



HEALTH SAVINGS ACCOUNT BENEFICIARY CHANGE & SPOUSAL CONSENT FORM

Use this form to designate or change your beneficiary. If you are married in common law or in a community property or marital property state, you must designate your spouse as your Primary Beneficiary. If you wish to designate someone other than your spouse, your spouse must agree by signing in the Spousal Consent section. **Your spouse's signature must be notarized.**

Accountholder Information

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	
Social Security Number	Employer & Employee ID	
_____	_____	
Telephone Number	Email Address	

Beneficiary Designation

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100% for primary and 100% for contingent.

	Name and Address	Date of Birth	Social Security Number	Primary or Contingent	Relationship	Share %
1.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
2.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
3.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	

Spousal Consent (for HSA Accountholders married in common law or in a community property or marital property state)

- I am not married and I understand that if I become married in the future, I must complete a new HSA Beneficiary Change/Spousal Consent Form.
- I am married and I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must agree to the designation by signing below. My spouse's signature must be notarized.

_____	Subscribed and sworn to before me this
Signature of Spouse	_____ day of _____, 20_____
_____	_____
Date	Notary Public

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold Surency or Healthcare Bank liable for any adverse consequences that may result. I have not received any tax or legal advice from Surency or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws.

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If any primary or contingent death beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining death beneficiary shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary survives me, the contingent death beneficiary shall acquire the designated share of my HSA.

I understand that if I am married and my residence is in a community or marital property state, or if I am transferring property to this HSA that I acquired while married and residing in a community or marital property state, my spouse may have a community or marital property interest in contributions to and earnings in this HSA, whatever the source. This community property interest may be released by a properly executed consent. I understand that I may wish to consult with legal counsel to ensure that my designation is proper. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment, or other legal termination of my marriage will automatically revoke such designation.

_____	_____
Signature of HSA Accountholder	Date

Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773
866-818-8805 | Surency.com