

HSA Death Beneficiary Change Form



1. Name and Address

Company Name (if applicable)	Account Owner Name (First, MI, Last)
Social Security Number	Day Telephone

2. Designation of Death Beneficiary(ies)

- New Death Beneficiary(ies)** - The following individual(s) or entity shall be my primary and/or contingent death beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary.**
- Replace Death Beneficiary(ies)** - I designate the individual(s) or entity named below as my primary and/or contingent death beneficiary(ies) of this HSA and hereby revoke all prior death beneficiary(ies) designations, if any, made by me.
- Add Death Beneficiary(ies)** - I designate the individual(s) or entity named below as my primary and/or contingent death beneficiary(ies) of this HSA. This list supplements, but does not replace, the death beneficiary(ies) previously designated by me on the date specified. (When adding death beneficiaries, if the share % of previously designated death beneficiary(ies) changes, restate all death beneficiaries and the corresponding share % if the previous percentages are no longer correct.)

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If any primary or contingent death 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 death beneficiary(ies) shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary(ies) survives me, the contingent death beneficiary(ies) shall acquire the designated share of my HSA.

No.	Name and Address	Date of Birth	Social Security Number	Relationship	Primary or Contingent	Share %
1					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
2					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
3					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

3. Marital Status

- I Am Not Married - I understand that if I become married in the future, I must complete a new HSA Designation Of Death Beneficiary form.
- I Am Married - I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named HSA Account Beneficiary. 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 Account Beneficiary any interest I have in the funds or property deposited in this HSA and consent to the death 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 the Custodian.

Spouse Signature	Date

If this HSA is being established with a regular contribution, I certify that I am covered by a qualified high deductible health plan (HDHP), and that I am not covered by a health plan other than an HDHP that provides any of the same benefits as and HDHP. If this HSA is being established with a rollover or transfer contribution, I certify that the rollover or transfer assets are from another HSA or Archer Medical Savings Account (MSA). I certify that the information provided by me on the Application is accurate, and that I have received a copy of the Application and Custodial Agreement and Disclosure Statement and amendments thereto. I assume sole responsibility for all consequences found in the Application and Custodial Agreement and Disclosure Statement. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the HSA custodian harmless against any and all claims or losses arising from my actions.

HSA Account Holder	Date