

HSA AGENT DESIGNATION CHANGE REQUEST



HSA OWNER INFORMATION

HSA Owner's Name

Social Security Number /TIN

Birth Date

HSA Account Number

AUTHORIZED SIGNER/AGENT DESIGNATION & INFORMATION

Complete this form if you wish to name an Authorized Signer (Agent) for your HSA checking account who you give permission to have full access to your HSA. This form may also be used to make changes to previous Agent designations. This designation is only applicable to the funds in your HSA at _____.

Please indicate your choice by checking one of the following selections:

_____ I wish to designate an Agent on my HSA. This is a new designation, as I do not currently have an Agent on my HSA.

_____ I wish to replace my current named Agent with this new Agent _____.

_____ I wish to add this additional Agent _____.

_____ I wish to revoke my previously chosen designation of this Agent _____.

Note: Unless your selection was to revoke a previous designation, both you and your designated Agent must sign below.

The Agent designated below may conduct any and all transactions with regard to my HSA that I am able to conduct, with the exception of closing my HSA or naming beneficiaries. This person may specifically write checks from this account, make deposits and withdrawals, or request balance information. If a debit card is to be issued to my named Agent, a separate disclosure will be provided.

Agent Name

Home Address

Date of Birth

Social Security Number/TIN

Relationship to HSA Owner

Telephone Number

Email Address

I certify that the information provided by me on this form is accurate and may be relied upon by the Credit Union unless and until I provide written notification of revocation. I further certify that the Credit Union has not given me tax or legal advice. I understand that I am responsible for my decisions regarding this designation and will not hold the Credit Union responsible for any adverse consequences or penalties that may arise from this authorization.

SIGNATURES

Signature of HSA Owner

Date

Signature of Agent (Authorized Signer)

Date

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