



# Authorized Signer for Health Savings Account

Name of account owner -	Account owner Social Security Number -
Address of account owner (Street address, city, state, zip code)	Date of birth of account owner -
	HSA Checking Account Number -

If you wish to designate an authorized signer on your account, please complete all of the required fields below. **If you are unable to provide all of the required information about your authorized signer, they 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 below as "Authorized Signer" to transact business with and give instructions to Sandy Spring Bank regarding your health savings account; make deposits or withdrawals by any means acceptable to Sandy Spring Bank, 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, orders or other documents for the payment of funds; and to otherwise serve as agent for your Sandy Spring Bank health savings account. You specifically authorize Sandy Spring Bank, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that Sandy Spring Bank 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 HSA Custodial Disclosure, the Deposit Account Agreement, and the Electronic Banking Disclosure and Agreement which have been provided to you. You hold harmless and indemnify Sandy Spring Bank against any claims against or losses Sandy Spring Bank may suffer arising out of Sandy Spring Bank's reliance on this authorization, and release Sandy Spring Bank 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 SANDY SPRING BANK 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.

<b>Authorized Signer Information</b> (Please print) All fields are required	
Social Security Number _____ -- _____ -- _____	Date of Birth ____ / ____ / ____
First Name _____ MI _____	Last name _____
Street Address _____ Residence only no P.O. Boxes	
City _____ State _____ Zip _____	Home Phone _____
Relationship _____	Mother's Maiden Name _____
Driver's License Number* _____	State Issued* _____ Issue Date* _____ Expiration Date* _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
*REQUIRED – If you do not have a valid driver's license, please contact HSA Support at 800-399-5919 x3155.	
Signature of Authorized Signer _____	Date _____

I would like a second debit card issued for this individual to access my HSA.

\_\_\_\_\_  
Account Owner Signature Date