

HSA OWNER INFORMATION		
Name	Credit Union Account Number	
Birth Date	Social Security Number	
AUTHORIZED SIGNER INFORMATION		
Name	Social Security Number	
Street Address	City/State/Zip	
Mailing Address	City/State/Zip	
Home Phone	Work Phone	Mobile Phone
Birth Date	Email	
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 designated above as "Authorized Signer" to transact business with and give instructions to NASA Federal regarding your Health Savings Account; make deposits or withdrawals by any means acceptable to NASA Federal, 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 NASA Federal Health Savings Account.</p> <p>You specifically authorize NASA Federal, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that NASA Federal 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 NASA Federal terms and conditions disclosure which have been provided to you. By completing and submitting this form, you agree to the NASA Federal Health Savings Account Terms and Conditions.</p> <p>You hold harmless and indemnify NASA Federal against any claims or losses NASA Federal may suffer arising out of reliance on this authorization, and release NASA Federal 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> <p><i>No present or future ownership or right of survivorship is given to the Authorized Signer by this authorization. Upon notice to NASA Federal 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.</i></p>		
SIGNATURE		
HSA Owner Signature	Date	

Instructions to Return Your Completed Application

1. Complete application. Please complete owner(s) information in entirety. HSA Owner must sign this form
2. Include a valid government-issued identification (ID) for HSA owner and authorized signer* Copies must be legible and include clear picture AND information. For example: A state-issued Driver's License/ID Card, Passport, or Military ID.
3. Return application along with a copy of HSA owner and HSA signer ID via:

eBranch: Log in to eBranch and choose "Services" from the top-level navigation. Next, select "Upload a Document" located under "Message Center." Attach both the form and the ID(s) required and you're all set.

Mail: Send both the form and copy of ID(s) to:
 NASA Federal Credit Union
 P.O. Box 1588
 Bowie, MD 20717-1588

**For owners/authorized signer's with with address/name not reflected on ID, supporting documentation is needed. Name Change- Ex. Marriage License or Court Document reflecting name change. Address Verification- Ex. utility bill, lease agreement, motor vehicle address change. For applicant's under 18 (without government/state issued ID), please provide birth certificate and social security card.*