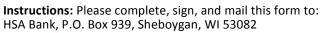
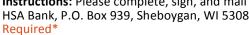
HSA Designation of Beneficiary Form







Employer Name (If chancared by an	ation												
Employer Name (If sponsored by an employer plan):*					Accountholder Name (First, MI, Last):								
Date of Birth:*					Day Telephone:*								
Full 9-digit Social Security Numbe	r:*			_			_						
Step 2: Designation of Benefic	iary(ies)												
New Beneficiary(ies)- The foll primary nor contingent is indi Replace Beneficiary(ies)-I design of this HSA and hereby revoke this HSA. This list supplement If neither primary nor contingent is is beneficiary dies before me, his or her remaining beneficiary(ies) shall be incorrentages are indicated, the beneficiary	cated, the insignate the insignate the individual to the interest and creased on a	ndividual individua eneficiary vidual(s) o not repla e individua I the intere pro rata b	or entity I(s) or ent (ies) desi- or entity race, the bal or entity est of his o asis. If mo	will be ity nam gnation amed leneficial will be rethan controlled to the controlled	deemed ed below s, if any, pelow as ary(ies) p deemed t rs shall te one prima	to be a property beneficially bene	orimary borimary and me. ary and me. designatimary ber ompletely is designation of the manual	oeneficiand/or continued by reficiary. y, and the signated	ing me If a	tingent ent ber on the any primercentag	beneficiar date s nary or o ge share	ry(ies) of pecified. contingented of any	
no share percentage indicated will als shall acquire the designated share of If you designate your spouse as prima termination of your marriage will aut	my HSA. ary beneficia	ry or conti	ngent ben	eficiary o									
Name and Address (or of Trust and Trustee)	Date of Birth (mm/dd/yyyy) (creation date, if Trust)) [Soci	Social Security ober (TIN, if Trust		Relatio	nship	Primary or Contingent		-	Share %	
	(or outside		,					[Prima: Contin	-	%	
										Prima: Contin	- 1	%	
Step 3: Marital Status													
I Am Not Married - I understa I Am Married - I understand the below.						-						-	
I am the spouse of the above-nar spouse's property and financial o	bligations.	Due to th	e importa	_								of my	
been advised to see a tax profess this HSA and consent to the bene that may result. No tax or legal a	ficiary desig	gnation(s) indicate	enefici d above	ary any i	nterest I	have in t	he fund	ls c	r prop		, I have posited i	
this HSA and consent to the bene	ficiary desig	gnation(s) indicate	enefici d above Bank. * Signa	ary any i	nterest I ne full re Witness*	have in t	the fund lity for a	ls c	or propo advers		, I have posited i equence	
this HSA and consent to the bene that may result. No tax or legal a	ficiary desig	gnation(s) indicate ie by HSA	enefici d above Bank. * Signa (Requ	ary any ine. I assun	nterest I ne full re Witness* ot be spous Witness*	have in t	the fund lity for a	ls c iny er.)	or propo advers		, I have posited i	