

**\*\*Use this form to validate your personal information\*\***

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 a Health Savings Account.

## Accountholder Information

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Social Security Number Employer

\_\_\_\_\_  
Telephone Number Date of Birth

\_\_\_\_\_  
Mailing Address City State ZIP

\_\_\_\_\_  
Home Address (if different) City State ZIP

## Valid Identification Documentation - Must provide a copy of the original documentation.

We were unable to verify:	Acceptable Form of Identification: (submit only one form listed below for each item that requires further validation as indicated in the attached letter)
Name	Social Security Card Passport Birth Certificate Drivers License Marriage Certificate Divorce Decree Legal Name Change Certificate State Identification
Social Security Number	Social Security Card Driver's License (only if it shows your SSN) Military ID (only if it shows your SSN)
Address	Current Utility or Phone bill (with your physical address) Drivers License State Identification
Date of Birth	Drivers License Passport Birth Certificate State Identification

## Signature

\_\_\_\_\_  
Signature of HSA Accountholder

\_\_\_\_\_  
Date

**Return completed form back to Surency at email: [flex@surency.com](mailto:flex@surency.com) - fax: 316-272-4841  
or mail: P.O. Box 789773, Wichita, KS 67278-9773  
866-818-8805 • [Surency.com](http://Surency.com)**