

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.

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

P111-0819

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