Health Savings Account Power of Attorney Form

Complete Accountholder Information, Power of Attorney Information, and Signature sections to designate a Power of Attorney. Signatures must be notarized. Complete Accountholder Information and Revocation of Power of Attorney sections to revoke the prior designation of a Power of Attorney. Mail completed form to Flyte HCM, PO Box 3260, Burnsville, MN 55337. If you have any questions, please email claims@flytehcm.com or call 952.746.0000.

Accountholder Information

First Name | MI | Last Name | Social Security Number *(required)*

Power of Attorney Designation

First Name | MI | Last Name

Social Security Number | Telephone Number | Date of Birth

Street Address | City | State | Zip Code

Flyte HCM and Healthcare Bank, a division of Bell 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 Flyte HCM receives written notice of revocation and a reasonable opportunity to act on such notice.

Certification

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 Flyte HCM and Healthcare Bank. This Power of Attorney becomes effective upon my disability or incapacity. I shall be considered disabled or incapacitated for purposes of this Power of Attorney if a physician certifies in writing that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this Power of Attorney. 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 Flyte HCM and Healthcare Bank have express written notice of those powers. I agree to hold Flyte HCM and Healthcare Bank harmless and be responsible for any damages or costs Flyte HCM and Healthcare Bank incur due to Flyte HCM 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 before me this

_____ day of _____, 20 _____

Notary Public

Power of Attorney Revocation

I hereby revoke the appointment of the above named Power of Attorney and have notified them of this change. I understand that Flyte HCM 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 before me this

_____ day of _____, 20 _____

Notary Public