



Instructions: Complete this form to designate or change beneficiaries to your HSA account.

If you are married in a community property state, you must designate your spouse as your primary beneficiary. If you wish to designate someone other than your spouse, your spouse must agree by signing in the Spousal Consent section.

PLEASE NOTE that you can complete this online at HealthSavings.com. Mail or fax completed form to:

HealthSavings Administrators, 10800 Midlothian Turnpike, Suite 240 • Richmond, VA 23235 | Fax: 804.726.1570

Account Holder Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Account Number \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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. (When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiary(ies) and the corresponding share %.)

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.

Table with 6 columns: 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 %. Includes checkboxes for Spouse, Primary, and Contingent.

Signatures

Spousal Consent (only for account holders married in community property states)

- I am married, and I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must agree by signing below.

Spouse's Signature \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
Date (mm/dd/yyyy)

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

Account Holder Signature \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
Date (mm/dd/yyyy)