



MyHSA Beneficiary Designation Form

Instructions – This form is used to add or update your MyHSA account beneficiary (ies). This can also be done online from your account. We follow the most recent dated form or online entered information.

ACCOUNT HOLDER INFORMATION		
Name: (First):	(MI):	(Last):
Social Security Number:	Daytime Phone Number:	
Mailing Address:		
City:	State:	Zip:
Email Address:		

Designation of Beneficiary (ies) – Please Print

I hereby revoke any Designation of Beneficiary I may previously have made in writing and or in electronic format.

Please list your primary and/or secondary beneficiary (ies), and the percentage of your account, which you would like each beneficiary to receive. If more than one beneficiary of a class is designated and no distribution percentages are identified, the beneficiaries will be deemed to own equal shares in the account. If you have designated a Trust as beneficiary, the entire benefit will be paid to the Trust (unless different percentages are designated. If you do not designate a beneficiary your entire benefit will be paid to your Estate. If any primary or secondary beneficiary dies before you do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiaries shall be increased on a pro rata basis. If no primary beneficiary survives you, the secondary beneficiary (ies) shall acquire the designated share of your account. Completion of this form will supersede all prior designations. I understand that I may change or add beneficiaries at any time by completing and delivering the proper electronic or paper form to Alliance Benefit Group of IL.

PRIMARY BENEFICIARY (IES) – Shares must equal 100%

Name _____	Name _____
Relationship _____	Relationship _____
Social Security Number _____	Social Security Number _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Percentage _____ % Phone # _____	Percentage _____ % Phone # _____

SECONDARY BENEFICIARY (IES) – Shares must equal 100%

Name _____	Name _____
Relationship _____	Relationship _____
Social Security Number _____	Social Security Number _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Percentage _____ % Phone # _____	Percentage _____ % Phone # _____

Spousal Consent: For Account Holders in Community Property or Marital Property States

Instructions to HSA Owner who resides in or establishes an HSA in a community or marital property state and names a beneficiary other than his or her spouse. It is your responsibility to determine whether spousal consent is necessary. Failure to have your spouse sign below may invalidate your beneficiary designation for a portion of your HSA. Please consult your tax or legal advisor if you have questions about this section.

Spousal Consent. I am the spouse of the HSA owner named on this application. I understand that my spouse is naming a beneficiary for the HSA other than myself. I approve and consent to the naming of said beneficiary and I hereby transmute (transfer) and partition any community property interest I have or would otherwise acquire in this HSA into the separate property of my spouse for disposition as my spouse sees fit. I understand the consequences of giving up my interest, and acknowledge that I have been advised to seek tax or legal advice regarding these consequences.

X _____
Signature of Spouse Date

X _____
Signature of Witness Date

Account Holder Authorization

The above designations are subject to the Conditions of Beneficiary Designation listed below:

1. This designation is subject to all the terms and provisions listed above, and shall be effective only if received by Alliance Benefit Group of IL prior to the death of the named MyHSA account holder listed above.
2. This designation applies to the account holder's entire interest, in the account at the account holder's death.
3. I agree that the above information correctly reflects my desire to add or change death beneficiaries on my MyHSA Health Savings Account.

X _____
Account Holder Signature

Date