



Step 1: Consumer Information

*=Required Fields

Employer Name (If sponsored by an employer plan)

Consumer Name (First, MI, Last)

Social Security Number

Day Telephone

Step 2: Designation of Beneficiary(ies)

- New Beneficiary(ies) -- The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies).
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.

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If any 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 rata basis.

If you designate your spouse as primary beneficiary or contingent beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of your marriage will automatically revoke such designation.

Table with 6 columns: Name and Address, Date of Birth, Social Security Number, Relationship, Primary or Contingent, Share %. Contains three rows for beneficiary designation.

Step 3: Marital Status

- I Am Not Married - I understand that if I become married in the future, I must complete a new HSA Death 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 Beneficiary. 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.

Spouse Signature

Date

Consumer Signature

Date

Please complete, sign and mail this form to: U.S. Bank Healthcare Payment Solutions, c/o Health Account Services, P.O. Box 6122, Fargo, ND 58108-6122, fax (888) 403-5029, or call U.S. Bank Consumer Services at (877) 470-1771.

IMPORTANT INFORMATION

This Health Savings Account (HSA) is a custody account with U.S. Bank serving as the custodian. Terms and conditions of the HSA are included in your HSA Application and Agreement. U.S. Bank deposit products that are held in the HSA are FDIC insured, subject to FDIC insurance limits.