



HEALTH SAVINGS ACCOUNT AUTHORIZED SIGNER APPLICATION

Please print clearly in blue or black ink. Sections must be fully completed before submission.

SECTION ONE – PRIMARY OWNER INFORMATION		
PRIMARY MEMBER (LAST NAME, FIRST NAME, MIDDLE INITIAL)	MEMBER NUMBER	
ADDRESS	CITY, STATE, ZIP	
PRIMARY PHONE	E-MAIL	
SECTION TWO – AUTHORIZED SIGNER INFORMATION		
INCLUDE A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID FOR THE AUTHORIZED SIGNER		
AUTHORIZED SIGNER (LAST NAME, FIRST NAME, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER	
ADDRESS	CITY, STATE, ZIP	
OWN RENT OTHER	OCCUPANCY DURATION _____ YEAR(S) _____ MONTH(S)	
PRIMARY PHONE	SECONDARY PHONE	
BIRTH DATE	E-MAIL	
DRIVER'S LICENSE #	STATE	DRIVER'S LICENSE ISSUE AND EXPIRATION DATE
EMPLOYMENT STATUS	CURRENT/FORMER OCCUPATION	
EMPLOYER NAME	EMPLOYMENT DURATION _____ YEAR(S) _____ MONTH(S)	
*Note: if retired, indicate employer & occupation retired from. If self-employed, indicate such, along with the name and nature of business.		MOTHER'S MAIDEN NAME
SECTION THREE – AUTHORIZATION FOR AUTHORIZED SIGNER		
<p>You hereby designate the above individual as an Authorized Signer on your Health Savings Account (HSA). By designating an Authorized Signer on your account, you authorize the person to transact business with and give instructions to Connexus Credit Union regarding your Health Savings Account; make deposits or withdrawals by any means acceptable to Connexus Credit Union, including paper and electronic methods, receive and have access to account information; endorse any instruments; and to otherwise serve as agent for your Connexus Credit Union Health Savings Account. *No present or future ownership or right of survivorship is given to the Authorized Signer by this authorization. Upon notice to Connexus Credit Union of your death, this authorization terminates and rights to funds in your account will be transferred to your beneficiaries. If you did not name a beneficiary, your account balance will only be payable to your estate.</p> <p>You specifically authorize Connexus Credit Union, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that Connexus Credit Union receives a written revocation of this authorization, and has had a reasonable time to act upon the revocation. You understand that you are responsible for ensuring that your Authorized Signer reads and understands the Connexus Credit Union terms and conditions disclosure which have been provided to you.</p> <p>You hold harmless and indemnify Connexus Credit Union against any claims or losses Connexus Credit Union may suffer arising out of reliance on this authorization, and release Connexus Credit Union from any liability arising from such reliance, unless otherwise prohibited by law. You understand that you bear sole responsibility for any tax consequences that result from any actions taken by the Authorized Signer regarding your account.</p>		

SECTION FOUR – AUTHORIZATION FOR VISA HSA DEBIT CARD

A Visa HSA Debit Card will automatically be issued to the Authorized Signer unless otherwise specified. If you do not wish the Authorized Signer to be issued a card, please check the box below.

Do not issue a Visa HSA Debit Card to the Authorized Signer

SECTION FIVE - SIGNATURES

**By completing and submitting this form, you agree to Connexus Credit Union Health Savings Account Terms and Conditions.*

Primary Member Signature

Date

Authorized Signer Signature

Date

CONNEXUS CREDIT UNION USE ONLY

HSA Authorized Signer Application Date Received: _____ Received By: _____ Sent to Imaging: _____

Valid Government Issued Photo ID Date Received: _____ Received By: _____ Sent to Imaging: _____

Mailing Address:

Connexus Credit Union
PO Box 8026
Wausau, WI 54402

Fax:

715-847-4748
715-847-4747

Phone Number:

800-845-5025
715-847-4700

Visit us online at: www.connexuscu.org