



Health Savings Account

Agreement for Deleting and/or Adding Authorized Signers

Name of Account Owner _____ Date _____

HSA Account Number _____

Please check the appropriate box(es) for the account action requested:

REMOVE AUTHORIZED SIGNER(S): I am the owner of the above referenced account at First Tennessee Bank National Association ("FTBNA") or First Horizon Bank, a division of FTBNA ("Bank"). I want to terminate the authority of each person named below who previously was authorized to sign on the account. Each such person has no ownership interest in the account.

Name(s) of Deleted signer(s): _____

The Bank is unwilling to continue operating the account following the deletion of an authorized signer, unless it is indemnified for losses resulting from further activity by a deleted signer. I decline the Bank's offers to close the referenced account and open a new one. I direct that each above named person's signature authority be withdrawn and revoked. In consideration of the account remaining open, I hereby indemnify the Bank, its parent and affiliated companies, officers, and employees, from any and all loss or expense related to claims, suits, and actions concerning the ownership or authority of the previously authorized signer(s), whether direct or indirect, proximate or remote, and I will defend the Bank and hold it harmless from any said claims, suits or actions.

ADD AUTHORIZED SIGNER(S): I want to add the below-named person(s) as an additional authorized signer(s) to the above-referenced account. Each such person has no ownership interest in the account but is allowed access to the account as an additional authorized signer. By signing below, each additional authorized signer agrees to be bound by the terms of the Depositor Agreement as well as any changes or additions adopted by the Bank.

First Additional Authorized Signer

Name (First) _____ (MI) _____ (Last) _____ Date of Birth _____

Physical Address _____ City _____ State _____ Zip _____

Social Security Number (SSN) _____ Signature of Authorized Signer _____

Country(ies) of Citizenship _____ Occupation _____

Second Additional Authorized Signer

Name (First) _____ (MI) _____ (Last) _____ Date of Birth _____

Physical Address _____ City _____ State _____ Zip _____

Social Security Number (SSN) _____ Signature of Authorized Signer _____

Country(ies) of Citizenship _____ Occupation _____

Account Owner Signature

State of _____

County of _____

On this _____ day of _____, 20____, before me personally appeared _____, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.