

HSA Designation of Beneficiary Form



Use this form to designate beneficiary(ies) to your Health Savings Account (HSA).

Complete this form and submit it to HSA Bank via email to hsaforms@hsabank.com, fax to 877-851-7041, or mail to HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939.

If you have any questions, please contact the number on the back of your ID card.

Step 1: Accountholder Information					
Accountholder Name:			Employer Name:		
Full 9-digit Social Security Number:					
Phone Number:			Date of Birth (dd/mm/yyyy):		
Step 2: Designation Type					
Please check one of the following options.					
<input type="checkbox"/> New Beneficiary(ies): 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.					
<input type="checkbox"/> Replace Beneficiary(ies): I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this account and hereby revoke all prior beneficiary(ies) designations, if any, made by me.					
<input type="checkbox"/> Add Beneficiary(ies): I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this account. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified.					
If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If any 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 prorated basis. 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 no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. If you designate your spouse as primary beneficiary or contingent beneficiary of the account, the dissolution, termination, annulment or other legal termination of your marriage will automatically revoke such designation.					
Name and Address (or of Trust and Trustee)	Date of Birth (mm/dd/yyyy) (creation date, if Trust)	Social Security Number (TIN, if Trust)	Relationship	Primary or Contingent	Share %
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
Step 3: Marital Status					
<input type="checkbox"/> I am not married. I understand that if I become married in the future, I must complete a new <i>HSA Designation of Beneficiaries Form</i> .					
<input type="checkbox"/> 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 account Beneficiary 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 HSA Bank.					
Spouse Signature:		Date:	Signature of Witness:		Date:
(Required. Cannot be spouse. Must be 18 or older.)					
I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to HSA Bank. HSA Bank has provided no tax or legal advice to me regarding my beneficiary designation.					
Accountholder Signature:		Date:	Signature of Witness:		Date:
(Required. Cannot be spouse. Must be 18 or older.)					

Complete the following only if designating a primary beneficiary other than your spouse.

State of _____ County of _____
On this, the _____ day of _____, 20____, before me, a notary public, the undersigned officer, personally appeared _____
the spouse of the above named accountholder, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and
acknowledged that he/she executed the same for purposes therein contained.

In witness hereof, I hereunto set my hand and official seal. _____

Notary Public