



**Instructions:** Fill out this form to request a name change for an existing health savings account (HSA). Please complete this form, print, sign and mail in with one of the following documents to process your name change: marriage license, divorce decree, certificate of naturalization or court order.

**PLEASE NOTE** if you wish to update other information on your account such as Authorized Signers or Designation of Beneficiaries, you may do so online or by using the appropriate form.

**Mail completed form to:**

**HealthSavings Administrators**

10800 Midlothian Tpke, Ste 240 • Richmond, VA 23235

**Accountholder Current Information (Please print)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt / Suite \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ **OR** Account Number \_\_\_\_\_

**Accountholder New Information (Please print)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 This is a new address.  
 Street Address \_\_\_\_\_ Apt / Suite \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_  
 Please issue a replacement Visa® debit card that reflects my name change. (A \$12 fee will be deducted from your account.)

**Accountholder Authorization**

I authorize FPSTrust to change the name on my account as listed above. I have attached legal documentation (marriage license, divorce decree, certificate of naturalization or court order) to verify my new legal name.

\_\_\_\_\_  
Accountholder Signature

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

**FOR OFFICE USE ONLY**

Sales Director \_\_\_\_\_  
 Partner Code \_\_\_\_\_  
 Case Number \_\_\_\_\_