



Health Savings Account Beneficiary Designation/Change

Account Owner Information

Account Owner's Name:	
Social Security Number:	
Health Savings Account Number:	
Date of Birth:	

Beneficiary Designation

I wish to designate the following person(s) or entity(ies) who are living at the time of my death as my primary and/or contingent beneficiary(ies) to receive payments as indicated herein. If I have not indicated whether a person or entity is my primary or contingent beneficiary(ies), it will be assumed that I intended to indicate a primary beneficiary. If more than one primary and/or contingent beneficiary is indicated, equal shares will be assumed, unless I have indicated otherwise. When percentages are indicated, do not exceed 100% in total of all primary and/or contingent beneficiaries listed.

Name	Address	
Relationship	Social Security Number	Date of Birth
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Percentage: _____ %		

Name	Address	
Relationship	Social Security Number	Date of Birth
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Percentage: _____ %		

Name	Address	
Relationship	Social Security Number	Date of Birth
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Percentage: _____ %		

Name	Address	
Relationship	Social Security Number	Date of Birth
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary Percentage: _____ %		

Name

Address

Relationship

Social Security Number

Date of Birth

Primary Beneficiary Contingent Beneficiary Percentage: _____%

Name

Address

Relationship

Social Security Number

Date of Birth

Primary Beneficiary Contingent Beneficiary Percentage: _____%

If either the account owner is located in a marital or community state, please complete the following **Spousal Consent**: *I consent to the fact that my spouse has named the above beneficiary(ies) and hereby transfer (or give up) any community or marital property interest that I have in this Health Savings Account into the separate property of my spouse. I assume full responsibility for any adverse consequences that may come about as a result of my consent.*

Signature of Spouse

Date

Signature

Signature of Account Owner

Date