



## APPLICATION INSTRUCTIONS

To complete the application, follow these steps:

1. Fill in all the blanks on the application – all fields are clickable.
2. Print and return completed application to any location within the Fishback Family of Banks.  
Do not email completed applications as we cannot guarantee the privacy and security of your email.

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### SOUTH DAKOTA BRANCHES

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#### **BROOKINGS, SD**

##### *DOWNTOWN*

520 6th Street  
Phone: 605.696.BANK

##### *EAST BANK*

2220 6th Street  
Phone: 605.696.BANK

##### *HY-VEE*

790 22nd Avenue South  
Phone: 605.696.BANK

##### *WALMART*

2233 6th Street  
Phone: 605.696.BANK

#### **CANTON, SD**

402 East 5th Street  
Phone: 605.764.7797

#### **GARRETSON, SD**

644 North Main Avenue  
Phone: 605.594.3423

#### **MADISON, SD**

120 North Egan Avenue  
Phone: 605.256.9191

#### **MILBANK, SD**

215 West 4th Avenue  
Phone: 605.432.5111

#### **SIOUX FALLS, SD**

##### *57th & I-229*

2300 West 57th Street  
Phone: 605.782.8000

##### *DAWLEY FARMS*

500 South Highline Place  
Phone: 605.978.3030

##### *DOWNTOWN*

110 North Minnesota Avenue  
Phone: 605.978.9300

#### **STOCKHOLM, SD**

102 South Main Street  
Phone: 605.676.2321

#### **TORONTO, SD**

445 Main Avenue  
Phone: 605.794.4811

#### **VERMILLION, SD**

20 East Main Street  
Phone: 605.624.2608

#### **WATERTOWN, SD**

1120 9th Avenue Southeast  
Phone: 605.882.8320

#### **WHITE, SD**

301 West Main Street  
Phone: 605.629.2471

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### MINNESOTA BRANCHES

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#### **CAMBRIDGE, MN**

234 East First Avenue  
Phone: 763.689.1212

#### **EAST BETHEL, MN**

21420 Aberdeen Street  
Phone: 763.434.4462

#### **EDINA, MN**

3316 West 66th Street,  
Suite 100  
Phone: 952.831.8253

#### **NEW PRAGUE, MN**

1101 First Street Southeast  
Phone: 952.758.4491

#### **PIPESTONE, MN**

101 Northwest 2nd Street  
Phone: 507.825.3344

#### **PRINCETON, MN**

209 South Rum River Drive  
Phone: 763.389.4350

#### **ROSEVILLE, MN**

1909 Highway 36 West  
Phone: 651.291.5777



# HSA/IRA - CONSUMER DEPOSIT ACCOUNT INFORMATION

Date \_\_\_\_\_ Bank \_\_\_\_\_ Officer \_\_\_\_\_  
Account # \_\_\_\_\_ Insurance Coverage \_\_\_\_\_ Family \_\_\_\_\_ Self \_\_\_\_\_

## PRIMARY OWNER

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

Physical Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

ID Type:  Driver's Lic.  Gov't ID  Passport  VISA

Other \_\_\_\_\_ ID # \_\_\_\_\_ Where Issued \_\_\_\_\_

Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

U.S. Citizen  Resident Alien  Non-Resident Alien

CIF \_\_\_\_\_

Taxpayer ID # or Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name \_\_\_\_\_

Deposit Amount \_\_\_\_\_  Cash  Check

Deposit Source \_\_\_\_\_

**Opening Method:**  In Person  By Mail/Fax

Non-Documentary Verification \_\_\_\_\_

Address Discrepancy Verification \_\_\_\_\_

Authentication Cross Check

Additional Info \_\_\_\_\_

OFAC \_\_\_\_\_

Chex Systems SSN State \_\_\_\_\_ SSN Year \_\_\_\_\_

AML/CIP Risk Rating:  High\*  Medium  Low

\* Requires additional form of documentary verification to be collected and noted below.

## AUTHORIZED SIGNER

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

Physical Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Email Address \_\_\_\_\_

U.S. Citizen  Resident Alien  Non-Resident Alien

Existing CIF?  CIF # \_\_\_\_\_

Taxpayer ID # or Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_

OFAC # \_\_\_\_\_

## BENEFICIARY

Percentage: \_\_\_\_\_ %  Primary  Contingent

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

SSN \_\_\_\_\_ Relationship \_\_\_\_\_

## BENEFICIARY

Percentage: \_\_\_\_\_ %  Primary  Contingent

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

SSN \_\_\_\_\_ Relationship \_\_\_\_\_

## BENEFICIARY

Percentage: \_\_\_\_\_ %  Primary  Contingent

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

SSN \_\_\_\_\_ Relationship \_\_\_\_\_

## HSA/IRA TO HSA/IRA TRANSFER

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

*Additional pages may be added as needed to list all Beneficiaries*

