



# HSA APPLICATION

Use this HSA Application to open a Health Savings Account.

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-253-0412.

**PART I: HSA OWNER INFORMATION (\*DENOTES REQUIRED INFORMATION)**

Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

U.S. Citizen  Resident Alien (Country)  
For mailing outside of U.S., provide:

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

Are you an employee of Huntington Bancshares Incorporated ("HBI") or any of its subsidiaries?  Yes  No

Are you an immediate relative of an HBI employee?  Yes  No

If yes, name of employee \_\_\_\_\_

**PART II: EMPLOYER'S INFORMATION (FOR HELP CONSULT YOUR INSURANCE OR EMPLOYER REPRESENTATIVE)**

Employer's Name\* (First, M.I., Last) \_\_\_\_\_ Name of Contact\* \_\_\_\_\_ Employer Identification Number\* \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ Suite # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_

**PART III: CONTRIBUTION INFORMATION**

Source of Funds (Select One)

- Regular                                      Current Year Amount:\_\_\_\_\_                      Carryback\* Amount:\_\_\_\_\_                      Tax Year:\_\_\_\_\_
- Catch-up (age 55+)                                      Current Year Amount:\_\_\_\_\_                      Carryback\* Amount:\_\_\_\_\_                      Tax Year:\_\_\_\_\_
- Transfer                                      Source:                       HSA                       MSA                       Other (Specify) \_\_\_\_\_
- Rollover                                      Source:                       HSA                       MSA                       Other (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

\* A carryback contribution is made in one tax year and credited for the prior tax year. It must be made by your tax filing due date, excluding extensions. Contributions made to your HSA will be for the current year unless you specify prior year.

**PART IV: INVESTMENT SELECTION**

**Note:** The initial investment minimum is \$1,000 or \$100 for Huntington employees. Trust Shares are available only to fiduciary, advisory, agency and other similar clients of The Huntington National Bank, its affiliates or correspondent banks as well as customers of third party financial institutions. Refer to the prospectus for additional purchase requirements.

<b>FUND CHOICE:</b>	<b>CLASS A SHARES</b>	<b>TRUST SHARES</b>
<input type="checkbox"/> Dividend Capture Fund	_____	_____
<input type="checkbox"/> Global Select Markets Fund	_____	_____
<input type="checkbox"/> Growth Fund	_____	_____
<input type="checkbox"/> Income Equity Fund	_____	_____
<input type="checkbox"/> World Income Fund	_____	_____
<input type="checkbox"/> International Equity Fund	_____	_____
<input type="checkbox"/> Disciplined Equity Fund	_____	_____
<input type="checkbox"/> Macro 100 Fund	_____	_____
<input type="checkbox"/> Mid Corp America Fund	_____	_____
<input type="checkbox"/> Real Strategies Fund	_____	_____
<input type="checkbox"/> Rotating Markets Fund	_____	_____
<input type="checkbox"/> Situs Fund	_____	_____
<input type="checkbox"/> Technical Opportunities Fund	_____	_____
<input type="checkbox"/> Fixed Income Securities Fund	_____	_____
<input type="checkbox"/> Intermediate Government Income Fund	_____	_____
<input type="checkbox"/> Mortgage Securities Fund	_____	_____
<input type="checkbox"/> Ohio Tax-Free Fund	_____	_____
<input type="checkbox"/> Short/Intermediate Fixed Income Securities Fund	_____	_____
<input type="checkbox"/> Tax-Free Money Market Fund	_____	_____
<input type="checkbox"/> Money Market Fund	_____	_____
<input type="checkbox"/> Ohio Municipal Money Market Fund	_____	_____
<input type="checkbox"/> U.S. Treasury Money Market Fund	_____	_____

**PART IV: INVESTMENT SELECTION-CONTINUED**

	CLASS A SHARES	TRUST SHARES
<input type="checkbox"/> Growth Allocation Fund	_____	_____ N/A _____
<input type="checkbox"/> Conservative Allocation Fund	_____	_____ N/A _____
<input type="checkbox"/> Balanced Allocation Fund	_____	_____ N/A _____
<b>TOTAL INVESTMENTS</b>	\$ _____	\$ _____

**PART V: REDUCED SALES CHARGE**

**Rights of Accumulation-** I qualify for the Right of Accumulation privilege based on existing accounts owned by my immediate family (my own, spouse and dependent children under 21). Listed below are the fund and account numbers of the accounts that should be combined with this new account.

\_\_\_\_\_

**Letter of Intent-** To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus and statement of additional information. Although I am not obligated, it is my intention to invest the following amount within the next 13-months:

- \$50,000     \$100,000     \$250,000     \$500,000     \$750,000     \$1,000,000

Listed below are the fund and account numbers for existing accounts to be applied toward the Letter of Intent:

\_\_\_\_\_

**Note:** If the amount indicated in the Letter of Intent is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the Prospectus for terms and conditions.

Process the enclosed purchase for NAV purchases. I certify that this account is eligible to purchase shares at NAV according to the terms set forth in the fund prospectus, and I have completed the Net Asset Value Form.

**PART VI: ACCOUNT SERVICE OPTIONS FOR YOUR HSA**

*The completion of this section is OPTIONAL.*

**Systematic Investment Program (SIP)** – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$50 (\$25 for Huntington employees) minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your HSA using SIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize Huntington Funds to initiate investments into my mutual fund account according to the following frequency:

- Annually     Semi-Annually     Quarterly     Twice Each Month     Specific Months (specify)
- January         February         March             April             May               June
- July               August             September        October          November        December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

**PART VI: ACCOUNT SERVICE OPTIONS FOR YOUR HSA-CONTINUED**

**Bank Account Information**

Provide information about your checking or savings account to establish a Systematic Investment Program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.*
- Provide information about your bank account below.

**Enter your checking or savings account information:**

Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples.	\$ <input style="width: 50px;" type="text"/> DOLLARS
BANK NAME _____ BANK ADDRESS _____ MEMO _____		

**PART VII: HSA ELIGIBILITY CERTIFICATION**

I am eligible to establish an HSA and certify the following. (All must be answered "yes" to be eligible to establish an HSA to receive regular contributions).

1. I am not able to be claimed as a dependent on someone else's tax return.  Yes  No
2. I am covered under a qualifying High Deductible Health Plan (HDHP), effective \_\_\_\_\_.  Yes  No
3. I am not covered under any other insurance plan that is not an HDHP (with limited exceptions).  Yes  No
4. I am not enrolled in Medicare.  Yes  No

**NOTE:** Eligibility is determined on the first day of each month. If you are not an eligible individual for all 12 months of a year, the annual contribution limit may be prorated. For assistance in determining your eligible contribution amount, consult your tax advisor.

**PART VIII: BENEFICIARY DESIGNATION**

Designate beneficiaries below. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. After your death, your HSA assets will be distributed in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive you. If no Primary beneficiaries are living when you die, your HSA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new designation in a form acceptable to the Trustee/Custodian and by providing it to the Trustee/Custodian.

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_ % Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_ % Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_ % Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_ % Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the HSA Custodian.

**PART IX: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART X: PAYMENT METHOD**

You can open your account by either of these methods. Please check your choice:

- By Check** Enclose a check payable to Huntington Funds for the total amount.
- By Wire** For wire instructions call Shareholder Services at 1-800-253-0412.
- Other** \_\_\_\_\_

*(Third party checks, counter checks, starter checks, money orders, traveler’s checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.*



