

Complete this form and deliver to your local BMO Harris branch or mail to the following address:

BMO Harris Bank NA
P.O. Box 296
Milwaukee, WI 53201-0296

Health Savings Account

Dependent Card Request and Agreement

I, the undersigned, as the sole accountholder of the health savings account identified below (the "Account"), hereby request that the individual below ("Authorized User") be issued a debit card access device that will allow the Authorized User to make purchases from and initiate debits to the Account (a "Dependent Card").

Name of Authorized User

Relationship to Accountholder

Name

Spouse or child (only)

Address

City

State

Zip

Social Security Number

Date of Birth

Phone Number

In connection with this request, I agree that:

1. I have received, read and agree to the Terms and Conditions associated with the debit card access device(s) issued for the Account and understand that those Terms and Conditions will also apply to the Dependent Card issued under this Agreement.
2. I assume full responsibility, as the sole accountholder, for any transactions initiated by an Authorized User pursuant to the use of a Dependent Card, regardless of whether or not the transaction represents a qualified transaction under the rules governing health savings accounts.
3. The Authorized User is 18 years of age or older.
4. I may cancel the Dependent Card at any time.
5. I understand and agree that the Authorized User may have access to certain information related to the Account (e.g., balance and other information available at ATMs).
6. Transactions initiated by the Authorized User using a Dependent Card will continue to be honored until I request that the Authorized User be removed and the custodian has had a reasonable opportunity to act on that request.
7. I assume full responsibility to promptly notify the Bank of any lost or stolen Dependent Card and any unauthorized transactions initiated through the use of the Dependent Card as provided in the Terms and Conditions.

Account Number: _____

Name: _____
(Accountholder Name)

Date: _____ Signature: _____
(Accountholder Signature)

Banking deposit and loan products are provided by BMO Harris Bank N.A. and are subject to bank and credit approval.
BMO Harris Bank N.A. Member FDIC

BUC#: By:

Date:

HLF-HSA-DES.0312

Work Item ID: