

Designation of authorized signer

If you wish to designate an authorized signer on your account, please complete all of the required fields below. You hereby designate the following individual as an authorized signer on your Health Savings Account. You authorize the person designated below as “authorized signer” to transact business with and give instructions to CIBC regarding your Health Savings Account; make deposits or withdrawals by any means acceptable to CIBC, including paper and electronic methods such as ACH and online transactions; receive and have access to account information, including account balances and transactions; endorse any instruments such as checks, orders or other documents for the payment of funds; and to otherwise serve as agent for your Health Savings Account. CIBC is able to issue a debit card to the authorized signer on your account. Please contact us if you would like to do so.

You specifically authorize CIBC, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that CIBC receives a written revocation of this authorization, and has had a reasonable time to act upon the revocation. You hold harmless and indemnify CIBC against any claims against or losses CIBC may suffer arising out of CIBC’s reliance on this authorization, and release CIBC from any liability arising from such reliance, unless otherwise prohibited by law. You understand that you bear sole responsibility for any tax consequences that result from any actions taken by the authorized signer regarding your account. By signing below, the authorized signer authorizes CIBC to contact third parties to verify the accuracy of the information below or to obtain credit information.

NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS GIVEN TO THE AUTHORIZED SIGNER BY THIS AUTHORIZATION. UPON NOTICE TO CIBC OF YOUR DEATH, THIS AUTHORIZATION TERMINATES, AND RIGHTS TO FUNDS IN YOUR ACCOUNT WILL BE TRANSFERRED TO YOUR BENEFICIARIES. IF YOU DID NOT NAME A BENEFICIARY, YOUR ACCOUNT BALANCE WILL ONLY BE PAYABLE TO YOUR ESTATE.

Name	Social security number		
Address			
City	State	Zip code	
Personal email address		Business email address	
Cell phone	Home phone	Business phone	Date of birth
Mother’s maiden name	Marital status	US citizen	If no, list country of origin
Form of identification		Issued by	
ID number		Issued date	Expiration date
Employer name		Employment status	
Occupation			

***Authorized signer signature required below.*

Accountholder signature Date

Signature of custodian Date

Authorized signer signature Date

Account number