

Health Savings Account Beneficiary Form

Use this form to request a beneficiary for your HSA. If you want to designate a primary beneficiary other than your spouse, and you live in a community property state (for example AK, AZ, CA, ID, LA, NV, NM, TX, WA or WI), your spouse must agree in writing to your designation, and you must submit a physical copy of this form. Designations are effective upon receipt by Admin America, Inc. and, unless otherwise specified, cancel all previous HSA beneficiary designations on file.

1. Complete all sections of this form.
2. Email or mail completed form to:
 Email: HSA@adminamerica.com
 Address: 1720 Windward Concourse, Suite 290, Alpharetta GA 30005

*Required Fields

| Part I Consumer Information | | | |
|------------------------------------|-------------------------|---|--|
| *Consumer Name (First, MI, Last) | | *Employer Name (If sponsored by an employer plan) | |
| *Birth Date (MM/DD/YYYY) | *Social Security Number | *Day Telephone | |
| *Address | | | |
| *City | *State | *Zip | |

| Part II Designation of Beneficiary(ies) |
|--|
| <ul style="list-style-type: none"> ▪ If neither the primary nor contingent beneficiary is indicated, the individual or entity will be deemed to be the primary beneficiary. ▪ If any beneficiary dies before me, his or her interest shall terminate completely, and the percentage of any remaining death beneficiary(ies) shall be increased on a pro rata basis. ▪ If more than one primary beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HAS. ▪ Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. ▪ If no primary death beneficiary(ies) survives me, the contingent death beneficiary(ies) shall acquire the designated share of my HSA. ▪ If you designate your spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of your marriage will automatically revoke such designation. |

| Beneficiary #1 | | | |
|---|---------------------|---|----------|
| Share percentages must equal 100% for primary and 100% for contingent if adding multiple beneficiaries. | | | |
| * Full Name (or Trust and Trustee Name) | | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | *Share % |
| * Birth Date (MM/DD/YYYY) (or Trust Creation Date) | *SSN (or Trust TIN) | *Relationship | |
| *Address | | | |
| *City | *State | *Zip | |

| | | |
|---|---|---------------|
| Beneficiary #2 | | |
| Share percentages must equal 100% for primary and 100% for contingent if adding multiple beneficiaries. | | |
| * Name (First, MI, Last) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | *Share % |
| * Birth Date (MM/DD/YYYY) | *SSN | *Relationship |
| *Address | | |
| *City | *State | *Zip |

| | | |
|---|---|---------------|
| Beneficiary #3 | | |
| Share percentages must equal 100% for primary and 100% for contingent if adding multiple beneficiaries. | | |
| * Name (First, MI, Last) | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | *Share % |
| * Birth Date (MM/DD/YYYY) | *SSN | *Relationship |
| *Address | | |
| *City | *State | *Zip |

Part III Marital Status / Consumer Authorization

I Am Not Married – I understand that if I become married in the future, I must complete a new HSA 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. I acknowledge that I have received a fair and reasonable disclosure of my spouse’s property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional.

| | |
|--------------------|-------|
| **Spouse Signature | *Date |
|--------------------|-------|

Consumer Consent

I hereby give the HSA Beneficiary any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. I acknowledge that this form may be electronically signed (if no spouse signature is required) and I agree that the electronic signature appearing on this document is the same as handwritten signatures for the purpose of validity, enforceability and admissibility.

| | |
|---------------------|-------|
| *Consumer Signature | *Date |
|---------------------|-------|