

Enter your confirmation number here if known: _____

Instructions: Print two copies of this signature card. Keep one copy for your records and mail or fax a completed and signed copy to:

American Chartered Bank - HSA Processing
PO Box 5994
Carol Stream, IL 60197-5994
Fax (847) 407-2633

- ✓ To order personalized checks mark the appropriate box and include a check payable to American Chartered Bank for the printing charge. \$19.50 for single ply, or \$22.00 for duplicate checks.
- ✓ To fund your account at opening include your initial deposit with this signature card. Make the check payable to yourself.

Health Savings Account SIGNATURE CARD		
HSA ACCOUNT HOLDER NAME (PRINTED)	DATE OPENED	ACCOUNT NUMBER:
For Bank Use Only		For Bank Use Only
HSA ACCOUNT HOLDER ADDRESS (PRINTED)		TYPE OF ACCOUNT: <input type="checkbox"/> HSA Checking <input type="checkbox"/> HSA CD
<p>By signing this signature card I acknowledge that I have read and agree to all the conditions contained in the HSA account application and agree to be bound by the rules and regulations regulating this account as described in the Custodial Agreement, account disclosures and by any amendments to them. I authorize American Chartered Bank to release to my employer any account related information necessary to support the posting of contributions to my Health Savings Account including account number, SSN, and bank routing information.</p> <p>The depositor has read and certifies under provision of perjury to the truthfulness of the tax withholding certificate appearing below. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. The signature(s) shown below is a specimen signature of the person(s) authorized to effect transactions on this account. This account is owned by the party named hereon.</p> <p>TAX WITHHOLDING CERTIFICATE: Under penalties of perjury, the depositor certifies (1) that the tax identification number shown on this form is the depositor's correct tax payer identification number and that (2) the depositor is not subject to backup withholding either because (a) the depositor is exempt from such withholding, (b) the depositor has not been notified that the depositor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified the depositor that the depositor is no longer subject to backup withholding. **Strike the part (2) of this paragraph if the depositor has been notified that the depositor is subject to backup withholding due to underreporting and has not received a notice from the Internal Revenue Service that backup withholding has terminated.</p>		
HSA ACCOUNT HOLDER SIGNATURE		SOCIAL SECURITY #
AUTHORIZED SIGNER SIGNATURE (if applicable)		SOCIAL SECURITY #

SPOUSAL CONSENT FORM:
Complete this section <u>only</u> if the HSA Account Owner is married and their spouse <u>has not</u> been designated as the primary beneficiary.
*SIGNATURE OF SPOUSE:
SIGNATURE OF WITNESS: (Cannot be the HSA account holder or spouse):
<p>* I am the spouse of the above-named Account Holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the Account Holder any interest I have in the funds or property deposited in this account, and consent to the beneficiary designation(s) indicated in the HSA account records. I assume full responsibility for any adverse consequences that may result. The Custodian gave no tax or legal advice to me.</p>