



BENEFICIARY DESIGNATION ADDENDUM

This form may only be used to supplement an HSA application or HSA beneficiary designation form to name more beneficiaries than can be accommodated on these forms. Complete additional addendums if necessary.



PART 1. HSA INFORMATION

HSA OWNER

Name (First/Mi/Last) _____
Social Security Number _____
Date of Birth _____ Phone _____
Email Address _____
Account Number _____ Suffix _____

FORM TYPE AND DATE (Select and attach the supplemented form)

Original HSA Application Beneficiary Designation
Form Dated _____

PART 2. BENEFICIARY DESIGNATION

I designate the beneficiaries named below, in addition to the beneficiaries named on the attached form, as beneficiaries of this HSA.

PRIMARY BENEFICIARIES (The total percentage designated for all primary beneficiaries for this HSA must equal 100%.)

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

CONTINGENT BENEFICIARIES (The total percentage designated for all contingent beneficiaries for this HSA must equal 100%.)

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____
Address _____
City/State/ZIP _____
Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____

PART 3. SIGNATURES

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me regarding my beneficiary designations. In addition, any applicable spousal consent is provided on the attached form.

X _____
Signature of HSA Owner

Date (mm/dd/yyyy)

X _____
Signature of Witness

Date (mm/dd/yyyy)

HSA TRUSTEE OR CUSTODIAN INFORMATION: Name _____, Organization Number _____