# HEALTH SAVINGS ACCOUNT (HSA) AUTHORIZED SIGNER DESIGNATION/CHANGE REQUEST

## HSA OWNER INFORMATION

Name: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Business Phone: _____ E-Mail Address: _____

First Niagara Bank HSA Plan #: _____

## HSA AUTHORIZED SIGNER(S) INFORMATION

_____ The Authorized Signer(s) named below are in addition to those named in the original HSA Adoption Agreement signed by me, at the time this HSA Plan was opened.

**OR**

_____ I revoke all previous Authorized Signer designations made by me with respect to this HSA Plan.

As the HSA Account Owner, I designate the following individual(s)* as an authorized signer on my First Niagara Bank Health Savings Account. This individual may perform contribution and/or distribution transactions only.

#1 Name: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Business Phone: _____ E-Mail Address: _____

I.D. Type: _____ I.D. #: _____ Issued By: _____ Issue Date: _____ Expiration Date: _____

Relationship to the HSA Owner: _____

I authorize a First Niagara Bank HSA Debit MasterCard® be issued to the HSA Authorized Signer #1 indicated above: YES _____NO_____

#2 Name: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Business Phone: _____ E-Mail Address: _____

I.D. Type: _____ I.D. #: _____ Issued By: _____ Issue Date: _____ Expiration Date: _____

Relationship to the HSA Owner: _____

I authorize a First Niagara Bank HSA Debit MasterCard® be issued to the HSA Authorized Signer #2 indicated above: YES_____NO_____

The HSA Account Owner and Authorized Signer(s) designated above must sign this document for this designation to be effective.

***HSA Authorized Signer(s) must be at least 18 years of age on the date this form is signed.***

## SIGNATURES

I understand that I may change or add authorized signers at any time by completing a HSA authorized signer Designation/Change Request form, and delivering it to the plan trustee, First Niagara Bank, N.A.. First Niagara Bank, N.A. acknowledges and accepts receipt of this HSA Authorized Signer Designation/Change Request form.

HSA Owner Signature: _____ Date: _____

HSA Authorized Signer #1 Signature: _____ Date: _____

HSA Authorized Signer #2 Signature (if applicable): _____ Date: _____

Bank Representative Signature: _____ Employee #: _____ Date: _____