

Corporate Member Application for Health Savings Account Employer Funding Account



Your money. More value. Smart choice.

To be eligible for a Health Savings Account Employer Funding Account, your company must be providing your employees with a High Deductible Health Plan and your employees must be eligible to open a Health Savings Account and credit union membership.

Company Information:

Name of Organization	Industry	Year Established
----------------------	----------	------------------

Street Address

City	State	Zip
------	-------	-----

Telephone Number	Taxpayer ID Number (required)	President/ CEO
------------------	-------------------------------	----------------

Is the organization incorporated? Yes No

Is the above address for headquarters or a satellite office? Headquarters Satellite office

Is the company publicly traded or privately owned? Publicly traded Privately owned

Parent Company (if applicable)

Company Officials Authorized to Access Patelco Account(s):

Name of First Company Official	Title	Signature of First Company Official
--------------------------------	-------	-------------------------------------

Name of Second Company Official	Title	Signature of Second Company Official
---------------------------------	-------	--------------------------------------

Name of Third Company Official	Title	Signature of Third Company Official
--------------------------------	-------	-------------------------------------

Name of Fourth Company Official	Title	Signature of Fourth Company Official
---------------------------------	-------	--------------------------------------

Corporate Member Application for Health Savings Account Employer Funding Account



Your money. More value. Smart choice.

Authorized Signer Personal Information (Each Account Signer Must Complete)

First Company Official

Name	Social Security Number	Date of Birth
Street Address		
City	State	Zip
Telephone Number	Driver's License Number	

Second Company Official

Name	Social Security Number	Date of Birth
Street Address		
City	State	Zip
Telephone Number	Driver's License Number	

Third Company Official

Name	Social Security Number	Date of Birth
Street Address		
City	State	Zip
Telephone Number	Driver's License Number	

Fourth Company Official

Name	Social Security Number	Date of Birth
Street Address		
City	State	Zip
Telephone Number	Driver's License Number	

Corporate Member Application for Health Savings Account Employer Funding Account



Your money. More value. Smart choice.

The accounts listed below are available as corporate accounts. Please check the account(s) for which your company/association is applying. A Savings Account is required to establish corporate membership.

Savings Account (Required for membership)

Checking Account (Required for HSA funding)

Other Investment Account: Account Name _____

Patelco may request additional financial information about your company before approving your application. Please attach the following information:

- | | |
|---|--|
| 1. Articles of Incorporation | 5. Copies of valid photo identification cards of all authorized signers |
| 2. Company bylaws | 6. Signed Board or Corporate Resolution that authorizes the opening of the HSA Employer Funding Account at Patelco Credit Union and designates the authorized signers on the account |
| 3. A list of officers | |
| 4. Proof of TIN (Tax Identification Number) or EIN (Employer Identification Number) | |

The accounts above are the same accounts that are available to individual members, and are governed by the same policies as an individual member account. I / we agree to conform to the laws, bylaws, rules, and policies as described in Patelco's Member Handbook and Fee Schedule, and shall be subject to any and all service charges or interest rates now or hereafter established. I / we do hereby agree to send to Patelco Credit Union any and all changes of officers in our organization as they occur. I / we agree to send Patelco Credit Union a copy of our corporation bylaws and amendments, if applicable. I / we understand that a corporate savings account is required for corporate membership. I / we understand that this application must be approved by Patelco Credit Union before it is effective.

By signing below, I / we certify that our company / organization is not engaged in an Internet gambling business. I / we acknowledge and agree that transactions restricted by the Unlawful Internet Gambling Enforcement Act of 2006 are prohibited from being processed through this account and that this prohibition became effective on January 19, 2009.

Signature of Authorized Officer	Title	Date
---------------------------------	-------	------

Signature of Authorized Officer	Title	Date
---------------------------------	-------	------

For Use by Patelco Credit Union Only:	Account No: _____
Application Approved by: _____	
Signature	Title
Date	Date
Signature of Approving Manager _____	
Title	
Date	
(Required for waiver of exception to account opening guidelines - see procedures on Patelconet.)	
Corporate App. doc rev. 05/04/10	

