

## HEALTH SAVINGS ACCOUNT DESIGNATION & CHANGE OF BENEFICIARY FORM

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HSA Owner Name

Address

City  State  Zip Code

SSN (no dashes)  Current Health Insurance Provider

Please check one of the following: Please note that beneficiaries can be modified at any time by filling out a new form.

- This is an Initial Beneficiary Designation:** I designate the individual(s) below as my primary and/or contingent beneficiary(ies) of my Health Savings Account.
- Replace Current Beneficiary(ies):** I designate the individual(s) or entity below as my primary and/or contingent beneficiary(ies) of my Health Savings Account and revoke all prior beneficiary(ies) designations.
- Add additional Beneficiary(ies):** I designate the individual(s) entered below as my primary/or contingent beneficiary(ies) of my Health Savings Account. This additional list does not replace any prior beneficiary(ies) as designated by me.

*The individual(s) listed below shall be my primary/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 my 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.*

### Primary Beneficiary #1

Name  Relationship

Address  City  State  Zip Code

SSN (no dashes)  Date of Birth (month)  (day)  (year)  Share %

### Primary Beneficiary #2

Name  Relationship

Address  City  State  Zip Code

SSN (no dashes)  Date of Birth (month)  (day)  (year)  Share %

### Primary Beneficiary #3

Name  Relationship

Address  City  State  Zip Code

SSN (no dashes)  Date of Birth (month)  (day)  (year)  Share %

### Contingent Beneficiary #1

Name  Relationship

Address  City  State  Zip Code

SSN (no dashes)  Date of Birth (month)  (day)  (year)  Share %

### Contingent Beneficiary #2

Name  Relationship

Address  City  State  Zip Code

SSN (no dashes)  Date of Birth (month)  (day)  (year)  Share %

**SPOUSAL CONSENT** - Individuals signing this section should consult with an independent legal or tax advisor due to tax consequences of giving up one's community property interest.

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 choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above named HSA Account-holder and 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 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 designations indicated. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or Administrator.

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Signature of Spouse

Date

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Signature of Witness (required & cannot be spouse)

Date

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**AUTHORIZED HEALTH SAVINGS ACCOUNT (HSA) SIGNATURE:** *Please read before signing.*

Vermillion State Bank is hereby appointed to serve as the custodian of my Health Savings Account. I have received a copy of the Money Market Account/HSA Account Agreement and Disclosures and hereby wish to activate my Account.

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Accountholder Signature (required)

Date