



HEALTH SAVINGS ACCOUNT POWER OF ATTORNEY FORM

Member Information

Last Name

First Name

Middle Initial

Social Security Number

Employee ID & Employer (if applicable)

Power of Attorney Designation

Last Name

First Name

Middle Initial

Address

City, State & ZIP

Social Security Number

Telephone Number

Date of Birth

Surency and WEX Inc. 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 Surency receives written notice of revocation and a reasonable opportunity to act on such notice.

Signature (Must be notarized)

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 Surency and WEX Inc. This Power of Attorney is effective upon my signing. 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 Surency and WEX Inc. have express written notice of those powers. I agree to hold Surency and WEX Inc. harmless and be responsible for any damages or costs Surency and WEX Inc. and to Surency and WEX Inc.'s reliance on this Power of Attorney.

Signature of HSA Accountholder

Date

Subscribed and sworn to before me this

____ day of _____, 20 ____

Signature of Attorney-in-Fact

Date

Notary Public

Revocation of Power of Attorney (Complete only to revoke a prior Power of Attorney designation)

I hereby revoke the appointment of the prior designated Power of Attorney and have notified them of this change. I understand that Surency and WEX Inc. 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

Subscribed and sworn to before me this

____ day of _____, 20 ____

Signature of Attorney-in-Fact

Date

Notary Public

**Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773**

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