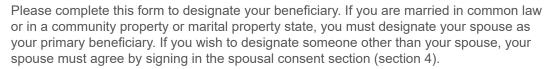


## Add/Update HSA Beneficiaries









Fax completed form to: 877-723-0147

Mail completed form to: PO Box 1209 Northampton, MA 01061-1209 Questions about this form? 800-499-3539 8:30-5:00 Monday-Friday

ACCOUNT NUMBER (12 o	digits beginning 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 >

		Specify Relationship	Specify Sh
LAST NAME	FIRST NAME	Spouse	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	Dependent	
ADDRESS		Other	
		Specify Relationship	Specify Sh
LAST NAME	FIRST NAME	Spouse	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	Dependent Other	
ADDRESS			
		Specify Relationship	Specify Sh
LAST NAME	FIRST NAME	Spouse	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	Dependent	
	Beneficiary Designation —	Other	
on 3: Contingent	E Beneficiary Designation — individual(s) or entity as my continueficiary designations made by more reference of the second of t	ngent death beneficiary (ies) of the	I 100%.  Specify St
ion 3: Contingent ignate the following is all prior death Ber	individual(s) or entity as my continueficiary designations made by mo	ngent death beneficiary (ies) of the Share percentages must equal Specify Relationship  Spouse  Dependent	
ion 3: Contingent ignate the following i ice all prior death Ber  LAST NAME  DATE OF BIRTH	individual(s) or entity as my continueficiary designations made by mo	ngent death beneficiary (ies) of the Share percentages must equal specify Relationship Spouse Dependent Other Specify Relationship Spouse	Specify Sh
ion 3: Contingent ignate the following is all prior death Ber LAST NAME  DATE OF BIRTH  ADDRESS	individual(s) or entity as my continueficiary designations made by me	ngent death beneficiary (ies) of the Share percentages must equal Specify Relationship Spouse Dependent Other Specify Relationship	Specify Sh
ion 3: Contingent ignate the following i ice all prior death Ber  LAST NAME  DATE OF BIRTH  ADDRESS  LAST NAME	individual(s) or entity as my continueficiary designations made by more first NAME  SOCIAL SECURITY NUMBER  FIRST NAME	ngent death beneficiary (ies) of the Share percentages must equal Specify Relationship Spouse Dependent Other Specify Relationship Spouse Dependent Dependent	Specify Sh
on 3: Contingent gnate the following i e all prior death Ber  LAST NAME  DATE OF BIRTH  ADDRESS  DATE OF BIRTH  ADDRESS	individual(s) or entity as my continueficiary designations made by more first name  SOCIAL SECURITY NUMBER  FIRST NAME  FIRST NAME  SOCIAL SECURITY NUMBER	ngent death beneficiary (ies) of the Share percentages must equal Specify Relationship Spouse Dependent Other Specify Relationship Spouse Dependent Other Specify Relationship Spouse Dependent Specify Relationship	I 100%. Specify Sh
on 3: Contingent gnate the following i e all prior death Ber LAST NAME  DATE OF BIRTH  ADDRESS  DATE OF BIRTH	individual(s) or entity as my continueficiary designations made by more first NAME  SOCIAL SECURITY NUMBER  FIRST NAME	ngent death beneficiary (ies) of the Share percentages must equal Specify Relationship Spouse Dependent Other Specify Relationship Spouse Dependent Other Other	Specify Sh

Section 4: Spousal Consent (for HSA account holders married in comm	mon law or in a community property or marital property states) —
become married in the future, I must complete a new HSA add / replace beneficiary (ies) form. design	n married and I understand that if I choose to ignate a primary death beneficiary other than my use, my spouse must agree to the designation by ling 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 for this transaction and will not hold WealthCare Saver* as Custodian, consequences that may result. I certify that I have not received any tax Custodian and, if necessary, will seek the advice of a tax or legal profesulf neither primary nor contingent is indicated, the individual or entity will primary or contingent death beneficiary dies before me, the beneficiary shall terminate completely, and the percentage share of any remaining rata basis. If more than one primary death beneficiary is designated and death beneficiaries will be deemed to own equal share percentages in the with no share percentage indicated will also be deemed to share equall contingent death beneficiary shall acquire the designated share of my half understand that if I am married and my residence is in a community or	or any of its affiliates, liable for any adverse or legal advice from the Administrator or the essional to ensure my compliance with related laws.  If be deemed to be a primary death beneficiary. If any y's interest and the interest of the beneficiary's heirs death beneficiary shall be increased on a prond no distribution percentages are indicated, the the HSA. Multiple contingent death beneficiaries lly. If no primary death beneficiary survives me, the HSA.
property to this HSA that I acquired while married and residing in a comhave a community or marital property interest in contributions to and eacommunity property interest may be released by a properly executed contribution with legal counsel to ensure that my designation is proper. I understand beneficiary or contingent death beneficiary of the HSA, the dissolution, my marriage will automatically revoke such designation. I understand the and I may wish to consult with legal counsel to ensure that my designation.	arnings in this HSA, whatever the source. This consent. I understand that I may wish to consult d that if I designate my spouse as primary death, termination, annulment or other legal termination of that the information provided is not legal or tax advice
CIONATURE OF USA ACCOUNT HOUSE	//
SIGNATURE OF HSA ACCOUNT HOLDER	DATE