

# Health Savings Account (HSA) Beneficiary Designation Form

## A. Individual HSA Owner Information

9	8									<b>UMB Health Savings Account Number</b> (10-digit number found on your HSA statement)	
FIRST NAME			MI	LAST NAME			SOCIAL SECURITY NUMBER				
STREET ADDRESS (NO P.O. BOX)							PHONE	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> HOME	<input type="checkbox"/> OTHER
P.O. BOX, APARTMENT OR LOT #				CITY			STATE	ZIP			

## B. Beneficiary Designation \*SEE PAGE 2 FOR DESCRIPTION

PRIMARY BENEFICIARY(IES) NAME	ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PERCENTAGE

If none of the persons listed above as Primary Beneficiaries are living at my death, I designate the following Secondary Beneficiary(ies) for my Account, subject to the same distribution rules as are set forth above with respect to Primary Beneficiaries.

SECONDARY BENEFICIARY(IES) NAME	ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PERCENTAGE

## C. Other Provisions

If no Beneficiaries are named on this form or if all the named Beneficiaries predecease me, the Account funds will be paid to my estate. If my spouse receives the Account as a result of being named as Beneficiary, my spouse may choose to continue the Account in his or her name, subject to Custodian's consent, by providing a written election to the Custodian and by signing the forms and providing the information the Custodian requires. For any non-spouse Beneficiary, the Account terminates as of my date of death and becomes payable. I understand that in certain states, my spouse's consent may be necessary if I wish to name a person other than or in addition to my spouse as Beneficiary, and that I should consult with my attorney before making such a Beneficiary Designation. By making the foregoing Beneficiary Designation, I represent and warrant to the Custodian that this Beneficiary Designation satisfies all legal requirements under applicable law and, on behalf of myself, the Beneficiary(ies), my heirs and my estate, I hereby indemnify and hold the Custodian harmless from and against any and all claims, damages, liabilities and costs (including attorney's fees) arising as a result of the Custodian's payment of my Account in accordance with this Beneficiary Designation. Custodian may condition payment to any Beneficiary on satisfactory proof of identity and entitlement to payment.

Please note that a physical signature is needed since electronic signatures are not accepted.

ACCOUNT OWNER <b>Signature</b>	<input checked="" type="checkbox"/>	<b>Date</b>
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## D. Spousal Consent (If Applicable) \*SEE PAGE 2 FOR DESCRIPTION

Please note that a physical signature is needed since electronic signatures are not accepted.

NAME OF SPOUSE		
SPOUSE <b>Signature</b>	<input checked="" type="checkbox"/>	<b>Date</b>

**Return completed form to: UMB Bank, n.a., Mailstop 1170103 – CI Center, P.O. Box 419226, Kansas City, MO 64141-6226**  
**Or e-mail scanned document to: HSACICenter@umb.com**

Health Savings Account (HSA)  
Beneficiary Designation Form

**B. Beneficiary Designation**

As the named Account Owner of the above-referenced Health Savings Account ("HSA") or Medical Savings Account ("MSA"), I have the right to designate the beneficiary or beneficiaries to whom any funds remaining in my Account upon my death are to be paid and, at any time and from time to time prior to my death, to revoke, alter or amend any such designation previously made. Any such designation must be on a form provided by or acceptable to the Custodian and must be filed with the Custodian prior to my death. I hereby revoke completely every such designation A previously made by me and I direct that, if I die before distribution of my Account has been completed, the value of my Account shall be distributed to the Primary Beneficiary(ies) named below in the percentage(s) indicated, or in the absence of any percentages, in equal shares. The interest of any Primary Beneficiary who predeceases me shall terminate, and the percentage shares of all surviving Primary Beneficiaries shall increase ratably in proportion to the relative sizes of the percentages of such surviving Beneficiaries as originally set forth herein.

If you are naming more than four primary beneficiaries and/or more than four secondary beneficiaries, please attach a separate signed and dated sheet, indicating Primary or Secondary, as well as the other required information.

**D. Spousal Consent (If Applicable)**

**Note: The following section should only be signed in the event your state requires the consent of your spouse to the designation of a beneficiary other than such spouse with respect to the Account.** This could apply, for example, if you live in a community or marital property state and you designate someone other than or in addition to your spouse as a beneficiary. Consult your attorney or tax advisor for further information.

The undersigned spouse of the Account Owner in whose name the Account identified above is opened hereby consents to and joins in the designation of the beneficiary(ies) identified above. To the extent the undersigned spouse is not named as Beneficiary, such spouse relinquishes any interest such spouse may have in the funds contained in the Account.