HSA Simplifier®

HEALTH SAVINGS ACCOUNT APPLICATION

Apple Bank

PART 1. HSA OWNER

Name *(First/MI/Last)* Hoang Vinh Nguyen
Address Line 1 63 Marrow Street
Address Line 2 _____
City/State/ZIP Newark, NJ 07103
Social Security Number 795-33-8135
Date of Birth 03/04/1958 Phone (203) 726-1711
Email Address vhnguyen118@gmail.com
Account Number _____

PART 2. HSA TRUSTEE

To be completed by the HSA trustee

Name Apple Bank for Savings
Address Line 122 East 42nd St.
Address Line 2 9th Floor – Human Resources
City/State/ZIP New York, NY 10168

☐ *This is an amendment to an existing HSA.*
☐ *This HSA contains managed investments as described in the Trustee Management of Investment section of the agreement.*

PART 3. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE *(Select one)*

☑ **1. Regular** *(Includes catch-up contributions as well as qualified HSA funding distributions from an IRA)*

☐ **2. Rollover** *(Distribution from an HSA or Archer MSA that is being deposited into this HSA)*
By selecting this transaction, I irrevocably designate this contribution as a rollover.

☐ **3. Transfer** *(Direct movement of assets from an HSA or Archer MSA into this HSA)*

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION *(Complete this section as applicable.)*

Investment Description	Quantity or Amount	Investment Number	Term or Maturity Date	Interest Rate

DEPOSIT METHOD

☐ **Cash or Check** *(If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for this HSA.)*

☐ **Internal Account**
Account Number _____ Type *(e.g., checking, savings, HSA)* _____

☐ **External Account** *(e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)*
Name of Organization Sending the Assets _____ Routing Number *(Optional)* _____
Account Number _____ Type *(e.g., checking, savings, HSA)* _____ Deposit Taken by _____
Name of HSA Owner _____, Account Number _____

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PART 5. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

☐ I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

PRIMARY BENEFICIARIES *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA.)*

Name Helen Nguyen
Address 63 Marrow Street
City/State/ZIP Newark, NJ 07103
Date of Birth 06/22/1968 Relationship Wife
Tax ID *(SSN/TIN)* 875-93-2131 Percent Designated 40%

Name Albert Nguyen
Address 63 Marrow Street
City/State/ZIP Newark, NJ 07103
Date of Birth 04/04/2000 Relationship Son
Tax ID *(SSN/TIN)* 855-37-2229 Percent Designated 30%

Name Arthur Nguyen
Address 63 Marrow Street
City/State/ZIP Newark, NJ 07103
Date of Birth 05/13/2004 Relationship Son
Tax ID *(SSN/TIN)* 321-21-9772 Percent Designated 30%

Name None
Address
City/State/ZIP
Date of Birth Relationship
Tax ID *(SSN/TIN)* Percent Designated

CONTINGENT BENEFICIARIES *(The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the HSA owner.)*

Name None
Address
City/State/ZIP
Date of Birth Relationship
Tax ID *(SSN/TIN)* Percent Designated

Name None
Address
City/State/ZIP
Date of Birth Relationship
Tax ID *(SSN/TIN)* Percent Designated

Name None
Address
City/State/ZIP
Date of Birth Relationship
Tax ID *(SSN/TIN)* Percent Designated

Name None
Address
City/State/ZIP
Date of Birth Relationship
Tax ID *(SSN/TIN)* Percent Designated

☐ *Check here if additional beneficiaries are listed on an attached addendum.* Total number of addendums attached to this HSA

PART 6. SPOUSAL CONSENT

Spousal consent should be considered if either the trust or the residence of the HSA owner is located in a community or marital property state.

CURRENT MARITAL STATUS

☐ **I Am Not Married –** I understand that if I become married in the future, I should review the requirements for spousal consent.

☒ **I Am Married –** I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named HSA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional.

I hereby relinquish any interest that I may have in this HSA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

X
Signature of Spouse — Date *(mm/dd/yyyy)*

X
Signature of Witness — Date *(mm/dd/yyyy)*

PART 7. SIGNATURES

Important: *Please read before signing.*

I understand the eligibility requirements for the type of HSA contribution I am making, and I state that I do qualify to make the contribution. I have received a copy of the Health Savings Account Application, the 5305-B Trust Account Agreement, and the Disclosure Statement. I understand that the terms and conditions that apply to this HSA are contained in this Application and the HSA Trust Account Agreement. I agree to be bound by those terms and conditions.

I assume complete responsibility for

- determining that I am eligible for an HSA each year I make a contribution,
- ensuring that all contributions I make are within the limits set forth by the tax laws, and
- the tax consequences of any contributions (including rollover contributions) and distributions.

X
Signature of HSA Owner — Date *(mm/dd/yyyy)* 12/09/2021

X
Signature of Witness — Date *(mm/dd/yyyy)* 12/09/2021

X
Signature of Trustee — Date *(mm/dd/yyyy)*

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Apple Bank

HSA Signature Card

Account Number:

Date: 12/10/21

Account Title:

Additional Data:

Last Name: Nguyen

First Name, MI: Hoang Vinh

Address: 63 Marrow Street, Newark NJ 07103

City, ST Zip Code:

Tax I.D. #: 795-33-8135

Date of Birth: 03/04/1958

Home Phone #: (203) 726-1711

Mother's Maiden Name: MIDUNG

TAXPAYER CERTIFICATION (Substitute W-9) Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number, AND
2. 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 3. I am a U.S. person (including a U.S. resident alien).

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 of underreporting interest dividends on your tax return. (In case of and account opened by a fiduciary/legal representative, this certification will relate to the status and taxpayer ID number of the individual/entity having a beneficial interest in this account.)

I/We have received a copy of Apple Bank for Savings' rules, regulations and disclosures concerning this account and agree to be bound thereby, including any amendments thereto.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Signature

For Bank Use Only

Chexsystems State Year N/R