

# Health Savings Account Access



FARMERS INSURANCE  
FEDERAL CREDIT UNION

## Request Type

- New
- Add Authorized Signer to Existing Account

Account Owner Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Start Date of High Deductible Plan: \_\_\_\_\_

## Plan Type

Individual

Family

### Checks

Yes  No

### Debit Card

Yes  No

### Checks

Yes  No

Member Only

Member and Authorized Signer

### Debit Card

Yes  No

Member Only

Member and Authorized Signer

## Authorized Signer

**Note: Authorized signers can only be established on family plans. Authorized signers can conduct transactions solely through use of checks and debit cards.**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

Drivers License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## CREDIT UNION USE ONLY

### OFAC

No Match  Match

### Government ID

Verified By \_\_\_\_\_ Branch No \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

If you wish to designate an authorized signer on your account, please complete all of the required fields above. If you are unable to provide all of the required information on your authorized signer, he/she will not be added to your account. You hereby designate the following individual as an authorized signer on your Health Savings Account. By designating an authorized signer on your account, you authorize the person designated above as "authorized signer" to transact business with and give instructions to Farmers Insurance Group Federal Credit Union (FIGFCU) regarding your Health Savings Account; make deposits or withdrawals by any means acceptable to FIGFCU, including paper and electronic methods such as ACH and internet-generated transactions; receive and have access to account information, including account balances and transactions; endorse any instruments such as checks, check orders or other documents for the payment of funds; and to otherwise serve as agent for your FIGFCU Health Savings Account. You specifically authorize FIGFCU, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that FIGFCU 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 FIGFCU account agreements which have been provided to you. You hold harmless and indemnify FIGFCU against any claims or losses FIGFCU may suffer arising out of FIGFCU's reliance on this authorization, and release FIGFCU 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.

No present or future ownership or right of survivorship is given to the authorized signer by this authorization. Upon notice to FIGFCU 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.

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT:** To help the government fight the funding of terrorism and money-laundering activities, the U.S.A. Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person (including business entities) who is authorized to sign on or opens an account.