



HEALTH SAVINGS ACCOUNT INFORMATION CHANGE NOTIFICATION FORM

Attach legal documentation to verify legal name.

Accountholder Information

Last Name

First Name

Middle Initial

Social Security Number

Employer & Employee ID

Name Change (Please attach notarized marriage certificate or court order to verify legal name)

Last Name

First Name

Middle Initial

Address/Telephone Number Change

Please Note: You can also update your address and telephone information online by logging into your Member Account at Surency.com.

Previous Information

Last Name

First Name

Middle Initial

Address

City, State & ZIP

Telephone Number

New Information

Last Name

First Name

Middle Initial

Address

City, State & ZIP

Telephone Number

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to the transaction. I assume full responsibility for this transaction and will not hold Surency liable for any adverse consequences that may result. I have not received 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. All the information provided by me is true and correct and may be relied upon by Surency and Healthcare Bank. I authorize Surency and Healthcare Bank to change the information related to my account as listed above.

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**