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Name:

Address:

(Physical address nŒO Box)

Date of Birth:

Social Security Number:

Driver's License#:

State of Issuance:

Issue Date:

Expiration Date:

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Primary Phone Number:

Marital Status:  Married  Single

Occupation:

Insurance Plan Type:  Individual  Family

Are you transferring your current HS A Plan to Lake Shore Savings?  Yes  No

If yes from where:

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Yes, I would like a HSA Debit Card issued to me

No, I do not want an HSA Debit Card

No, I do not want Checks

No, I do not want a Beneficiary

Social Security Number:

Date of Birth:

Relationship to HSA owner:

(if more than one Beneficiary is designated, please write additional Beneficiaries information on the back of this form)

Yes, I would like a Spousal

Authorized Signer

No, I do not want an Authorized Signer

If yes, how

No (  E  S  Z

Z

Yes

Spousal/Authorized Signer Name:

Address:

Social Security #:

Date of Birth:

Phone Number:

Yes, I want an HSA Debit Card issued to my authorized signer

No, I do not want an HSA Debit Card issued to my authorized signer

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Signature of HSA Owner