



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.

If you are completing this as a paper form, mail or fax your completed form to:

HealthSavings Administrators, 10800 Midlothian Tpke, Ste 240 • Richmond, VA 23235 | **Fax:** 804.726.1570

Accountholder 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.

Name & Address of Individual <i>(or of Trust and Trustee)</i>	Date of Birth <i>(mm/dd/yyyy)</i> <i>(creation date, if Trust)</i>	Social Security # <i>(TIN, if Trust)</i>	Relationship	Primary or Contingent	Share %
			<input type="checkbox"/> Spouse	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

Signatures

Spousal Consent (only for accountholders 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.

Accountholder Signature

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Sales Director _____

Partner Code _____

Case Number _____