

# Health Savings Account (HSA) Designation or Change of Beneficiary Form

## 1 HSA OWNER INFORMATION

NAME, ADDRESS, CITY, STATE, AND ZIP			
HSA ACCOUNT (PLAN) NUMBER	SOCIAL SECURITY NUMBER (SSN)	DATE OF BIRTH	DAYTIME PHONE NUMBER

## 2 DESIGNATION OF BENEFICIARY (See Additional Information included with this form.)

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries which share the deceased beneficiary's classification as a primary or contingent beneficiary. If all of the beneficiaries die before me, my HSA assets will be paid to my estate. If no percentages are assigned to beneficiaries, the beneficiaries will share equally. If the percentage total for each beneficiary classification type does not equal 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

### A. Primary Beneficiary

PERCENTAGE	NAME OF BENEFICIARY	SSN OR TAXPAYER IDENTIFICATION NUMBER	RELATIONSHIP TO HSA OWNER
%			
%			
%			
<b>Total 100%</b>			

### B. Contingent Beneficiary

PERCENTAGE	NAME OF BENEFICIARY	SSN OR TAXPAYER IDENTIFICATION NUMBER	RELATIONSHIP TO HSA OWNER
%			
%			
%			
<b>Total 100%</b>			

## 3 SPOUSAL CONSENT

Community or marital property state laws may require spousal consent for a nonspouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the HSA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by financial organization policy.

\_\_\_\_\_  
(HSA Owner Initials) **I Am Married.** I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.

\_\_\_\_\_  
(HSA Owner Initials) **I Am Not Married.** I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian/trustee has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property, including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in Section 2 of this form.

\_\_\_\_\_ Date  
Signature of Spouse

\_\_\_\_\_ Date  
Signature of Witness (if required)  
(Witness cannot be a beneficiary of this HSA)

## 4 SIGNATURES

I certify that the information provided on this form is accurate and complete. I hereby agree to the terms and conditions set forth in Sections 2 and 3. I agree that I am responsible for any claims that may arise as a result of my selections, including naming beneficiaries other than my spouse. I understand that my HSA agreement, disclosure statement, and amendments thereto, may provide me with additional guidance. I agree that the custodian/trustee cannot give me legal advice. I release the custodian/trustee from and indemnify the custodian/trustee for all claims that may arise from my actions related to this form.

\_\_\_\_\_ Date  
Signature of HSA Owner

\_\_\_\_\_ Date  
Signature of Custodian/Trustee

## ADDITIONAL INFORMATION

**Purpose.** The Health Savings Account (HSA) Designation or Change of Beneficiary Form is designed to assist you in selecting or changing the current beneficiary designation of your HSA.

**Additional Documents.** Applicable law or policies of the HSA custodian/trustee may require additional documentation. In the event you want to name additional primary or contingent beneficiaries, your custodian/trustee may allow you to attach additional beneficiary designations in a format acceptable to the custodian/trustee.

**For Additional Guidance.** It is in your best interest to seek the guidance of your tax or legal professional before completing this document because of the potentially significant financial and estate planning consequences. Your first reference should be the HSA agreement and disclosure statement you received upon establishing

your HSA or amendments provided by your custodian/trustee. For more information, refer to Internal Revenue Code (IRC) Section 223, other relevant IRC sections, and all additional Internal Revenue Service (IRS) guidance; IRS publications that include information about HSAs; instructions to your federal income tax return; your local IRS office; or the IRS's web site at [www.irs.gov](http://www.irs.gov).

**Terms.** A general understanding of the following terms may be helpful in completing your transactions.

**Primary Beneficiary.** A primary beneficiary is the recipient of HSA assets upon the death of an HSA owner.

**Contingent Beneficiary.** A contingent beneficiary is a secondary beneficiary who is the recipient of HSA assets if all primary beneficiaries predecease an HSA owner.