

BENEFICIARY DESIGNATION FORM



For help with any questions, please call the toll-free number on the back of your healthcare payment card and ask for a BNY Mellon Health Savings Account Servicing representative.

ACCOUNT OWNER INFORMATION

Name: _____
Street Address: _____ City, State, Zip: _____
SSN: _____ Home Phone: _____ Bus. Phone: _____
Health Savings Account Number: _____

BENEFICIARY(IES) DESIGNATION

I hereby revoke any prior beneficiary designation made by me and designate the individuals named below as my Primary and Contingent Beneficiary of this HSA. (Please make sure the total allocations to your beneficiary(ies) equal 100%.)

Primary Contingent

Beneficiary Name: _____ SSN: _____ Birth Date: _____
Street address: _____
City: _____ State: _____ Zip: _____ Relationship: _____ Share: _____ %

Primary Contingent

Beneficiary Name: _____ SSN: _____ Birth Date: _____
Street address: _____
City: _____ State: _____ Zip: _____ Relationship: _____ Share: _____ %

Primary Contingent

Beneficiary Name: _____ SSN: _____ Birth Date: _____
Street address: _____
City: _____ State: _____ Zip: _____ Relationship: _____ Share: _____ %

If you wish to name additional beneficiaries, please attach a document to this application that indicates name, street address, SSN, birth date, relationship of beneficiary, and state if a Primary or Contingent Beneficiary.

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal portions (or in the specified portions, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal portions (or in the specified portions, if indicated). If my spouse is the sole Primary Beneficiary, my surviving spouse will become the account owner in the event of my death.

BENEFICIARY DESIGNATION FORM



Disclaimer For Community and Marital Property States: The Account Owner's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the custodian disclaims any warranty as to the effectiveness of the Account Owner's beneficiary designation or as to the ownership of the account after the death of the Account Owner's Spouse. For additional information, please consult your legal advisor.

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian.

HSA Account Owner's Signature

Date

MAILING INSTRUCTIONS:

First Class Mail

Health Savings Account Services
P.O. Box 9820
Providence, RI 02940-8020

Overnight Mail

Health Savings Account Services
4400 Computer Drive
Westborough, MA 01581