



Fax: 630.472.5970
Email: mtc.hsa@mtrustcompany.com

ADDITIONAL AUTHORIZED SIGNER

A ADDITIONAL AUTHORIZED ACCESS

Since regulations require that only one individual own an HSA, you may elect to add your spouse and/or another third party to have the authority to use the debit card issued with your HSA Account. In addition, we are authorized to provide information on the account to this third party upon request.

Account Holder Name:

Account Holder Social Security No.:

HSA Acct No.:

E-mail Address:

Phone No.:

I (Account Holder) hereby designate the following individual as an additional authorized signer on my Health Savings Account.

Name:

(Mr., Mrs., Ms., etc.)

Social Security No.:

Date of Birth:

SECOND DEBIT CARD OPTION

Yes No

Please check "Yes" if you would like to receive a second debit card issued for the individual listed above to have access to your HSA.

B ACCOUNT HOLDER'S AUTHORIZATION

Account Holder Signature: Date:

Additional Authorized Signer: Date:

Please return all forms to: Millennium Trust Company Attn: HSA Manager 820 Jorie Blvd., Suite 420 Oak Brook, IL 60523

