

## BENEFICIARY DESIGNATION

This beneficiary designation overrides all previous designations for this HSA.

PART 1. HSA OWNER		PART 2. HSA TRUSTEE OR CUSTODIAN		
			o be completed by the HSA trustee or custodian	
Name (First/MI/Last)		Name		
	Phone			
	Suffix		Organization Number	
PART 3. BENEFICIAL	RY DESIGNATION			
	, and the percentage share of any remaining		e interest of any beneficiary that predeceases a pro rata basis. If no beneficiaries are named,	
	(The total percentage designated must eq			
	Relationship		Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name		Name		
	Relationship		Relationship	
	Percent Designated		Percent Designated	
Name		Name		
Address				
City/State/ZIP		City/State/ZIP		
Date of Birth	Relationship		Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name		Name		
Address		Address		
City/State/ZIP				
Date of Birth	Relationship	Date of Birth	Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	
Name		Name		
Address		Address		
	Relationship		Relationship	
Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated	

**CONTINGENT BENEFICIARIES on page 2** 

I am the spouse of the above-named HSA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of 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 owner my interest in the assets or property deposited in this HSA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.  X Signature of Spouse  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)		<b>ARIES</b> (The total percentage designated must equal have predeceased the HSA owner.)	ual 100%.) (The balance in th	he account will be payable to these beneficiaries
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Name	Date of Birth	Relationship	Date of Birth	Relationship
Address  City/State/ZIP  Date of Birth Relationship  Tax ID (SSN/TIN) Percent Designated Tax ID (SSN/TIN) Percent Designated  Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this HSA  PART 4. SPOUSAL CONSENT  PART 5. SIGNATURES  I Am Not Married — I understand that if I become married in the future, I should review the requirements for spousal consent.  I Am Married — I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.  CONSENT OF SPOUSE  I am the spouse of the above-named HSA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property addisignations. Because of 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 owner my interest in the assets or property deposited in this HSA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.  X Signature of Spouse  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)	Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
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Tax ID (SSN/TIN) Percent Designated Tax ID (SSN/TIN) Percent Designated	City/State/ZIP			
Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this HSA	Date of Birth	Relationship	Date of Birth	Relationship
PART 4. SPOUSAL CONSENT    Spousal consent should be considered if either the trust or the residence of the HSA owner is located in a community or marital property state.    CURRENT MARITAL STATUS	Tax ID (SSN/TIN)	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
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.    I Am Not Married – I understand that if I become married in the future, I should review the requirements for spousal consent. I Am Married – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.    CONSENT OF SPOUSE   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. I designate the persons or entities named above as my primary and/or contingent beneficiaries of this HSA. I hereby revoke all prior beneficiary designations, if any, made by me.    X	Check here if addition	al beneficiaries are listed on an attached adden	dum. Total number of adde	ndums attached to this HSA
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in this HSA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.  Signature of Witness  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)  X	received a fair and reaso financial obligations. Becau	nable disclosure of my spouse's property and use of the important tax consequences of giving	X Signature of HSA Owner	Date (mm/dd/yyyy)
Signature of Spouse Date (mm/dd/yyyy)  X	I hereby give the HSA owner my interest in the assets or property deposited in this HSA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.		X Signature of Witness	Date (mm/dd/yyyy)
X	X			
	Signature of Spouse	Date (mm/dd/yyyy)		
	X Signature of Witness	Date (mm/dd/www)		