



HSA POWER OF ATTORNEY FORM

INSTRUCTIONS

1. Complete Accountholder Information, Power of Attorney Information and Signature sections to designate a Power of Attorney. **Signatures must be notarized.**
2. Complete Accountholder Information and Revocation of Power of Attorney sections to revoke the prior designation of a Power of Attorney. **Signatures must be notarized.**
3. Forward completed form to: Nyhart (TPA) at: 8415 Allison Pointe Blvd, Suite 300, Indianapolis, IN 46250.
4. For any questions regarding this form, please call 800-284-8412.

ACCOUNTHOLDER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Social Security Number: _____ Employee ID and Employer: _____
 (if applicable)

POWER OF ATTORNEY DESIGNATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Social Security Number: _____ Phone Number: _____ Birth Date: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

TPA and Healthcare Bank are hereby authorized to recognize the signature subscribed below in the payment of funds or transactions of any business for this account. All transactions shall be governed by applicable laws and the Health Savings Account Custodial Agreement and Disclosure Statement. To the extent allowed by law, this authorization shall survive my disability or incapacity, and shall remain in effect until TPA receives written notice of revocation and a reasonable opportunity to act on such notice.

SIGNATURE

By signing below, I authorize the attorney-in-fact identified above to perform any act I may perform pursuant to my Health Savings Account Custodial Agreement and Disclosure Statement with TPA and Healthcare Bank. This Power of Attorney is effective upon my signing. This authorization includes, for example, the ability to: (1) endorse, cash, or deposit checks or other items payable to my order; (2) withdraw funds from this account via any means allowed for this account (including, but not limited to, checks, debit cards, wire transfers, etc.); and (3) give instructions for the handling of any and all matters in connection with this account. I understand the powers I give to my attorney-in-fact, and any limitations on those powers are between the attorney-in-fact and me, even if TPA and Healthcare Bank have express written notice of those powers. I agree to hold TPA and Healthcare Bank harmless and be responsible for any damages or costs TPA and Healthcare Bank incur due to TPA and Healthcare Bank's reliance on this Power of Attorney.

Signature of HSA Accountholder: _____ Date: _____
 Signature of Attorney-in-fact: _____ Date: _____
 Subscribed and sworn to me before this _____ day of _____, 20 _____ Notary Public: _____

REVOCAION OF POWER OF ATTORNEY

I hereby revoke the appointment of the above named Power of Attorney and have notified them of this change. I understand that TPA and Healthcare Bank may charge the account for the amount of any check or pre-authorized transactions dated on or before this date if they have been authorized by my attorney-in-fact.

Signature of HSA Accountholder: _____ Date: _____
 Signature of Attorney-in-fact: _____ Date: _____
 Subscribed and sworn to me before this _____ day of _____, 20 _____ Notary Public: _____