

BENEFICIARY DESIGNATION FORM

Account Holder Information (all fields are required)			
Last Name	First Name	M.I.	
E-Mail Address	Daytime Phone ()	SSN or HealthEquity ID Number	

Primary Beneficiary(ies)
To ensure timely completion of your request, please complete all fields for each beneficiary you designate.

Primary Beneficiary 1 Estate/Trust <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	SSN or TIN	Date of Birth (mm/dd/yyyy)	
Address	City	State	ZIP
Relationship			Percent %

Primary Beneficiary 2 Estate/Trust <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	SSN or TIN	Date of Birth (mm/dd/yyyy)	
Address	City	State	ZIP
Relationship			Percent %

Primary Beneficiary 3 Estate/Trust <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	SSN or TIN	Date of Birth (mm/dd/yyyy)	
Address	City	State	ZIP
Relationship			Percent %

Primary Beneficiary 4 Estate/Trust <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	SSN or TIN	Date of Birth (mm/dd/yyyy)	
Address	City	State	ZIP
Relationship			Percent %

Contingent Beneficiary(ies)

Contingent beneficiaries receive your HSA assets in the event that all of your primary beneficiaries pass away before you.

Contingent Beneficiary 1 Estate/Trust Yes No

Name		SSN or TIN	Date of Birth (mm/dd/yyyy)
Address	City	State	ZIP
Relationship			Percent %

Contingent Beneficiary 2 Estate/Trust Yes No

Name		SSN or TIN	Date of Birth (mm/dd/yyyy)
Address	City	State	ZIP
Relationship			Percent %

Total 100%

Authorization

Participant Signature	Name (please print)	Date
<p>If you're a resident of a community or marital property state and have designated a beneficiary other than, or in addition to, your spouse, have your spouse authorize the designation by signing below.</p> <p>Spousal Consent: I am the legal spouse of the HSA account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the tax consequences of giving up my interest in this HSA, I have been advised to see a qualified tax professional. I hereby consent to the beneficiary designation(s) indicated above.</p>		
Spouse's Signature	Name (please print)	Date