Health Savings Account (HSA) Change of Beneficiary Form

All Information Required - Print Clearly - Sign & Date - Retain Copy For Your Records

1. Employer

2. Employee Social Security Number

Street City State Zip code

3. Please check "one" of the following: Note: Beneficiary always modifiable by filing new form

☐ **Replace Beneficiary(ies):** I designate the individual(s) or entity 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 below as my primary and/or contingent beneficiary(ies) of the above account. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified. (When adding beneficiaries, if the share % of previously designated

Beneficiary(ies): The individual(s) or entity listed below 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 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.

Name and Address	Date of Birth	Relationship	Social Security #	Primary/Contingent	%

Use extra form for additional beneficiaries

4. Spousal Provisions (Check one):

☐ **I am not married:** If I become married at a future date, I must complete a new Designation of Beneficiary form.

☐ **I am married:** I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must approve the designation by signing below.

I am the spouse of the above-named Account Holder. I acknowledge that I have received full disclosure of my spouse's HSA. Due to the important tax consequences of waiving any interest in this account, I have been advised to see a tax professional. Neither Trust Administrators or the custodian bank provided tax advice to me. I hereby assign to the Account Holder any interest I have in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse **Date**

Signature of Witness **Date**

5. Account Holder Authorization

▶

Signature of Account Holder **Date**

Routing: Original for Employer • Copies for TAI and Account Holder • Mail or Fax to TAI

www.trustadmin.com • 800-932-3539 • Fax: 510-451-8611 • Address: Trust Administrators • Box 20710 • Oakland, CA 94620