

Add/Update HSA Beneficiaries

Please complete this form to designate your beneficiary. If you are married in common law or in a community property or marital 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 (section 4).



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Fax completed form to: 844-438-1496	Mail completed form to: Flexible Benefits Department PO Box 219393 Kansas City, MO 64121-9393	Questions about this form? 855-399-3035 6 am to 6 pm MST
Section 1: Account Information		
ACCOUNT NUMBER (12 digits beginning	1 with 601)	
LAST NAME	FIRST NAME	MIDDLE INITIAL
EMPLOYER NAME		SOCIAL SECURITY NUMBER
EMAIL ADDRESS		TELEPHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
)

Complete Next Page >

			ISA and I hereby rev
	ndividual(s) or entity as my prima designations made by me. Share		
		Specify Relationship	Specify Sha
LAST NAME	FIRST NAME	Spouse	9/
DATE OF BIRTH	SOCIAL SECURITY NUMBER	Dependent	
ADDRESS		Other	
		Specify Relationship	Specify Shar
LAST NAME	FIRST NAME	Spouse	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	Dependent Other	90
ADDRESS		Other	
		Specify Relationship	Specify Sha
LAST NAME	FIRST NAME	Spouse	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	Dependent	%
ADDRESS		Other	
tion 3: Contingent	Beneficiary Designation —		
signate the following i	ndividual(s) or entity as my contir	ngent death beneficiary (ies) of th e. Share percentages must equal Specify Relationship Spouse Dependent Other	-
Signate the following in oke all prior death Ben LAST NAME DATE OF BIRTH	ndividual(s) or entity as my contin reficiary designations made by m 	e. Share percentages must equal Specify Relationship Spouse Dependent	100%. Specify Shar
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Section 4: Spousal Consent (for HSA account holders married in common law or in a community property or marital property states)

I am not married and I understand that if I				
become married in the future, I must complete a				
new HSA add / replace beneficiary (ies) form.				

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

		/
SIGNATURE OF SPOUSE	DATE	
		/
SIGNATURE OF HSA ACCOUNT HOLDER	DATE	

Section 5: Signature

I certify that I am the HSA account holder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold WealthCare Saver* as Custodian, or any of its affiliates, liable for any adverse consequences that may result. I certify that I have not received any tax or legal advice from the Administrator or the Custodian and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws.

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, the beneficiary's interest and the interest of the beneficiary's heirs shall terminate completely, and the percentage share of any remaining death beneficiary 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 survives me, the contingent death beneficiary shall acquire the designated share of my HSA.

I understand that if I am married and my residence is in a community or marital property state, or if I am transferring property to this HSA that I acquired while married and residing in a community or marital property state, my spouse may have a community or marital property interest in contributions to and earnings in this HSA, whatever the source. This community property interest may be released by a properly executed consent. I understand that I may wish to consult with legal counsel to ensure that my designation is proper. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of my marriage will automatically revoke such designation. I understand that the information provided is not legal or tax advice and I may wish to consult with legal counsel to ensure that my designation is proper.

	/	/	
DATE			

SIGNATURE OF HSA ACCOUNT HOLDER