

# 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 that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all of the beneficiaries die before me, my HSA assets will be paid to my estate. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

PRIMARY SHARE	CONTINGENT SHARE	NAME OF BENEFICIARY	SSN OR TIN	RELATIONSHIP TO HSA OWNER	DATE OF BIRTH	ADDRESS, CITY, STATE, AND ZIP
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
<b>Total 100%</b>	<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 this form.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### 4 SIGNATURES

I certify that I am the HSA owner or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this designation. I understand that the HSA agreement, disclosure statement, and amendments thereto may provide me with additional guidance. I assume full responsibility for any consequences associated with my naming of beneficiaries. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I acknowledge that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to see the guidance of a tax or legal professional.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## 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. You should also reference the HSA agreement and disclosure statement and/or amendments provided by the 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.