

**HEALTH SAVINGS ACCOUNT CONTRIBUTION**

You, \_\_\_\_\_, hereby make the contribution described below to the Health Savings Account described below with us, FIRST FEDERAL COMMUNITY BANK, and certify as follows:

**Contribution Date:**

**Contribution Amount:**

**HSA Plan Number:** 0000000

**Contribution Type**

- Regular
- Employer
- Prior Year
- Prior Year Employer
- Trustee-to trustee transfer
- Rollover

Contribution is for tax year \_\_\_\_\_

Deposit Product: HEALTH SAVINGS ACCOUNT

**CERTIFICATION:**

You hereby certify that the information above is accurate and that the contribution complies with all applicable laws and regulations, including the contribution and rollover limitations of the Internal Revenue Code. You understand that you are allowed to withdraw your HSA contribution for the present tax year if you do so by April 15 of the following calendar year or by the date of any extension you may obtain for filing your return for the present tax year. To do so, however, you must not have deducted the contribution on your tax return, and you must withdraw all the earnings on the withdrawn contribution and report those earnings as income. We have told you to consult your own tax advisor or attorney about this contribution, including the extent to which it may be tax deductible, and you have done so as you deem appropriate. You understand we cannot give you legal or tax advice beyond the contents of any documents we have given you. You have read those documents and understand them. You take full responsibility for all consequences of this contribution.

X \_\_\_\_\_

\_\_\_\_\_ Date

Form <b>5305-C</b> (November 2007) Department of the Treasury Internal Revenue Service	<b>Health Savings Custodial Account</b> (Under section 223(a) of the Internal Revenue Code)	Do not file with the Internal Revenue Service
Name of account owner	Date of birth of account owner	Identifying number (see instructions)
Address of account owner (Street address, city, state, ZIP code)		
Name of custodian <b>FIRST FEDERAL COMMUNITY BANK</b>	Address or principal place of business of custodian <b>321 North Wooster Ave Po Box 38 Dover, Oh 44622-0038</b>	

The account owner named above is establishing this health savings account (HSA) exclusively for the purpose of paying or reimbursing qualified medical expenses of the account owner, his or her spouse, and dependents. The account owner represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she: (1) is covered under a high deductible health plan (HDHP); (2) is not also covered under any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage); (3) is not enrolled in Medicare; and (4) cannot be claimed as a dependent on another person's tax return.

\$ ..... dollars in cash is assigned to this custodial account.

The account owner and the custodian make the following agreement:

**Article I**

1. The custodian will accept additional cash contributions for the tax year made by the account owner or on behalf of the account owner (by an employer, family member or any other person). No contributions will be accepted by the custodian for any account owner that exceeds the maximum amount for family coverage plus the catch-up contribution.
2. Contributions for any tax year may be made at any time before the deadline for filing the account owner's federal income tax return for that year (without extensions).
3. Rollover contributions from an HSA or an Archer Medical Savings Account (Archer MSA) (unless prohibited under this agreement) need not be in cash and are not subject to the maximum annual contribution limit set forth in Article II.
4. Qualified HSA distributions from a health flexible spending arrangement or health reimbursement arrangement must be completed in a trustee-to-trustee transfer and are not subject to the maximum annual contribution limit set forth in Article II.
5. Qualified HSA funding distributions from an individual retirement account must be completed in a trustee-to-trustee transfer and are subject to the maximum annual contribution limit set forth in Article II.

**Article II**

1. For calendar year 2007, the maximum annual contribution limit for any account owner with single coverage is \$2,850. This amount increases to \$2,900 in 2008. For calendar year 2007, the maximum annual contribution limit for an account owner with family coverage is \$5,650. This amount increases to \$5,800 in 2008. These limits are subject to cost-of-living adjustments after 2008.
2. Contributions to Archer MSAs or other HSAs count toward the maximum annual contribution limit to this HSA.
3. For calendar year 2007, an additional \$800 catch-up contribution may be made for an account owner who is at least age 55 or older and not enrolled in Medicare. The catch-up contribution increases to \$900 in 2008 and \$1,000 in 2009 and later years.
4. Contributions in excess of the maximum annual contribution limit are subject to an excise tax. However, the catch-up contributions are not subject to an excise tax.

