

Important Account Opening Information: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

V2 HSA # _____

Applicant Information		
X Name (First, Middle, Last)		SSN X
X DOB	X Primary Contact Number	Secondary Contact Number
X Address (Street, City, State, Zip)		
X Identification (Number, Issue Date, Expiration Date, State)		Secondary ID (if required)
Employer & Occupation:		Type of Health Insurance Coverage: <input type="checkbox"/> Self <input type="checkbox"/> Family

ACCOUNT STATEMENTS

By providing your email address below, you consent to receive communications and information from the Bank in electronic rather than paper format, including but not limited to all account statements, records, notices, and other information including any changes, additions, or deletions to the terms of your Deposit Account Agreement.

This consent to receive electronic communications is valid only for the account you are applying for at this time. You also agree to provide us with any changes in your contact information. You may view your account information at any time by visiting: www.bankatfirst.com. You have the right to opt-out of electronic statements and receive them on paper. You are able to change your preference to receive paper statements when you login to www.bankatfirst.com online banking or you should contact one of our convenient banking centers; provide your account information, and request to opt-out of receipt of electronic statements.

I understand that in order to begin receiving electronic statements, it is my responsibility to enroll in Online Banking at www.bankatfirst.com and elect to receive E-Statements.

X E-Mail Address: _____

Online Banking Log-In Information:

Please select a login ID between 4-25 characters. It may contain a combination of letters and numbers, but may not contain spaces.

Desired Login ID: _____ If the desired login ID is unavailable provide secondary ID: _____

Backup Withholding Certifications (If not a "U.S. Person", certify foreign status separately.)

- Taxpayer ID Number (TIN) – The number shown above is my correct taxpayer identification number.
- Backup Withholding – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has not notified me that I am no longer subject to backup withholding.

Exempt Recipients – I am an exempt recipient under the Internal Revenue Service Regulations.

By signing below, I certify under penalties and perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

I acknowledge and agree to the terms of this document as well as Privacy Notice. I further agree to the Account Terms and Conditions and to each of the following disclosures: Privacy, Truth in Savings, Electronic Funds Transfers, Funds Availability Policy, and Substitute Checks and Your Rights; copies of which will be delivered to me within 7 business days of executing the application documents.

I further certify that the information above is complete and accurate.

Signature	Date X
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Check Order - Free checks with our WORKLife program <i>This application is for the initial box (100 checks) of First Financial WorkLife checks only. You can order additional checks at no additional cost by visiting bankatfirst.com or calling our Client Service Center at 1-877-322-9530.</i> <input type="checkbox"/> No Checks, or If opening a Joint account	Debit Card <i>When you open a Checking Account with First Financial, you are eligible to receive a VISA Check Card. You should receive your card and PIN within 10 business days of opening your account. Refer to the Electronic Fund Transfer Disclosure for more information on your Card.</i>
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For Bank Use Only		
Employer Number: _____	Sales Center Location Cost Center: _____	
First position Officer Code: _____	Second position officer code: _____	Third position officer code: _____

Health Savings Account (HSA) Application

First Financial Bank
225 Pictoria Dr Suite 100
Cincinnati, OH 45246

1 HSA OWNER INFORMATION

(Custodian's name, address, and phone number above)

NAME, ADDRESS, CITY, STATE, AND ZIP		HSA ACCOUNT (PLAN) NUMBER
X		
		SOCIAL SECURITY NUMBER (SSN)
		X
DAYTIME PHONE NUMBER	E-MAIL (OPTIONAL)	DATE OF BIRTH
X		X
TYPE OF HEALTH INSURANCE PLAN COVERAGE: <input type="checkbox"/> Self-Only <input type="checkbox"/> Family		

2 CONTRIBUTION INFORMATION

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR
	\$		
THIS ACCOUNT IS A: <input type="checkbox"/> Deposit Investment Only <input checked="" type="checkbox"/> Self-Directed HSA Investment			
CONTRIBUTION TYPE:			
<input checked="" type="checkbox"/> Regular (including Catch-Up) <input type="checkbox"/> Rollover from an Archer MSA <input type="checkbox"/> Rollover from an HSA <input type="checkbox"/> Transfer from an Archer MSA <input type="checkbox"/> Transfer from an HSA <input type="checkbox"/> Return of Mistaken Distribution <input type="checkbox"/> Contribution from an IRA <input type="checkbox"/> Original Distribution Date(s) _____			

3 DESIGNATION OF BENEFICIARY

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all of the beneficiaries die before me, or if none are designated, my HSA assets will be paid to my estate. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

PRIMARY SHARE	CONTINGENT SHARE	NAME OF BENEFICIARY	SSN OR TIN	RELATIONSHIP TO HSA OWNER	DATE OF BIRTH	ADDRESS, CITY, STATE, AND ZIP
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
Total 100%	Total 100%					

4 SPOUSAL CONSENT

Community or marital property state laws may require spousal consent for a nonspouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the HSA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by financial organization policy.

(HSA Owner Initials) I Am Married. I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.

(HSA Owner Initials) I Am Not Married. I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in this Application.

Signature of Spouse

Date

Signature of Witness (if required)

Date

(Witness cannot be a beneficiary of this HSA)

5 SIGNATURES

If this HSA is being established with a regular contribution, I am an eligible individual, covered by a qualified high deductible health plan (HDHP), and not covered by a health plan other than an HDHP that provides any of the same benefits as an HDHP. I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, IRS Form 5305-C, *Health Savings Custodial Account*, and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Health Savings Custodial Account, Disclosure Statement, and amendments thereto. Except as otherwise provided by law, I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that the custodian cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

X
Signature of HSA Owner

Date

Signature of Custodian

Date

Please answer the following questions to the best of your knowledge. This information is required to open an account with First Financial Bank.

1. Are you a senior foreign political figure? Yes No

A "senior foreign political figure" is a senior official in the executive, legislative, administrative, military or judicial branches of a foreign government (whether elected or not), a senior official of a major foreign political party, or a senior executive of a foreign government-owned corporation.

a. If YES, what is the position held? _____

In what country do you hold the position? _____

- b. If NO, are you a close associate or family member of a foreign political figure? Yes No

If YES, what is your relationship? _____

What is the name of the associated senior foreign political figure?

- X 2. Do you have a controlling interest in a publicly traded firm?

3. Is your residence located outside of Indiana, Ohio or Kentucky? NO

4. Source and dollar amount of funds (circle one):

Cash	Savings Bond
Check/Money Order	Account Transfer
Cash and Check(s)	<u>Employee Benefit (Direct Deposit)</u>
Existing Account	

a. If you answered #4 as cash, please circle the amount of cash:

\$0 - \$1,000
\$1,001 - \$3,000
\$3,001 - \$10,000
\$10,001+

b. If you answered #4 as Check/Money Order, please circle the type of check:

Personal
Business
International (in U.S. dollars)
Official/Money Order
Government

c. If you answered #4 as Cash and Check(s), please answer both 4a and 4b above.

5. What are your estimated monthly averages for the following:

a. Deposits:

Cash	\$ _____	# _____
ACH	\$ _____	# _____
Domestic Wires	\$ _____	# _____
Foreign Wires	\$ _____	# _____

b. Withdrawals:

Cash	\$ _____	# _____
ACH	\$ _____	# _____
Domestic Wires	\$ _____	# _____
Foreign Wires	\$ _____	# _____