

# INSTRUCTIONS FOR OPENING A Health Savings Custodial Account

**Complete all REQUIRED and applicable OPTIONAL items, type or print legibly.**

**Note: Mainstar Trust will not setup new accounts if required information is not provided.**

Review the Health Savings Custodial Account Agreement including Disclosures. Required

Pay: Setup Fee \$25.00 & \$150.00 Annual Account Fee – Check payable to Mainstar Trust Required

**Note: Fees are not pro-rated**

Complete and return the Health Savings Account Application (3 pages). Required

Section 1 Accountholder Information

<b>Name &amp; Address</b>	<b>Required</b>	Home Phone Number	<b>Optional</b>
<b>Social Security Number</b>	<b>Required</b>	<b>Daytime Phone Number</b>	<b>Required</b>
<b>Date of Birth</b>	<b>Required</b>	Fax Number	Optional
<b>E-Mail Address (for electronic statements)</b>	<b>Required</b>		

A physical address (not PO Box) is required to open an account. If a different address is to be used for mailings, please attach the mailing address on a separate sheet of paper.

Section 2 Custodian Information: INTERNAL USE ONLY

Section 3 Contribution Information

Check the box of the type of contribution that will fund your account	<b>Optional</b>
Enter the dollar amount of your contribution in Contribution Amount	<b>Optional</b>
Enter the tax year for which the contribution is being made	<b>Optional</b>

Section 4 Statement Option

Check the frequency of statement that you wish to receive. If no box is checked, statement will be quarterly electronic. An email address is **required** for electronic statement delivery. An annual paper statement will be sent if the email address is incorrect or invalid.

Section 5 Invoice Option

Check the billing option you prefer. If no option is marked, your account will be charged.

Section 6 Beneficiary Designation - (Enter in % form, must total 100%)

<b>Name &amp; Address</b>	<b>Required</b>	<b>Date of Birth</b>	<b>Required</b>
<b>Social Security Number</b>	<b>Required</b>	<b>Relationship</b>	<b>Required</b>
<b>Primary</b>	<b>Required</b>	<b>Share %</b>	<b>Required</b>

Section 7 Designation of Representative – (Complete ONLY if designating a Representative)

The Accountholder marks if additional authority is granted to the representative.  
Representative signs form acknowledging the authorization given by the accountholder.

<b>Representative Name &amp; Address</b>	<b>Required</b>
Broker Dealer Name	Optional
<b>Representative Phone Number</b>	<b>Required</b>
Representative Fax Number	Optional
Representative E-Mail Address	<b>Required</b>
<b>Representative Signature</b>	<b>Required</b>

Section 8 Marital Status

**Check the appropriate box.** **Required**  
If the accountholder is married but does not name the spouse as the sole primary beneficiary, the spouse must sign this section.

Section 9 Signatures

**The accountholder must sign in the HSA owner field.** **Required**

**Customer Identification Program**

**Mainstar Trust must verify the identity of all new accountholders and we may contact the accountholder directly to verify information such as name, address, date of birth, and social security number.**

**Please return all forms to Mainstar Trust via email ([customerservice@mainstartrust.com](mailto:customerservice@mainstartrust.com)), fax (913-901-4190) or mail to address on application.**