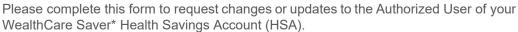


HSA Authorized User Form











Fax completed form to:

855.588.1028

Mail completed form to: WealthCare Saver

P.O. Box 162177 Altamonte Springs, FL 32716 Questions about this form? 800-499-3539 M-F 8:30 AM to 5:00 PM Eastern

ACCOUNT NUMBER (12 digits beginning v	vith 601)	
LAST NAME	FIRST NAME	MIDDLE INITIAL
EMPLOYER NAME		SOCIAL SECURITY NUMBER
EMAIL ADDRESS		TELEPHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
Section 2: Authorized User(s)—Check the appropriate option		
Add an authorized user to my HSA	Remove an authorized user from my HSA	Change authorized user's name due to marriage or legal decree (must attach
AST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH		SOCIAL SECURITY NUMBER
EMAIL ADDRESS		TELEPHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
Section 3: Signature		
certify that I am the HSA account holder or ransaction and will not hold WeatlhCare Sa esult. I certify that I have not received any t	an individual authorized to execute this tran ver* as Custodian, or any of its affiliates, liak ax or legal advice from the Administrator or t nsel to ensure my compliance with related la	ole for any adverse consequences that ma the Custodian, and, if necessary, will seek
		1