

LS Lake Shore Savings
Putting People First.

HSA CUSTOMER VERIFICATION

NAME:

First Middle Last

MAILING ADDRESS:
(Physical address needed)

DATE OF BIRTH:

SOCIAL SECURITY #:

DRIVER'S

LICENSE NUMBER:

STATE OF ISSUANCE:

ISSUE DATE:

EXPIRATION DATE:

PHONE NUMBER:

() _____

MARITAL STATUS:

SINGLE _____ MARRIED _____

EMAIL ADDRESS:

EMPLOYER AND OCCUPATION:

PLAN TYPE:

INDIVIDUAL _____ FAMILY _____

BENEFICIARY

NAME:

ADDRESS:

SOCIAL SECURITY:

DATE OF BIRTH:

(SIGNATURE OF HSA OWNER)

REQUEST FOR HSA DEBIT CARD

HSA Account # _____

Employee requesting card _____ Branch # 001 Date _____

Number of Debit Cards requested 1 or 2 (family plan only)

Name _____
(First) (Middle initial) (Last)

Address _____

City, State ZIP _____

Phone _____

Date of Birth _____

Social Security Number _____

**PIN# will be randomly generated and
mailed to the customer under separate cover**

*I have reviewed the HSA Debit card request and agree that the above information
is correct:* _____

Customer Signature (Required to process the order)

Is this a:

New HSA Account Card Order _____

Reorder _____ Reason _____

Fee for reorder collected @ Branch: Yes _____ No _____

If reorder, old card number _____

New card number (to be used by person entering order on Card Mgmt. system)

5194 92 _____

Comments or other order / mailing instructions _____

SPOUSAL CONSENT

HSA owners who reside in or whose HSA Trust/Custodial Account is located in a community or marital property state should review this section.

This section may have important tax consequences to you and your spouse. It is your responsibility to determine whether spousal consent is necessary and therefore you should seek the guidance of a tax or legal professional prior to completing.

I Am Not Married – I understand that if I become married in the future, I must complete a new beneficiary designation form that includes the spousal consent provisions.

I Am Married – I understand that if I designate a primary beneficiary other than my spouse, my spouse must sign below.

Consent of Spouse. By signing below, I acknowledge that I am the spouse of the HSA owner and agree with and consent to my spouse's designation of a Primary beneficiary other than, or in addition to, me. I understand that with my consent I transfer my community property interest in this HSA to my spouse as his or her separate property. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee/Custodian has not provided me any legal or tax advice.

Signature of Spouse _____ Date _____
Witness _____ Date _____

AUTHORIZED SIGNER

To permit someone else (such as your spouse) to authorize payments from your HSA (e.g., to write checks or use a debit card, if applicable), complete the information below and have the additional authorized person sign the "Acknowledgement" section at bottom. When Nondurable is checked, the authority of the Authorized Signer ends at your incapacity or disability.

Durable Nondurable

Name: _____ Relationship: _____
Date of Birth: _____ Tax ID Number: _____
Address: _____

HSA AUTHORIZED SIGNER ACKNOWLEDGEMENT AND AGREEMENT:
Account Owner Statement: By signing below, you acknowledge and agree that you understand the statements above and have designated the named individual as Authorized Signer on this HSA.

Signature of HSA Owner _____ Date _____

Authorized Signer Statement: As an Authorized Signer, you understand that you are not the account owner. You agree to immediately notify this financial institution in writing of the account owner's death. You acknowledge and agree that you shall not use this account after the owner's death.

Signature of Authorized Signer _____ Date _____

ACKNOWLEDGMENT
 By signing this HSA Application, I certify that the information I have provided is true, correct, and complete, and the Trustee/Custodian may rely on what I have provided. In addition, I have read and received copies of this HSA Application, the applicable IRS Form 5305, and the Disclosure Statement, including the applicable fee schedule, for this HSA. I agree to be bound to their terms and conditions. I understand that the Trustee/Custodian has no duty or responsibility to determine whether my HDHP complies with the requirements of Section 223 of the Internal Revenue Code nor to determine or validate whether distributions I take from my HSA are used to pay for qualifying medical expenses. I assume all responsibilities for the HSA transactions I conduct, and I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as prior year contributions, I understand the contributions will be credited for the prior tax year. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Signature Of HSA Owner _____ Date _____

Signature Of Authorized Signer _____ Date _____

Signature of HSA Trustee/Custodian Representative _____ Date _____

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C= C corporation, S= S corporation, P= Partnership) ▶ _____ <i>Note:</i> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the U.S.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>

Requester's name and address (optional)
 Lake Shore Savings Bank
 PO BOX 512, 128 East Fourth Street
 DUNKIRK, NY 14048-0000
 (716)366-4070

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

	Social security number
	OR
	Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.

What we do

How does Lake Shore Savings Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate.
How does Lake Shore Savings Bank collect my personal information?	We collect your personal information, for example, when you - Open an account or Apply for a loan - Give us your contact information or Pay us by check - Give us your wage statements We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only - sharing for affiliates' everyday business purposes—information about your creditworthiness - affiliates from using your information to market to you - sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. - <i>Lake Shore Savings Bank does not share with our affiliates.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. - <i>Lake Shore Savings Bank does not share with nonaffiliates so they can market to you.</i>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. - <i>Lake Shore Savings Bank doesn't jointly market.</i>

Other important information

ACKNOWLEDGMENT. I have received the Privacy Disclosure provided to me by this institution on the date signed below. I acknowledge that I have read and understood the Disclosure.

X

Signature _____

Date _____

HEALTH SAVINGS ACCOUNT (HSA) ACCOUNT INFORMATION

EMPLOYEE IDENTIFICATION NUMBER

1	0	0	0	0					
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LAST NAME

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FIRST NAME

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PHONE NUMBER

			-				-				
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BANK NAME

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ROUTING NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AMOUNT DEPOSITED PER PAY \$ _____

ACCOUNT MAINTENANCE REQUESTED:

- NEW ACCOUNT REQUEST (CAN ONLY BE DONE AT OPEN ENROLLMENT)
- UPDATE DEPOSIT REQUEST – EFFECTIVE FOR PAY DATE _____
- CANCEL DEPOSIT REQUEST

SIGNATURE: _____

DATE: _____