



Idaho Medical Savings ("MSA") Application

This is not your Medical Insurance Policy; contact your insurance carrier (or agent) to make changes to your insurance.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACCOUNT HOLDER INFORMATION: (Please print clearly)

Legal Name _____ Social Security # _____ - _____ - _____ Date of Birth _____

Email Address (Required) _____ Mother's Maiden Name _____

Residential Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____

Mailing Address (If different) _____

City _____ State _____ Zip _____

Driver's License # _____ State of Issue _____ Issue Date _____ Exp. Date _____

JOINT ACCOUNT OWNER:

Adding a joint account owner is optional, however this person must be your spouse and a joint Idaho tax return must be filed.

Name _____ Social Security # _____ - _____ - _____ Date of Birth _____

Residential Address _____

City _____ State _____ Zip _____

Mother's Maiden Name _____ Cell Phone (____) _____ - _____

Driver's License # _____ State of Issue _____ Issue Date _____ Exp. Date _____

EMPLOYER INFORMATION:

Name of Employer _____

BENEFICIARY INFORMATION:

In the event of my death, I name as my beneficiary:

Name _____

Relationship _____

TAX FILING STATUS:

What is your current tax filing status in Idaho? Single Joint

REFERRED BY:

Name _____ Agent ID (if applicable) _____

PAYMENT ENCLOSED WITH APPLICATION:

Opening Deposit (minimum \$50.00)..... \$ _____

Annual Fee (\$36.00)..... \$ _____

TOTAL ENCLOSED AMOUNT..... \$ _____

ACCEPTANCE OF TERMS:

By signing below, I acknowledge that annual fees, if applicable, are non-refundable and I apply to Idaho Independent Bank ("Bank" or "IIB") to establish a MSA. I understand the annual fee will automatically be deducted from my MSA on an annual basis.

The account holder is responsible for the establishment and maintenance of this account pursuant to state guidelines.

This deposit account is subject to all rules and regulations applicable to IIB, as well as all agreements entered into with the Bank, including but not limited to, the account agreement. I understand the following: the Bank may order a consumer report from a credit reporting agency in order to evaluate my eligibility to open an account; I will be provided the account agreement, signature card, and all applicable regulatory disclosures by the Bank upon its receipt and approval of my application to establish a MSA; and, my account will not be opened until the signed signature card is returned to the Bank and IIB's account opening requirements have been met. IIB reserves the right to refuse to open and terminate an account for any reason.

I authorize the Bank to make credit and debit entries to my MSA, for the sole purpose of correcting any deposits or withdrawals that may be made in error to my MSA.

I authorize the Bank to provide my employer, if listed above, my account number and transaction information related to the Account. I understand that I may terminate the sharing of my customer bank information at any time, but I must provide written instructions revoking this authorization to the Bank and provide the Bank a reasonable period of time to act upon my revocation.

Primary Applicant – Signature Required	Date	Joint Account Owner – Signature Required	Date
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Email completed application to Healthcareaccounts@iibk.net or Mail to:

Idaho Independent Bank
Attn: Healthcare Accounts
401 W Front St
Boise, ID 83702
208-338-8018

If you need additional information or assistance completing this form, please contact Healthcareaccounts@iibk.net