



Mail to: The Bank of Missouri
Attn: Kris Flentge
916 N. Kingshighway
Perryville, MO 63775

Drop off at:
Any of our bank locations in
Perryville, Cape Girardeau
Jackson, Marble Hill or Columbia

Fax to: 573-547-7557 Perryville
573-335-4994 Cape
573-243-9300 Jackson
573-238-1231 Marble Hill
573-874-4701 Columbia

Return to: _____
(Bank Associate)

**HEALTH SAVINGS ACCOUNT (HSA)
New Account Application**

Applicant Name: _____
Address: _____
Mailing Address (if different): _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ SSN: _____
ID #1: _____ ID #2: _____
Type: _____ Exp. Date: _____ Type: _____ Exp. Date: _____
Birth Date: _____ Birth City: _____
Employer/Occupation: _____ E-mail address: _____
Mother's Maiden Name: _____ Spouse's Name: _____

BENEFICIARY INFORMATION

Name: _____
Address: _____
 Primary Contingent (Please mark one)

Social Security #: _____
Date of Birth: _____
Relationship _____
Percentage _____

Name: _____
Address: _____
 Primary Contingent (Please mark one)

Social Security #: _____
Date of Birth: _____
Relationship _____
Percentage _____

Name: _____
Address: _____
 Primary Contingent (Please mark one)

Social Security #: _____
Date of Birth: _____
Relationship _____
Percentage _____

SEE ATTACHMENT FOR ADDITIONAL BENEFICIARY INFORMATION YES NO

Insurance Company: _____
Insurance Agent: _____
Agent Phone: _____

Policy Number: _____
Policy Date: _____

Individual Coverage Family Coverage Annual Deductible _____
(Please provide a copy of the first page of your policy)

For Internal Use Only	
Application Given By: _____ (Bank Associate)	Branch _____
Account Opened _____	Date _____ By _____
Checking Account No. _____	Eligible Contribution Amount \$ _____
Date Agent Contacted _____	Opening Amount \$ _____
Agent or Contact person _____	