



PERSONAL INFORMATION

Name (limit 20 characters)

Address City State Zip Code

Daytime Phone E-mail Address

- Check here if this is an address change that applies to your Health Savings Account only.
Check here if this is an address change that applies to all accounts.

ACCOUNTS FOR ACCESS

My Health Savings Account number is:

Authorization:

By signing below, I am requesting a Frost Health Savings Account Visa Checkcard. I agree the Service will be governed by the Agreement and Disclosure for Personal Checkcard, Health Savings Account Checkcard, and ATM card, which is amended from time to time.

Requestor's Signature: Date:

Please sign request form and fax to 1-800-781-8929 or mail to:

CIF Department
Frost
P.O. Box 1600
San Antonio, TX 78296

Note: Each cardholder must be a signer on the account listed. Card will be mailed to the above address. You will receive your card in the mail 3-5 business days from the time your request is received. Your personal identification number (PIN) will be sent in a separate mailing.

FOR BANK USE ONLY

Table with 5 columns: Banker/Approving Officer Name, Officer #(s), Branch/Location, Banker/Approving Officer Signature, Extension(s)