**Article III**

It is the responsibility of the account owner to determine whether contributions to this HSA have exceeded the maximum annual contribution limit described in Article II. If contributions to this HSA exceed the maximum annual contribution limit, the account owner shall notify the custodian that there exist excess contributions to the HSA. It is the responsibility of the account owner to request the withdrawal of the excess contribution and any net income attributable to such excess contribution.

**Article IV**

The account owner's interest in the balance in this custodial account in nonforfeitable.

**Article V**

1. No part of the custodial funds in this account may be invested in life insurance contracts or in collectibles as defined in section 408(m).
2. The assets of this account may not be commingled with other property except in a common trust fund or common investment fund.
3. Neither the account owner nor the custodian will engage in any prohibited transaction with respect to this account (such as borrowing or pledging the account or engaging in other prohibited transaction as defined in section 4975).

**Article VI**

1. Distributions of funds from this HSA may be made upon the direction of the account owner.
2. Distributions from this HSA that are used exclusively to pay or reimburse qualified medical expenses of the account owner, his or her spouse, or dependents are tax-free. However, distributions that are not used for qualified medical expenses are included in the account owner's gross income and are subject to an additional 10 percent tax on that amount. The additional 10 percent tax does not apply if the distribution is made after the account owner's death, disability, or reaching age 65.
3. The custodian is not required to determine whether the distribution is for the payment or reimbursement of qualified medical expenses. Only the account owner is responsible for substantiating that the distribution is for qualified medical expenses and must maintain records sufficient to show, if required, that the distribution is tax-free.

**Article VII**

If the account owner dies before the entire interest in the account is distributed, the entire account will be disposed of as follows:

1. If the beneficiary is the account owner's spouse, the HSA will become the spouse's HSA as of the date of death.
2. If the beneficiary is not the account owner's spouse, the HSA will cease to be an HSA as of the date of death. If the beneficiary is the account owner's estate, the fair market value of the account as of the date of death is taxable on the account owner's final return. For other beneficiaries, the fair market value of the account is taxable to that person in the tax year that includes such date.

**Article VIII**

1. The account owner agrees to provide the custodian with information necessary for the custodian to prepare any report or return required by the IRS.
2. The custodian agrees to prepare and submit any report or return as prescribed by the IRS.

**Article IX**

Notwithstanding any other article that may be added or incorporated in this agreement, the provisions of Articles I through VIII and this sentence are controlling. Any additional article in this agreement that is inconsistent with section 223 or IRS published guidance will be void.

**Article X**

This agreement will be amended from time to time to comply with the provisions of the Code or IRS published guidance. Other amendments may be made with the consent of the persons whose signatures appear below.

**Article XI**

Article XI may be used for any additional provisions. If no other provisions will be added, draw a line through this space. If provisions are added, they must comply with the requirements of Article IX.

Account owner's signature ..... Date .....

Custodian's signature ..... Date .....

Witness' signature .....  
(Use only if signature of account owner or custodian is required to be witnessed.)

**HEALTH SAVINGS ACCOUNT BENEFICIARY DESIGNATION**

<b>NAME</b>	<b>CONTRIBUTION INFORMATION</b>
	Contribution Amount \$0.00
<b>HSA ACCOUNT NUMBER</b> 0000000000000000	Contribution Date
<b>SOCIAL SECURITY NUMBER</b>	Contribution for Tax Year
<b>DATE OF BIRTH</b>	Contribution Type
	<input type="checkbox"/> Regular <input type="checkbox"/> Employer <input type="checkbox"/> Prior Year <input type="checkbox"/> Prior Year Employer <input type="checkbox"/> Trustee-to trustee transfer <input type="checkbox"/> Rollover

**DESIGNATION OF BENEFICARY.** In the event of your death, pay your HSA balance to the following primary beneficiary(ies):

Name	SSN or TIN	Date of Birth	Percentage*
	000-00-0000		100.00%

If the primary beneficiary dies before you, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata share.

\*If no percentage rate is indicated, the beneficiaries will share equally.

