



HEALTH SAVINGS ACCOUNT DESIGNATION OF BENEFICIARIES

HSA Account Owner's Information

| | | |
|---------------------|------------------------------|------------------|
| First Name _____ | MI _____ | Last Name _____ |
| HSA Account # _____ | Social Security Number _____ | Birth Date _____ |

Designation of Beneficiary(ies)

Select One:

- INITIAL BENEFICIARY(IES)** - I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA.
- REPLACE BENEFICIARY(IES)** - I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA and hereby revoke all prior beneficiary(ies) designations, if any, made by me.
- ADD BENEFICIARY(IES)** - I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified. *(When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share % if the previous percentages are no longer correct.)*

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If a primary or contingent 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 beneficiary(ies) shall be increased on a pro-rated basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. Custodian has not and will not provide tax or legal advice to me regarding my beneficiary designation.

| No. | Beneficiary's Name and Address | Date of Birth | Social Security Number | Relationship | Primary or Contingent | Share% |
|-----|--------------------------------|---------------|------------------------|--------------|-------------------------------------|--------|
| 1. | _____ | | | | <input type="checkbox"/> Primary | ____% |
| | _____ | | | | <input type="checkbox"/> Contingent | |
| | _____ | | | | | |
| 2. | _____ | | | | <input type="checkbox"/> Primary | ____% |
| | _____ | | | | <input type="checkbox"/> Contingent | |
| | _____ | | | | | |
| 3. | _____ | | | | <input type="checkbox"/> Primary | ____% |
| | _____ | | | | <input type="checkbox"/> Contingent | |
| | _____ | | | | | |
| 4. | _____ | | | | <input type="checkbox"/> Primary | ____% |
| | _____ | | | | <input type="checkbox"/> Contingent | |
| | _____ | | | | | |
| 5. | _____ | | | | <input type="checkbox"/> Primary | ____% |
| | _____ | | | | <input type="checkbox"/> Contingent | |
| | _____ | | | | | |

Spousal Consent

This section should be reviewed if either the trust or the residence of the HSA Account Owner is located in a community or marital property state and the HSA Account Owner is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

- I Am Not Married** - I understand that if I become married in the future, I must complete a new HSA Designation Of Beneficiary 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 above-named HSA Account Owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to 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 Account Owner any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Trustee or Custodian.

(Signature of Spouse)

(Date)

(Signature of Witness)

(Date)

Signatures

I understand that I may change or add beneficiaries 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.

(HSA Account Holder)

(Date)

(Signature of Witness)

(Date)