

Designation or Change of Beneficiary

Instructions: Complete and return to SelfcareHSA

- Include copy of your identification
- Send to SelfcareHSA either by uploading a photo through your mobile application, fax, or mail

Support@SelfcareHSA.com

Fax: 208-938-4556

SelfcareHSA, 660 E. Watertower St., Meridian ID 83642

Call: 1-866-HSA-SELF (866-472-7353)

Account Number					
Minimum of last 4 of account number					
Client Information					
First Name		Middle Initial		Last Name	
Social Security Number			Date of Birth		
Home phone		Cell Phone		Employer (if employer sponsored)	
Address			City		State
					Zip
Beneficiary Designation					
<p>At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by selecting one of the two boxes to the left of the name. In the event the beneficiary is named both primary and contingent beneficiary, or if the beneficiary is not assigned a classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all the beneficiaries die before me, or if none are designated, my HSA assets will be paid to my estate. This designation revokes and supersedes all earlier beneficiary designation which may apply to this HSA.</p>					
Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Address	SSN	Date of Birth	Percentage
Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Address	SSN	Date of Birth	Percentage
Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Address	SSN	Date of Birth	Percentage
Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Address	SSN	Date of Birth	Percentage

Spousal Consent

Community or marital property state laws may require spousal consent for a non-spouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the HSA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by the financial organization policy.

Please select one:

I am not married-I understand that if I become married in the future, I must complete a new Beneficiary Designation form

I am married- I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian/trustee has not provided me with legal or tax advice but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property, including any financial obligations for a community property state. In the event I have a legal interest in the HSA asset, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in this form.

Signature of Spouse

Date

Signature of Witness

Date

Signature

I am the HSA owner or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this designation. I understand that the HSA agreement, disclosure statement, and amendments thereto may provide me with additional guidance. I assume full responsibility for any consequences associated with my naming of beneficiaries. I acknowledge that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature

Date: