FIRST SECURITY BANK
NEW CUSTOMER INFORMATION – HEALTH SAVINGS ACCOUNT

First Security Bank
Division of Glacier Bank

WELCOME!

Account Owner

Legal Name: _____

Debit Card for owner
⬭ Yes ⬭ No

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Home Phone: _____

Cell Phone: _____

Birth Date: _____

Employer: _____

Occupation: _____

Email: _____

Please provide us with a front-side copy of your current and legal photo ID (such as a state driver's license, state ID card, military ID, or your passport) to complete this request.

Account Set-Up

Please select your HSA plan type: ⬭ Self Only Plan ⬭ Family Plan

Which branch is most convenient for signer your HSA documents?

⬭ Four Corners Branch
33 Ice Center Lane, Bozeman

⬭ Cottonwood Branch
642 Cottonwood Rd Bozeman

⬭ Main Office
208 E Main St, Bozeman

⬭ S 19th Branch
670 South 19th, Bozeman

⬭ Belgrade Branch
511 West Main St, Belgrade

Account Convenience

First Security Bank offers additional services to simplify your Health Savings Account.

Check Order: ⬭ Yes ⬭ No

(A bank employee will take your check order when you sign the HAS documents. Please bring a method of payment for check orders as the cost is not a qualified medical expense and can not be withdrawn from your HSA.)

FREE Online Banking		FREE Bill Pay		FREE Electronic Statements	
⬭ Yes	⬭ No	⬭ Yes	⬭ No	⬭ Yes	⬭ No

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Authorized Signer

Legal Name: _____

Debit Card for owner
⬭ Yes ⬭ No

Mailing Address: _____

City: _____ State: _____ Zip: _____

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Primary Beneficiaries

Legal Name: _____
Relationship: _____
Social Security #: _____
Beneficiary Percentage: _____
(If choosing more than 1 Primary Beneficiary, percentages must total 100% between all Primary Beneficiaries.)

Legal Name: _____
Relationship: _____
Social Security #: _____
Beneficiary Percentage: _____

Legal Name: _____
Relationship: _____
Social Security #: _____
Beneficiary Percentage: _____

Contingent Beneficiaries

Legal Name: _____
Relationship: _____
Social Security #: _____
Beneficiary Percentage: _____
(If choosing more than 1 Contingent Beneficiary, percentages must total 100% between all Contingent Beneficiaries.)

Legal Name: _____
Relationship: _____
Social Security #: _____
Beneficiary Percentage: _____

Legal Name: _____
Relationship: _____
Social Security #: _____
Beneficiary Percentage: _____