American Chartered Bank

Designation or Change of Beneficiaries Form

HSA Account Holder Personal Information:

Name	Health Savings Account Number

Designation Type: Please choose one of the following options.

☐ **Initial Beneficiary Designation:** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA.

☐ **Replace Beneficiary(ies):** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of the account named above, and hereby revoke all prior beneficiary(ies) designations, if any, made by me.

☐ **Add beneficiary(ies):** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of the account named above. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified. (When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiary(ies) and the corresponding share percent if the previous percentages are no longer correct.)

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If a primary or contingent 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 beneficiary(ies) shall be increased on a pro-rated basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

Name and Address	Date of Birth	Social Security #	Relationship	Primary or Contingent	Share (Percent)
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	

CURRENT MARITAL STATUS

☐ **I am not married:** I understand that if I become married in the future, I must complete a new Designation of Beneficiary form.

☐ **I am married:** I understand that if I chose to designate a primary beneficiary other than my spouse, my spouse must sign below and my spouse's signature must be witnessed.

_____ _____

Signature of Account Holder Date

I am the spouse of the above-named Account Holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the Account Holder any interest I have in the funds or property deposited in this account, and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. The Custodian gave no tax or legal advice to me.

_____ _____ _____ _____

Signature of Spouse (if applicable) Date Signature of Witness (if applicable) Date

Please Mail Form To:
American Chartered Bank - HSA Processing
PO Box 5994
Carol Stream, IL 60197-5994

Member FDIC

Phone (847) 407-2603 Fax (847) 407-2633

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