

# LIMITED DURABLE POWER OF ATTORNEY FOR HEALTH SAVINGS ACCOUNT



## Associated Bank, National Association ("Bank")

Health Savings Account ("HSA") Account Number: \_\_\_\_\_

The undersigned HSA Account Owner (referred to as "I", "my", or "me") appoints the individual listed below as my Limited Power of Attorney/Agent for my Health Savings Account(s) ("Account"). My Limited Power of Attorney/Agent ("Agent") may withdraw funds from the Account by any means acceptable to the Bank, may obtain Account balances, and may close the Account. My Agent is not granted any other rights or privileges with respect to the Account by this Limited Power of Attorney for Health Savings Account document. My Agent may exercise the authority granted by this Limited Durable Power of Attorney for Health Savings Account notwithstanding my disability or incapacity. I understand that my Agent's actions may cause adverse tax implications to me. I ratify and confirm all that the Agent does or causes to be done under these powers. I hold the Bank harmless and also indemnify the Bank against any claims or losses the Bank may suffer arising out of the Bank's reliance on this appointment and release the Bank from any liability arising from such reliance. This appointment remains in full force and effect until the Bank receives written notice of revocation and has had a reasonable time to act upon such notice. If you setup a Health Savings Investment\* Account at Associated, the Agent's powers do NOT extend to the Health Savings Investment\* Account.

\*Non-deposit investment products are NOT deposits or obligations of, insured or guaranteed by Associated Bank, N.A. or any bank or affiliate, are NOT insured by the FDIC or any agency of the United States, and involve INVESTMENT RISK, including POSSIBLE LOSS OF VALUE.

**TRANSACTIONS REGARDING THIS HEALTH SAVINGS ACCOUNT MAY BE MADE BY THE AGENT HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION. THE AUTHORITY OF THE AGENT IS EXERCISABLE NOTWITHSTANDING THE SUBSEQUENT DISABILITY OR INCAPACITY OF THE HSA ACCOUNT OWNER.**

HSA Account Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

HSA Account Owner's Printed Name \_\_\_\_\_

Limited Power of Attorney/Agent Name \_\_\_\_\_

**The following Agent identifying information and "Know Your Customer" related information is required for the Bank to add an Agent to your HSA Account.**

**Important Information About Procedures for Opening a New Account.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means for you: When you open an Account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## Complete information for Limited Power of Attorney on next page

### For Termination Only

#### TERMINATION OF LIMITED DURABLE POWER OF ATTORNEY FOR HEALTH SAVINGS ACCOUNT

By signing below, HSA Account Owner terminates this Limited Durable Power of Attorney for Health Savings Account.

Signature of HSA Account Owner to **TERMINATE** Limited Durable Power of Attorney for Health Savings Account

\_\_\_\_\_ Date \_\_\_\_\_

## Limited Power of Attorney/Agent Information

All information must be completed

Limited Power of Attorney/Agent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Driver's License/State Identification Number \_\_\_\_\_

Identification Issuer and Type \_\_\_\_\_ Identification Issue Date/Code \_\_\_\_\_

Identification Expiration Date/Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**Limited Power of Attorney/Agent Specimen Signature** \_\_\_\_\_

### A. Agent's Employment Status (*Fields required, if not employed please enter status: unemployed, retired, student, etc.*)

Current Employer's Name \_\_\_\_\_

Current Employer's Address \_\_\_\_\_

Agent's Current Occupation \_\_\_\_\_

### B. Agent's Citizenship

B1. What is your agent's United States citizenship status

US Citizen

Resident Alien

Non-Resident Alien

Other (*please explain in B1a*)

B1a. If your citizenship status is other, please describe \_\_\_\_\_

B2. What is your agent's country of birth? \_\_\_\_\_

B3. Is your agent a citizen of any other country or countries?  Yes  No

B3a. Of what other country or countries is your agent a citizen? \_\_\_\_\_

*Passport/National ID information from each non-U.S. country of citizenship required for Dual Citizenship, Resident Alien or Non-Resident Alien Status*

Passport/National ID # \_\_\_\_\_ Passport/National ID Issuer \_\_\_\_\_

Passport/National ID Issue Date \_\_\_\_\_ Passport/ National ID Expiration Date \_\_\_\_\_

B4. What is your agent's country of permanent residence? \_\_\_\_\_

B4a. If other than U.S. please provide the physical address for your agent's country of permanent residence.  
\_\_\_\_\_

B5. Does your agent have an address (physical, PO Box, etc.) in a country other than the United States or your country of citizenship?  Yes  No

B5a. What is the other country (or countries) where your agent has a foreign address? \_\_\_\_\_

B6. Does your agent currently or within the last three years occupied a high position in a foreign government?  Yes  No

B7. Does your agent have an immediate/close family member or close associate who currently occupies or within the last three years occupied a high position in a foreign government?  Yes  No