



**Security First Bank**<sup>®</sup>  
**OF NORTH DAKOTA**

**(701) 222-4444 Highway 83 North 3000 North 14<sup>th</sup> St PO Box 4250 Bismarck, ND 58502**

Welcome to Security First Bank of North Dakota! We appreciate the opportunity to work with you and look forward to helping you open your Health Savings Account.

Enclosed in this packet, you will find the following documents:

**New Customer Account Application:** Under the *USA PATRIOT Act*, we are required to collect certain pieces of information for every new customer in order to verify his/her identity. Please complete this entire form, with the exception of the "Bank Use Only" section, making sure to sign and date at the bottom.

**Health Savings Account Setup Form:** This form will provide us with the information we need to open your Health Savings Account. Please complete this entire form. While a Health Savings Account can only have one owner, it can have additional signers. Thus, if you would like your spouse, child, etc. to be able to access the funds in your Health Savings Account by writing checks or using a debit card, please include his/her information as well. If you wish to have beneficiaries on your account, please complete the beneficiary portion(s) as well. Please note that beneficiaries will only have access to these funds upon your death.

**Debit Cards & Check Blanks:** In order to access the funds in your account, *you will need to indicate on the aforementioned Health Savings Account Setup Form if you would like a debit card and/or check blanks*. There is no cost for a debit card. Each signer will have his/her own card. If you would like check blanks, please indicate if you would like Singles or Duplicates (with carbon copies). The cost to order checks is \$16.60 for 120 Single checks or \$19.69 for 120 Duplicate checks. If you do not want a full pack, we have a smaller option for \$8.57 for 40 Single checks or \$10.38 for 48 Duplicate checks. The cost will be automatically deducted from your Health Savings Account and properly coded as a non-medical expense.

**Driver's License:** As mentioned above, the *USA PATRIOT Act* requires us to verify your identity. In order for us to do so, we will need you to include a clear and legible copy of your driver's license, as well as the driver's license of anyone you authorize as a signer on your account. Please note, we do NOT need a driver's license copy for beneficiaries.

If you have any questions at all, please do not hesitate to contact Brittany Henke at 701-222-4444 or JD Bubel at 701-355-5993. We truly appreciate your business!

Sincerely,

Security First Bank of North Dakota





### CUSTOMER APPLICATION

#### Section A - All Applicants

Important Information about Procedures for Opening a New Account: To help the US Government fight the funding of terrorism and money laundering activities, Federal 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, SSN and other information that will allow us to identify you. We will ask to see a government issued photo ID or other identifying documents.

Customer Type:  Individual/Owner [Sections A - B, D, H - K]  Business/Entity [Sections A, C, E - K]  Signer [Sections A - B, D, H - K]
 Individual/Sole Proprietor + DBA [Sections A - E, H - K]
Customer Status:  Existing  New Account Status:  Existing  New

Customer Name: \_\_\_\_\_
SSN / Tax ID / EIN: \_\_\_\_\_ Email: \_\_\_\_\_
Physical Address: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
Will this account be engaged in marijuana-related business activity?  Yes  No
Will this account be engaged in illegal or online gambling?  Yes  No

#### Section B - Individual/Owner & Signer Customers only

Date of Birth: \_\_\_\_\_ Minor:  Yes  No
US Citizen:  Yes  No Self-Employed:  Yes  No
Employer Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_
Employer Address: \_\_\_\_\_
DBA Name: \_\_\_\_\_ DBA Tax ID: \_\_\_\_\_

I hereby apply to Security First Bank of North Dakota to open a new account or to add me as a new owner/signer on an existing account. If I am applying to be an account owner, I authorize Security First Bank of North Dakota to request a credit report on me. I certify that all information provided above is true and accurate. I understand that under the USA PATRIOT Act, this financial institution is obligated to verify the identity of each customer opening a new account, or each new owner/signer being added to an existing account, and I understand and agree that if the institution is not able to verify the identity of all of the owners and signers of this account within a reasonable time, it may close this account or any other accounts that are opened at any time, at its sole discretion without providing advance notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section C - Business/Entity/DBA Customers only

Nature of Business: \_\_\_\_\_
Is the Business/Entity registered with the Secretary of State and in Active and Good Standing?  Yes  No
Types of Deposits/Withdrawals typically made (✓all that apply):  Cash  Checks  ACH  Wires  NA
Anticipated monthly amount of CASH Deposits:  \$0-5,000  \$5,001-10,000  \$10,001+  NA
Business has or will have a Privately Owned ATM?  Yes  No (complete Privately Owned ATM Risk Assessment if Yes)
Account(s) are or will be used to deposit ATM funds?  Yes  No (additional fees and approval apply if Yes)



## Health Savings Account Setup Form

|                            |  |
|----------------------------|--|
| Applicant Name:            |  |
| Address:                   |  |
| City, St Zip:              |  |
| SSN:                       |  |
| DOB:                       |  |
| Married or Single:         |  |
| Debit Card: Y or N         |  |
| Checks: Y or N             |  |
| Single or Family Coverage: |  |
| Effective Insurance Date:  |  |

### Additional Signer #1

|               |  |
|---------------|--|
| Name:         |  |
| Address:      |  |
| City, St Zip: |  |
| SSN:          |  |
| DOB:          |  |

### Additional Signer #2

|               |  |
|---------------|--|
| Name:         |  |
| Address:      |  |
| City, St Zip: |  |
| SSN:          |  |
| DOB:          |  |

**Beneficiary #1**

|                        |  |
|------------------------|--|
| Name:                  |  |
| Address:               |  |
| City, St Zip:          |  |
| SSN:                   |  |
| DOB:                   |  |
| Relationship:          |  |
| Primary or Contingent: |  |
| Percentage:            |  |

**Beneficiary #2**

|                        |  |
|------------------------|--|
| Name:                  |  |
| Address:               |  |
| City, St Zip:          |  |
| SSN:                   |  |
| DOB:                   |  |
| Relationship:          |  |
| Primary or Contingent: |  |
| Percentage:            |  |

**\*If more than two beneficiaries, please provide the additional beneficiary information below or by attachment.**

**\*\*\*Health Savings Accounts can only have one owner; however, the owner can add whomever as a signer. The signer can be issued a debit card in his or her own name and can also sign checks.**