

# Beneficiary Designation Form



Please mail or fax completed forms to:

**Address:** HealthEquity, Attn: Member Services  
PO Box 14374 Lexington, KY 40512

**Fax:** 801.727.1005

## Complete this information online under "My Profile" in your member portal.

**Note:** If married, living in a community property state (for example AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI), and want to designate a primary beneficiary other than your spouse, your spouse must agree in writing to your designation and you must submit a physical copy of this form by mail or fax.

You should consult your legal/tax advisor when completing this form, as there may be tax and/or legal consequences to your designation.

You have the option to list one or more persons to be the primary and contingent beneficiaries for your HSA (including your estate or a trust, as applicable). If designating multiple primary or contingent beneficiaries, indicate the percentage share each should receive, ensuring the total of each adds up to 100%.

Designations are effective upon receipt by HealthEquity and, unless otherwise specified, cancel all previous HSA beneficiary designations on file.

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

P111-0819

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

<b>Primary Beneficiary 1</b> 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 %

<b>Primary Beneficiary 2</b> 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 %

<b>Primary Beneficiary 3</b> 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 %

<b>Primary Beneficiary 4</b> 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
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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.

**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.

Spouse's Signature	Name (please print)	Date
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