Wells Fargo Health Savings Account
Account Authorization Form

Opening your Health Savings Account (HSA)
Thank you for your interest in a Wells Fargo HSA. This form will help your employer open an HSA on your behalf. Please fill it out so Wells Fargo has the information needed to verify your identity and open your HSA.

By signing below, you'll confirm the following:

- I would like to open a Wells Fargo HSA
- I am eligible to contribute to an HSA* – If you're not sure, check with your employer or health insurance provider

Once your account is opened, you'll receive a welcome packet in the mail with information about using your HSA, creating an online account, and the agreements governing your account. If you no longer want an HSA, you'll have seven business days after receiving your welcome packet to cancel the account.

If you have any other questions or would like to review the agreements, visit **wellsfargo.com/hsa** or call 1-866-884-7374.

Authorize employer to open an account on your behalf

By signing below, I authorize Kass Shuler, P.A. to act as my agent to open a Wells Fargo HSA for me and to send the Identifying Information below to Wells Fargo.

As my agent, *Employer* will receive a notice from Wells Fargo on my behalf which explains that Wells Fargo will obtain, verify and record information to identify me before they open my HSA. Wells Fargo does this to help the United States government fight money laundering activities and terrorism funding.

I agree that *Employer* will be my agent until the first of these events occurs:

- I receive my HSA welcome packet from Wells Fargo
- I give *Employer* written notice that I do not want *Employer* to act as my agent and *Employer* has enough time to act on my notice
- I receive a notice from Wells Fargo that my application for an HSA has been declined

Identifying information
I'm providing the following information to *Employer* who will send it to Wells Fargo so I can open an HSA.

First name _____ Middle initial _____ Last name _____

Residential street address (No P.O. Box) _____ City _____ State _____ ZIP Code _____

Mailing address (if different than residential - optional) _____ City _____ State _____ ZIP Code _____

Email address (optional) _____

Date of birth (mm/dd/yyyy) _____ SSN/ITIN _____ Home/cell phone number (optional) _____

Country of citizenship _____ Residency status (U.S. Citizen, Permanent/Resident Alien, or Non-Permanent/Non-Resident Alien) _____

Signature of employee
By signing below, I agree to the above.

Employee Signature _____ Date _____

Please fill out, sign, and return this form to your employer. Please do not send it to Wells Fargo.

*Eligibility requirements set under Internal Revenue Code Section 223

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