WNB FINANCIAL
MORE THAN A BANK

Health Savings Account (HSA) Information for Application

First Name: _____ M.I. ____ Last Name: _____
(Please Print)

Gender: Male _____ Female _____ Policy Type: Family: _____ Self: _____

Home Address: _____City, State, Zip: _____

***If different from home address**

*Mailing Address: _____City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Mother's Maiden Name: _____ Your Date of Birth: _____

Social Security Number: _____ Email Address: _____

Driver's License #:_____State: _____Issue date: _____ Exp Date: _____
(Please include photocopy of current driver's license, state id, or passport)

Employer: _____ Work Phone #:_____

Occupation: _____

Checks: Yes___ No___ Debit Card: Yes____ No____ Internet Banking: Yes____ No____

Beneficiary Information:

Primary Beneficiary Name: _____

Address & Phone # _____

Social Security Number & Date of Birth: _____

Relationship to Account Owner: _____

Contingent Beneficiary Name_____

Social Security Number & Date of Birth: _____

Relationship to Account Owner: _____

Account Applicant's Signature: _____

Authorized Signer Printed Name: _____
Authorized Signer Signature: _____

P.O. Box 499 Winona, MN 55987
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