

YES, I WOULD LIKE TO OPEN...

PARK NATIONAL BANK

Southwest Ohio & Northern Kentucky

Health Savings Account

Visa CheckCard

Individual Plan

Family Plan

07/13 Member FDIC

Applicant: First Middle Last

Authorized Signer: First Middle Last

Social Security Number: Applicant Authorized Signer

Birthdate: Applicant Authorized Signer

Home Address:

City: State: Zip:

Home/Cell Phone Number: Primary Work Phone Number:

Occupation: Employer: Clermont Board of County Commissioners

Please include a photocopy of your driver's license or other government issued ID (such as military ID, passport or state issued ID card). Section 326 of the U.S.A. Patriot Act requires that we verify the identity of any customer wishing to establish a new banking relationship with us. I request that the bank issue me a validated Park National Bank Visa Check Card. Each use of the check card at a merchant or with the PIN at an automated teller machine shall be deemed to be my/our written authorization to charge or credit my account for the amount and type of transaction indicated at the time of use. All transactions are subject to the bank's account agreement for my account. I/we will immediately notify the bank should my/our check card and/or PIN become lost or stolen. I/we understand that I may use my/our validated check card and PIN in automated teller machines to access I/we have designated. I/we declare the information set forth above be true, complete and provided for the purpose of obtaining the service requested. I/we authorize the bank to obtain further information concerning my credit and employment status to approve this application.

Applicant Signature: X

Authorized Signer Signature: X

PRIMARY BENEFICIARY INFORMATION

Name: First Middle Last

Address: City: State: Zip:

Percent: Social Security Number: Birthdate:

CONTINGENT BENEFICIARY INFORMATION

Name: First Middle Last Relationship to Owner:

Address: City: State: Zip:

Percent: Social Security Number: Birthdate:

BACKUP WITHHOLDING CERTIFICATION

TIN: (SS#)

- TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checkd in this section and that I am a U.S. person (including a U.S. resident alien).

Signature: X Date:

PLEASE COMPLETE SIGNATURE CARD

Individual Account

I have read and agree to the terms and conditions of the account identified above. I verify the financial institution to verify credit and employment history and/ or have a credit reporting agency prepare a credit report on the undersigned, as individual. The undersigned acknowledge the receipt of a copy and agree to the terms of the following disclosures: Deposit Account, Funds Availability, Truth in Savings, Electronic Fund Transfers, Privacy, Substitute Checks. The following is my signature of the account.

Applicant Signature: X

Printed Name:

FOR BANK USE ONLY: Applicant

Port: Account #:

Date Ordered Visa CheckCard:

IDENTIFICATION

State of Issue
Number
Expiration Date
Date of Issue
Type
ChexSystems Verify
Other Non-Documentary