



HEALTH SAVINGS ACCOUNT(HSA) BENEFICIARY CHANGE/SPOUSAL CONSENT FORM

Instructions

- 1. Use this form to designate or change 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. Your spouse's signature must be notarized.
2. Forward completed form to: TASC (TPA) at: Mail: PO Box 7511 Madison, WI 53707-7511 or Fax: 1-877-231-1287
3. For any questions regarding changing your beneficiary, please call 1-844-786-3947.

Accountholder Information

Form fields for Accountholder Information: Last Name, First Name, Middle Initial, Social Security Number, Employee ID and Employer (if applicable), Telephone Number, Email Address.

Beneficiary Designation

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

Table with 7 columns: No., Name and Address, Date of Birth, Social Security Number, Primary or Contingent, Relationship, Share %. Contains 3 rows for beneficiary designation.

Spousal Consent (for HSA Accountholders 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 Beneficiary Change/Spousal Consent 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. My spouse's signature must be notarized.

Signature and date lines for Spousal Consent: Signature of Spouse, Date, Subscribed and sworn to before me this \_\_\_ day of \_\_\_, 20\_\_\_, Notary Public.

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result.

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, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining death beneficiary shall be increased on a pro rata basis.

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.

Signature and date lines for Accountholder: Signature of HSA Accountholder, Date.