HSA BANK®
National Leader in Health Savings Accounts.
A Division of Webster Bank, N.A., Member FDIC

# Health Savings Account (HSA) Designation of Beneficiaries Form

HealthSavings ADMINISTRATORS

**Instructions:** Please complete this form and mail or fax to: **Health Savings Administrators, 10800 Midlothian Tpk Ste 240, Richmond, VA 23235, Fax: (804) 726-1570.**
For assistance, call (888) 354-0697, Monday - Friday, 8:30 a.m. - 5 p.m., ET.

## ACCOUNTHOLDER INFORMATION

| First Name: | MI: | Last Name: |
|---|---|---|
| Account Number: | Social Security Number: | Birth Date: |

## DESIGNATION TYPE

**Please check one of the following options.**

☐ **Initial Beneficiary Designation:** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA.

☐ **Replace Beneficiary(ies):** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of the account named above and hereby revoke all prior beneficiary(ies) designations, if any, made by me.

☐ **Add Beneficiary(ies):** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of the account named above. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified. (When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiary(ies) and the corresponding share % if the previous percentages are no longer correct.)

## DESIGNATION OF BENEFICIARIES

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If a primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rated basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

| **Name & Address of Individual** *(or of Trust and Trustee)* | **Date of Birth** (mm/dd/yyyy) *(creation date, if Trust)* | **Social Security #** *(TIN, if Trust)* | **Relationship** | **Primary or Contingent** | **Share %** |
|---|---|---|---|---|---|
| | | | | ☐ Primary ☐ Contingent | |
| | | | | ☐ Primary ☐ Contingent | |
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| | | | | ☐ Primary ☐ Contingent | |
| | | | | ☐ Primary ☐ Contingent | |

## SPOUSAL CONSENT

*This section should be reviewed if either the trust or the residence of the Accountholder is located in a community or marital property state and the Accountholder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with an independent legal or tax advisor.*

CURRENT MARITAL STATUS

☐ I am not married - I understand that if I become married in the future, I must complete a new Designation of Beneficiary Form.

☐ I am married - I understand that if I chose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named Accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the Accountholder any interest I have in the funds or property deposited in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

**Signature of Spouse** **Date**

**Signature of Witness** **(Required – Cannot be spouse)** **(Must be 18 or older)** **Date**

## SIGNATURES

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to Health Savings Administrators. HSA Bank has provided no tax or legal advice to me regarding my beneficiary designation.

**Accountholder Signature** **Date**

**Signature of Witness** **(Required – Cannot be spouse)** **(Must be 18 or older)** **Date**