

HSA Designation of Beneficiary Form

YOUR LOGO HERE

HSA Custodian/Trustee Named Above

Purpose: Use this form to name or change beneficiaries for your HSA.

1. Personal Information

Name (HSA Owner) _____ Soc. Sec # _____

Date of Birth _____ Account # _____

2. Designation of Beneficiary

A. Primary Beneficiaries. In the event of my death, pay my HSA balance to the following primary beneficiaries according to the percentages indicated. If more than one primary beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. If a primary beneficiary dies before me, his or her share shall be reallocated on a pro-rata basis to any remaining primary beneficiaries.

Name and Address	SSN	Relationship	Date of Birth	Percent

B. Contingent Beneficiaries. If all of my primary beneficiaries die before me, pay my HSA balance to the following contingent beneficiaries according to the percentages indicated. If a contingent beneficiary dies before me, his or her share shall be reallocated on a pro-rata basis to any remaining contingent beneficiaries.

Name and Address	SSN	Relationship	Date of Birth	Percent

3. Spousal Consent.

If you are married and name someone other than your spouse as the primary beneficiary, complete this section. Consult your tax or legal advisor with questions regarding naming beneficiaries in community or marital property states.

Spouse's Signature _____ Date _____

Witness's Signature _____ Date _____

4. Signatures.

I hereby designate the beneficiaries above. If I marry in the future I will complete a new Designation of Beneficiary form which includes the spousal consent.

HSA Owner's Signature _____ Date _____

Witness's Signature _____ Date _____