

# FREEDOM HSA

The road to freedom starts here

## Additional Signatory Authorization

Your name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

**You must notify us of any change in home address.**

**Additional Signatory:** I (the accountholder) understand that I am the sole account owner and hereby designate the following individual as additional authorized signer on my Health Savings Account for deposit, withdrawals, balance inquiries, address and other account updates. I am responsible for all transactions initiated by Additional Signatory. This signature authority can be removed by sending written notice to the Custodian.

Print Name of Additional Signatory

Signature of Additional Signatory



Account Owner's signature \_\_\_\_\_ Date: \_\_\_\_\_

Fax: 952-853-0063

Or

Mail:

IHC Health Solutions  
8009 34<sup>th</sup> Ave S. – Suite 360  
Bloomington, MN 55425