HSA BANK
National Leader in Health Savings Accounts.
A Division of Webster Bank, N.A., Member FDIC

Account Information Change Form

Instructions: Use this form to change an existing/already established Health Savings Account. Complete this form and mail or fax to:
HSA Bank, PO Box 939, Sheboygan, WI 53082, FAX: (877) 851-7041

Accountholder Initial Personal Information:

First Name | **MI** | **Last Name**

Account # | **Social Security #** | **Birth Date** (mm/dd/yyyy)

Amendment Type: This is an amendment to an existing HSA due to: *(Check all that apply.)*

- ☐ Changing my name due to marriage or legal decree (see section A)
- ☐ Changing my address, phone numbers and/or email address (see section A)
- ☐ Adding an Authorized Signer (see section C)
- ☐ Changing the Authorized Signer's name due to marriage or legal decree (see section C)
- ☐ Revoking/removing Authorized Signer (see section D)
- ☐ Designation of Beneficiary (see section E)

Section A: Accountholder New Personal Information:

First Name | **MI** | **Last Name**

Preferred Mailing Method ☐ Street Address ☐ PO Box

Street Address

City | **State** | **Zip**

PO Box | **PO Box City**

PO Box State | **PO Box Zip** | **Email:**

Home Phone # - - | **Business Phone #** - -

Section B: Account Options

Complete this section if you want new checks or debit cards ordered at this time. Complete the Authorized Signer section on page 2 for spousal or third party access to your account. Any fees that apply will be deducted from your account, unless you enclose a check for these fees.

- ☐ Please replace my Visa® debit card issued for my account with my name change for a fee of $12.00.
- ☐ Please order a Visa debit card issued for my account for my authorized signer for a fee of $6.00.
- ☐ Please order 50 duplicate checks and 10 deposit tickets reflecting my name and/or address change at the cost of $7.95.
- ☐ Please order 50 duplicate checks and 10 deposit tickets reflecting my authorized signer at the cost of $7.95.
- ☐ Please order 50 duplicate checks and 10 deposit tickets reflecting my name change and adding my authorized signer at the cost of $7.95.

Starting Check Number (for above check reorders)

If you are revoking/removing your authorized signer, you may elect to select the following options:

- ☐ Please order 50 duplicate checks without the authorized signer's name at a fee of $7.95.
- ☐ Please place a stop payment on the current checks at a fee of $25.00.
  - ☐ Individual check # _____
  - ☐ Series of checks from # _____ through # _____

Section C: Authorized Signer *(additional or secondary signer)*

If you wish to designate an authorized signer on your account, please complete all of the required fields below. If you are unable to provide all of the required information on your authorized signer, they will not be added to your account. You hereby designate the following individual as an authorized signer on your Health Savings Account. By designating an authorized signer on your account, you authorize the person designated below as "Authorized Signer" to transact business with and give instructions to HSA Bank regarding your health savings account; make deposits or withdrawals by any means acceptable to HSA Bank, including paper and electronic methods such as ACH and Internet-generated transactions; receive and have access to account information, including account balances and transactions; endorse any instruments such as checks, orders or other documents for the payment of funds; and to otherwise serve as agent for your HSA Bank health savings account.

You specifically authorize HSA Bank, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that HSA Bank receives a written revocation of this authorization, and has had a reasonable time to act upon the revocation. You understand that you are responsible for ensuring that your authorized signer reads and understands the HSA Bank Account Documents which have been provided to you. You hold harmless and indemnify HSA Bank against any claims against or losses HSA Bank may suffer arising out of HSA Bank's reliance on this authorization, and release HSA Bank from any liability arising from such reliance, unless otherwise prohibited by law. You understand that you bear sole responsibility for any tax consequences that result from any actions taken by the authorized signer regarding your account.

NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS GIVEN TO THE AUTHORIZED SIGNER BY THIS AUTHORIZATION. UPON NOTICE TO HSA BANK OF YOUR DEATH, THIS AUTHORIZATION TERMINATES, AND RIGHTS TO FUNDS IN YOUR ACCOUNT WILL BE TRANSFERRED TO YOUR BENEFICIARIES. IF YOU DID NOT NAME A BENEFICIARY, YOUR ACCOUNT BALANCE WILL ONLY BE PAYABLE TO YOUR ESTATE.

ALL FIELDS REQUIRED (P.O. Box Not Accepted)

Authorized Signer Personal Information:

Previous First Name | **MI** | **Previous Last Name**

Current First Name | **MI** | **Current Last Name**

Social Security # ___ - ___ - ____

Birth Date (mm/dd/yyyy) __ / __ / ____

Street Address

City | **State** | **Zip**

Home Phone # ___ - ___ - ____

Section D: Revoke Authorized Signer

Authorized Signer to be removed from account:

Authorized Signer First Name | **MI** | **Authorized Signer Last Name**

Please complete one of the selections below.

☐ **Revoked By Accountholder** *NOTE: If a debit card has been issued to the authorized signer, it will be deactivated.*

The authorized signer authority previously granted to the authorized signer listed above is hereby terminated. I understand that I am responsible for recovering any checks or debit cards which are in the possession of the authorized signer.

_____

Accountholder Signature **Date**

☐ **Revoked By Authorized Signer**

As authorized signer I understand that I am responsible for returning any checks or debit cards which are in my possession to the accountholder.

_____

Authorized Signer **Date**

Section E: Designation of Beneficiary - *This information replaces all previous beneficiary information.*

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. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to HSA Bank. HSA Bank has provided no tax or legal advice to me regarding my beneficiary designation.

Name & Address of Individual *(or of Trust and Trustee)*	**Date of Birth** *(Creation date, if Trust)*	**Social Security #** *(TIN, if Trust)*	**Relationship**	**Primary or Contingent**	**Share %**
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	

**To designate additional beneficiaries please visit our website (http://www.hsabank.com/accountholders/forms.asp) for a designation of beneficiary form.*

Spousal Consent

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

CURRENT MARITAL STATUS

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

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

I am the spouse of the above-named Accountholder. 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 account, I have been advised to see a tax professional. I hereby give the Accountholder any interest I have in the funds or property deposited in this account 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 Custodian.

Signature of Spouse **Date** **Signature of Witness (Required-Cannot be Spouse)** **Date**

Signatures

I certify that the information provided above and attached hereto is accurate and request that any information provided previously be updated with the information here.

Accountholder Signature **Date** **Authorized Signer Signature** **Date**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account we will need you and your authorized signer to provide name, street address, date of birth and other information that will allow us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents.