



Health Savings Account (HSA) Beneficiary Designation

1 HSA OWNER INFORMATION

		CURRENT DATE	
NAME AND ADDRESS		SOCIAL SECURITY NUMBER (SSN)	
		DATE OF BIRTH	DAYTIME PHONE NUMBER
		ACCOUNT NUMBER	

2 DESIGNATION OF BENEFICIARY(IES) (See Additional Information included with this form.)

I name the following person(s) as the primary beneficiary(ies) of my HSA. This designation revokes and supersedes all earlier beneficiary designations which may apply to this HSA. I reserve the right to revoke any designation by making another written designation. In the event of my death, the primary beneficiary(ies) named below will receive my HSA assets. If any primary beneficiary dies before me, the interest of that deceased beneficiary shall terminate totally and the percentage share of any surviving beneficiary(ies) shall increase on a pro-rated basis.

Primary Beneficiary(ies)

PERCENTAGE	NAME OF BENEFICIARY	SSN OR TAXPAYER ID NUMBER	RELATIONSHIP TO HSA OWNER

3 SPOUSAL CONSENT (Required for All Applicants)

(HSA Owner Initials) **I Am Married.** I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.

(HSA Owner Initials) **I Am Not Married.** I understand that if I marry in the future, I must complete a new Beneficiary Designation form.

I am the spouse of the HSA owner. Because of the significant consequences associated with giving up my interest in the HSA, the custodian has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the HSA owner's assets or property, including any financial obligations for a community property state. In the event I have a legal interest in the HSA assets, I hereby give to the HSA owner such interest in the assets held in this HSA and consent to the beneficiary designation set forth in Section 2 of this form.

Signature of Spouse Date

4 SIGNATURES

I certify that the information provided on this form is accurate and complete. I hereby agree to the terms and conditions set forth in Sections 2 and 3. I agree that I am responsible for any claims that may arise as a result of my selections, including naming beneficiaries other than my spouse. I understand that my HSA agreement, disclosure statement, and amendments thereto, may provide me with additional guidance. I agree that the custodian/trustee cannot give me legal advice. I release the custodian/trustee from and indemnify the custodian/trustee for all claims that may arise from my actions related to this form.

Signature of HSA Owner Date

ADDITIONAL INFORMATION

Purpose. The Health Savings Account (HSA) Beneficiary Designation form is designed to assist you in selecting or changing the current beneficiary designation of your HSA.

For Additional Guidance

It is in your best interest to seek the guidance of your tax or legal professional before completing this document because of the potentially significant financial and estate planning consequences. Refer to the Health Savings Custodial Agreement, and the accompanying Health Savings Account Disclosure Statement provided separately. Then refer to the Internal Revenue Code (IRC) Section 223 and all additional Internal Revenue Service (IRS) guidance, IRS publications that include information about HSAs, instructions to your federal income tax return, your local IRS office, or the IRS's web site at www.irs.gov.

Submit the completed Beneficiary Designation form:

BY FAX: (847) 890-6733

BY MAIL: First American Bank
Attention: HSA Department
P.O. Box 0794
Elk Grove Village, IL 60007-0794