



HEALTH SAVINGS ACCOUNT AUTHORIZED SIGNER APPLICATION

Please print clearly in blue or black ink. Sections must be fully completed before submission.
If you are unable to provide all of the required information on your Authorized Signer, they will not be added to your account.

SECTION ONE — PRIMARY OWNER INFORMATION

PRIMARY NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	CREDIT UNION ACCOUNT NUMBER
ADDRESS	CITY, STATE, ZIP
DAYTIME PHONE	E-MAIL

SECTION TWO — AUTHORIZED SIGNER INFORMATION

PRIMARY NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP
DAYTIME PHONE	EVENING PHONE
BIRTH DATE	E-MAIL

SECTION THREE — AUTHORIZATION FOR AUTHORIZED SIGNER

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.

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.

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.

**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.*

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 the NASA Federal Health Savings Account Terms and Conditions.*

_____	_____
Primary Owner Signature	Date
_____	_____
Authorized Signer Signature	Date

Please mail or return to a credit union representative. Thank you.

P.O Box 1910, Bowie, MD 20717-1910
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