason my checking account is not open within 30 days, this fee will still be charged.

I will pay the \$15.00 account set-up fee.

I am an Ashland employee so any applicable fee will be paid by Ashland Inc.

Account funding options:

A check payable to Ashland Credit Union for my initial contribution and set-up (*if Applicable*) is attached, or

Deduct my initial contribution and \$15.00 set-up fee (*if applicable*) from my Credit Union:

Regular Share Account Money Market Account Checking Account

Future contributions: Please deduct \$_____ from my payroll check each pay period and deposit it into my HSA until notified otherwise. I understand it is my responsibility to determine the amount I am legally allowed to contribute to this account annually.

Authorized Signature _____ Date _____

Print Name _____ Member Number _____

All the terms, conditions, form of account ownership, account selection and other information indicated on this form apply only to the Health Savings Account (HSA) unless the Ashland Credit Union is notified in writing of a change.

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable and to any amendment the Ashland Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the HSA Agreement and Disclosure Statement applicable to the account and services requested herein. If an access card or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

Authorized Signature _____ Date _____