

<<DATE>

<<ACCOUNTHOLDER_NAME>>

<<ADDRESS>>

<<CITY>>, <<STATE>> <<ZIP_CODE>>

Dear «ACCOUNTHOLDER»,

Thank you for applying for a Health Savings Account (HSA) with HSA Bank. You're just one step away from completing your application for account «ACCTNO».

Please complete the Identification Verification form on the reverse side of this letter and return it to HSA Bank, along with **two *unique* forms of ID from the list below.**

- Valid US Driver's license
- Valid US Probationary Driver's License
- Valid US Learners Permit
- Valid US State Non-Driver ID Card
- Valid US Passport
- Social Security Card or ITIN Card US Military ID
- Alien Registration Receipt Card
- Permanent Resident Card
- Temporary Resident Card
- Non-Resident Alien Card
- Immigrant or Non-Immigrant Visa

For your convenience, you can submit these documents securely at www.hsabank.com/IDdocuments. You also have the option to send them via mail or fax:

Mail: An enclosed envelope is provided for your convenience.

Fax: 877-851-7041. Please copy these forms of ID at 200% before faxing.

Under the USA Patriot Act, all banks, including HSA Bank, are required to verify the identity of their customers. Please provide the requested documentation to avoid a delay in accessing your Health Savings Account.

If you have any questions regarding this communication, please contact our Client Assistance Center at 800-357-6246, Monday - Friday, 7 a.m. - 9 p.m., or Saturday, 9 a.m. - 1 p.m., Central Time.

Sincerely,

Identity Verification Team
HSA Bank®

Identification Verification Form

Instructions:

- Print Clearly (All information is required - no P.O. Boxes, please.)
- Upload, mail or fax the completed form to: www.hsabank.com/IDdocuments, HSA Bank, P.O. Box 939, Sheboygan, WI 53082, or Fax: 877-851-7041.
- For assistance, call 800-357-6246, Monday - Friday, 7 a.m. - 9 p.m., or Saturday, 9 a.m. - 1 p.m., Central Time

ACCOUNTHOLDER INFORMATION		
Last Name:	Maiden Name (if applicable):	
First Name:	MI:	Date of Birth:
Street Address:		
City:	State:	Zip:
Social Security Number:	Email:	
I certify that the information provided above and attached is accurate and request that any information provided previously be updated with the information here.		
Signature:	Date:	