

Health Savings Account Death Beneficiary Form



Instructions: Please complete, sign, and mail this form to:
 HSA Bank, P.O. Box 939, Sheboygan, WI 53082
Required*

| Step 1: Accountholder Information | | | | | | | | | |
|---|--|--|--|--|---------------------------------------|--|--|--|--|
| Employer Name <i>(If sponsored by an employer plan):*</i> | | | | | Accountholder Name (First, MI, Last): | | | | |
| Date of Birth:* | | | | | Day Telephone:* | | | | |
| Full 9-digit Social Security Number:* | | | | | | | | | |

| Step 2: Designation of Beneficiary(ies) | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| <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 HSA 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 HSA. 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 pro rata 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 HSA. 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 HSA.

If you designate your spouse as primary beneficiary or contingent beneficiary of the HSA, 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 | % |

| 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 HSA Death Beneficiary Form. | | | | | | | | | |
| <input type="checkbox"/> I Am Married - I understand that if I choose 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 HSA, I have been advised to see a tax professional. I hereby give the HSA Beneficiary any interest I have in the funds or property deposited in this HSA 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* |
| | | | | <i>(Required. Cannot be spouse. Must be 18 or older.)</i> | | | |
| Accountholder Signature* | | | Date* | Signature of Witness* | | | Date* |
| | | | | <i>(Required. Cannot be spouse. Must be 18 or older.)</i> | | | |

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