X \_\_\_\_\_ Date \_\_\_\_\_

FIRST FEDERAL COMMUNITY BANK

By \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE OF FEES**

**EFFECTIVE DATE** JULY 1 2009

**PERSONAL CHECKING AND STATEMENT SAVINGS:**

<b>Monthly Service Charges</b>	
First Choice Checking	FREE
Market Choice Checking	FREE. Limit of 6 transactions per cycle
Premier Choice Checking	\$5.00
IOTA/IOLTA NOW Checking	\$5.00
First Choice Savings	\$3.00. NO fee if balance is \$100 or more throughout the cycle
Christmas Club	FREE
Vacation Club	FREE
Premier Savings	\$5.00. NO fee if balance is \$1000 or more throughout the cycle
Visa Check Card	FREE
Health Savings Account Choice Checking	Setup Fee: \$10.00

**BUSINESS CHECKING PRODUCTS:**

<b>Business Choice Checking</b>	
Transaction fee	First 100 transactions FREE, \$.25 per item after that
<b>Business Premier Checking</b>	
Check Imaging Fee	\$5.00
<b>Business Gold Checking</b>	
Monthly Service Charge	\$25.00. NO fee if average collected monthly balance is \$10,000 or more
Transaction Fee	First 300 transactions FREE, \$.25 per item after that
<b>Business Platinum Checking</b>	
Earnings Credit Rate Variable Rate	Applied to Average Collected Balance
Monthly Maintenance Fee	\$10.00
Per Check Cleared Fee	\$0.19
Per ACH Transaction	\$0.14
Per Deposited Item fee	\$0.14
Visa Check Card	FREE

**OTHER FEES:**

Check Printing	Fee charged depends on style ordered
Replacement of lost or damaged VISA Check Card/ ATM card	\$10.00
Deposited check return unpaid	\$10.00
Copy of check	\$6.00
Overdraft Transfer from Statement Savings	\$5.00
Account balancing assistance/Account Research	\$10.00 per hour
Copy of monthly statement	\$6.00
Internet Banking and Bill Pay	FREE
Stop payments	\$30.00
Counter checks	\$.25 each
Early Account Closure Fee	If closed within 90 days of opening: \$25.00
Non-sufficient funds (NSF) fee (created by check, in-person withdrawal, ATM withdrawal or other electronic means)	Per item returned: \$32.00
Return Mail	\$3.00

**ATM FEES:**

Use of a First Federal ATM	FREE
Each Use of a Non-First Federal ATM	FREE
PIN Reissue	\$3.00
Visa CK Card/ATM Card Limit Increase	\$3.00

**OTHER SERVICES FEES:**

Money order	\$3.00
Bank check	\$5.00
Incoming Domestic Wire transfer	\$15.00
Outgoing Domestic Wire transfer	\$20.00
International Wire transfer	Variable
Notary Public	FREE to First Federal customers. Non-customers: \$2.00
Signature Guarantee	FREE to First Federal customers. Non-customers: \$2.00
Travelers Checks	Fee charged depends on type purchased

**MEMBER FDIC**

**FACTS****WHAT DOES First Federal Community Bank  
DO WITH YOUR PERSONAL INFORMATION?****Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?**

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and credit history
- Payment history and employment information
- Account balances and wire transfer instructions

When you are *no longer* our customer, we continue to share your information as described in this notice.

**How?**

All financial companies need to share customer personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer personal information; the reasons First Federal Community Bank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does First Federal Community Bank?	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes—</b> to offer our products and services to you	No	We don't share
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes—</b> information about your transactions and experiences	No	We don't share
<b>For our affiliates' everyday business purposes—</b> information about your creditworthiness	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

**Questions?**

Call 330-364-7777 or go to [www.onlinefirstfed.com](http://www.onlinefirstfed.com)

Who We Are	
Who is providing this notice?	First Federal Community Bank
What We Do	
How does First Federal Community protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does First Federal Community collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>■ open an account or apply for a loan</li> <li>■ deposit money or make a wire transfer</li> <li>■ use your credit or debit card</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>■ sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>■ affiliates from using your information to market to you</li> <li>■ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ <i>First Federal Community Bank has no affiliates.</i></li> </ul>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ <i>First Federal Community Bank does not share with nonaffiliates so they can market to you.</i></li> </ul>
<b>Joint marketing</b>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>■ <i>First Federal Community Bank doesn't jointly market.</i></li> </ul>
Other Important Information	