

# Health Savings Account Beneficiary Designation Form



**Instructions:** This form can be used to establish your Health Savings Account (HSA) death beneficiary. You can also easily enter your Beneficiary Information online through the Bank of America member website. Go to [myhealth.bankofamerica.com](http://myhealth.bankofamerica.com) and click on "Profile" to add new dependent and beneficiary information. Please allow 2 business days for your information to be updated once your request is received.

We're here to help  
you 24 hours a day,  
7 days a week.

Please mail or fax the completed form to:

Bank of America  
c/o Health Account Services  
PO Box 2203  
Fargo, ND 58108

Fax: 844.590.0919



**Customer Care Center:**

866.791.0250

800.305.5109 TDD



**Online Chat:**

[myhealth.bankofamerica.com](http://myhealth.bankofamerica.com)

\*Required Fields

## Step 1: HSA Customer Information

<input type="text"/>		<input type="text"/>	
*Employer Name (If sponsored by an employer plan)		*Customer Name (First, MI, Last)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*/	/	-	-
*Birth Date (MM/DD/YYYY)		*Social Security Number	
<input type="text"/>		<input type="text"/>	
*Permanent Address		*Email Address	
<input type="text"/>		<input type="text"/>	<input type="text"/>
*City		*State	*Zip Code

## Step 2: Designation of Death Beneficiary(ies)

- ☐ **New Death Beneficiary(ies)** - The following individual(s) or entity shall be my primary and/or contingent death beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary.
- ☐ **Replace Death Beneficiary(ies)** - I designate the individual(s) or entity named below as my primary and/or contingent death beneficiary(ies) of this HSA and hereby revoke all prior death beneficiary(ies) designations, if any, made by me.
- ☐ **Add Death Beneficiary(ies)** - I designate the individual(s) or entity named below as my primary and/or contingent death beneficiary(ies) of this HSA. This list supplements, but does not replace, the death beneficiary(ies) previously designated by me on the date specified.

**Note:** When adding death beneficiaries, if the share % of previously designated death beneficiary(ies) changes, restate all death beneficiaries and the corresponding share % if the previous percentages are no longer correct.

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(ies) 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

## Beneficiary Designation Form (cont'd)

## Step 2: Designation of Death Beneficiary(ies) (cont'd)

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(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

<input type="text"/>		<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<input type="text"/> %
*Name (First, MI, Last)				
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> ( <input type="text"/> ) - <input type="text"/>		
*Birth Date (MM/DD/YYYY)		*Social Security Number		*Day Telephone
<input type="text"/>		<input type="text"/>		
*Permanent Address		*Relationship		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
*City	*State	*Zip Code		

## Beneficiary #2

<input type="text"/>		<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<input type="text"/> %
*Name (First, MI, Last)				
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> ( <input type="text"/> ) - <input type="text"/>		
*Birth Date (MM/DD/YYYY)		*Social Security Number		*Day Telephone
<input type="text"/>		<input type="text"/>		
*Permanent Address		*Relationship		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
*City	*State	*Zip Code		

## Beneficiary #3

<input type="text"/>		<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<input type="text"/> %
*Name (First, MI, Last)				
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> ( <input type="text"/> ) - <input type="text"/>		
*Birth Date (MM/DD/YYYY)		*Social Security Number		*Day Telephone
<input type="text"/>		<input type="text"/>		
*Permanent Address		*Relationship		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
*City	*State	*Zip Code		

## Step 2: Designation of Death Beneficiary(ies) (cont'd)

Beneficiary #4

\*Name (First, MI, Last)

☐

Primary

☐

Contingent

%

\*Birth Date (MM/DD/YYYY)

\*Social Security Number

\*Day Telephone

\*Permanent Address

\*Relationship

\*City

\*State

\*Zip Code

## Step 3: Marital Status

☐ I Am Not Married - I understand that if I become married in the future, I must complete a new HSA Death Beneficiary Form.☐ I Am Married - I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must sign below.

## Spousal Signature

I am the spouse of the HSA Customer named above. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the potential tax or other consequences of giving up any interest I may have in this HSA, I understand that I should consult with a legal or a tax professional concerning this decision. I hereby release any present or future interest I may have in the funds or property deposited in this HSA and consent to the death beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Bank of America.

\*Spouse Signature

\*Date (MM/DD/YYYY)

## Customer Certification/Signature

By signing below, I certify that the information set forth on this form is correct, and I direct that all funds remaining in my HSA at my death be paid to the Beneficiary(ies) designated on this form, unless superseded by a subsequent designation properly executed by me.

\*Customer Signature

\*Date (MM/DD/YYYY)