



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). **Please note: the full 9-digit SSN for all beneficiaries is required to process the beneficiary update.**



Fax completed form to:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
800-499-3539
M-F 8:30 AM to 5:00 PM Eastern

Section 1: Account Information

ACCOUNT NUMBER (12 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

Section 2: Primary Beneficiary Designation

I designate the following individual(s) or entity as my primary death beneficiary(ies) of this HSA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100%.

1

LAST NAME

FIRST NAME

Specify Relationship

☐ Spouse

☐ Dependent

☐ Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

2

LAST NAME

FIRST NAME

Specify Relationship

☐ Spouse

☐ Dependent

☐ Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

3

LAST NAME

FIRST NAME

Specify Relationship

☐ Spouse

☐ Dependent

☐ Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

Section 3: Contingent Beneficiary Designation

I designate the following individual(s) or entity as my contingent death beneficiary (ies) of this HSA, and I hereby revoke all prior death Beneficiary designations made by me. Share percentages must equal 100%.

1

LAST NAME

FIRST NAME

Specify Relationship

Specify Share

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

☐ Spouse

☐ Dependent

☐ Other

%

2

LAST NAME

FIRST NAME

Specify Relationship

Specify Share

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

☐ Spouse

☐ Dependent

☐ Other

%

3

LAST NAME

FIRST NAME

Specify Relationship

Specify Share

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

☐ Spouse

☐ Dependent

☐ Other

%

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.

LEGAL SIGNATURE OF SPOUSE (FIRST & LAST NAME REQUIRED)

DATE

/ /

LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED)

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.

LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED)

DATE

/ /