Health Savings Account (HSA) Application

Please print or type.

(Custodian's name, address and phone number above)

1 HSA OWNER INFORMATION

Name ..... HSA Account (Plan) Number .....

Address, City, State, and ZIP .....

Social Security Number (SSN) ..... Date of Birth .....

Daytime Phone Number ..... E-mail (optional) .....

Type of Health Insurance Plan Coverage (select one): ☐ Self-Only ☐ Family

2 CONTRIBUTION INFORMATION

A. This account is a (select one): ☐ Deposit Investment Only ☐ Self-Directed HSA Investment

B. General Contribution Information

Investment Number.....

Amount $.....

Contribution Date.....

Tax Year.....

C. Contribution Type (select one)

☐ Regular (including Catch-Up)
☐ Rollover from an HSA
☐ Transfer from an HSA
☐ Contribution from an IRA
☐ Rollover from an Archer MSA
☐ Transfer from an Archer MSA
☐ Return of Mistaken Distribution

Original Distribution Date(s) _____

3 DESIGNATION OF BENEFICIARY

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all of the beneficiaries die before me, or if none are designated, my HSA assets will be paid to my estate. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

Primary Share	Contingent Share	Name of Beneficiary	SSN or TIN	Relationship to HSA Owner	Date of Birth	Address, City, State, and ZIP
.....%	.....%	.....	.....	.....	.....	.....
.....%	.....%	.....	.....	.....	.....	.....
.....%	.....%	.....	.....	.....	.....	.....
.....%	.....%	.....	.....	.....	.....	.....
.....%	.....%	.....	.....	.....	.....	.....
.....%	.....%	.....	.....	.....	.....	.....
.....%	.....%	.....	.....	.....	.....	.....
Total 100%	Total 100%					

4 SPOUSAL CONSENT

Community or marital property state laws may require spousal consent for a nonspouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the HSA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by financial organization policy.

..... (HSA Owner Initials) **I Am Married.** I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.

..... (HSA Owner Initials) **I Am Not Married.** I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in this Application.

..... Signature of Spouse ..... Date

..... Signature of Witness (if required) (Witness cannot be a beneficiary of this HSA) ..... Date

5 SIGNATURES

If this HSA is being established with a regular contribution, I am an eligible individual, covered by a qualified high deductible health plan (HDHP), and not covered by a health plan other than an HDHP that provides any of the same benefits as an HDHP. I certify that the information provided by me on this Application is accurate, and that I have received a copy of the Application, IRS Form 5305-C, *Health Savings Custodial Account*, and Disclosure Statement. I agree to be bound by the terms and conditions found in the Application, Health Savings Custodial Account, Disclosure Statement, and amendments thereto. Except as otherwise provided by law, I assume sole responsibility for all consequences relating to my actions concerning this HSA. I understand that the custodian cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

..... Signature of HSA Owner ..... Date

..... Signature of Custodian ..... Date

1st Copy - Custodian 2nd Copy - HSA Administration Provider 3rd Copy - HSA Owner