



AGENT DESIGNATION REQUEST FOR HEALTH SAVINGS ACCOUNTS

OPTIONAL—COMPLETE THIS FORM ONLY IF YOU WISH TO NAME AN AUTHORIZED SIGNER (AGENT) FOR YOUR CREDIT UNION HSA SAVINGS AND/OR HSA CHECKING ACCOUNT WHO YOU GIVE PERMISSION TO HAVE FULL ACCESS TO YOUR HSA.

Member/Account Owner Information

Member/HSA Owner:	HSA Account Number:
Social Security Number:	Date of Birth:

Authorized Signer/Agent Designation & Information

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. (Please see item 34 in your Credit Union Membership Agreement for additional information on appointing an Agent to your account).

Name of Designated Agent:	Effective Date: January 1, 2012
Agent's Social Security Number:	Agent's Date of Birth:
Agency Designation: <input checked="" type="checkbox"/> All accounts under this member account number <input type="checkbox"/> Designate specific accounts: _____ _____	Home Address of Agent: <input type="checkbox"/> Same as Member/HSA Owner <input type="checkbox"/> Other _____ _____
Agent's relationship to the Member/HSA Owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (Please specify) _____	Agent's Driver's License Number: _____ State Issued _____ Please attach a copy of the Agent's driver's license or other state issued photo identification

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.

X _____ / / 2011 X _____ / / 2011
 Signature of Member/Account Owner Date Signature of Agent: Date

