

**HSA BENEFICIARY  
DESIGNATION/CHANGE (FORM 2603H)**

**Please Print or Type**

CUID (Credit union will complete.)	Credit Union Name
Social Security Number	HSA Suffix
Account Owner's Name (First, Initial, Last)	
Account Number	

**DESIGNATION OF BENEFICIARY** (Revocable; see next page for complete instructions)

**PRIMARY Beneficiary(ies)** — % Column MUST total 100%

%	Name	Mailing Address	Relationship	Birth Date	SS #

**SECONDARY Beneficiary(ies)** — % Column MUST total 100%

%	Name	Mailing Address	Relationship	Birth Date	SS #

**TERTIARY Beneficiary(ies)** — % Column MUST total 100%

%	Name	Mailing Address	Relationship	Birth Date	SS #

(This beneficiary designation overrides all previous designations for this HSA. If you have more than one HSA, you must fill out a separate Beneficiary Designation/Change Form for each HSA.)

**SPOUSAL CONSENT**

This section should be reviewed if either the trust or residence of the account owner is located in a community or marital property state and the account owner is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

**Current Marital Status**

- I Am Not Married** – I understand that if I become married in the future, I must complete a new HSA Beneficiary Designation/Change form (Form 2603H).
- I Am Married** – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

**Consent of Spouse**

I am the spouse of the above-named account owner. 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 HSA, I have been advised to see a tax professional.

I hereby give the account owner any interest I have in the funds or property deposited in this HSA and consent to the 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 the Trustee or Custodian.

<b>X</b> Signature of Spouse	Date (MM/DD/YYYY)
<b>X</b> Signature of Witness	Date (MM/DD/YYYY)

**ACCOUNT OWNER'S SIGNATURE**

(This beneficiary designation is not effective unless signed.)

<b>X</b> Account Owner's Signature	Date (MM/DD/YYYY)
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## DESIGNATING BENEFICIARIES

**General Instructions.** A beneficiary can be a person, trust, charity, or your estate. Write only one beneficiary on each line. Make sure that you write the full names of all beneficiaries. For example, if you name your children as beneficiaries, DO NOT merely write “children” on one of the lines; instead, write the full names of all your children on separate lines.

**Order of Payment.** Upon your death, your HSA will be payable to the primary beneficiaries listed unless they have predeceased you. The balance in the HSA will only be payable to the secondary beneficiaries if all primary beneficiaries have predeceased you. The HSA balance will be paid to the tertiary beneficiaries only if all primary and secondary beneficiaries have predeceased you.

**Primary Beneficiaries.** If you’re naming only one primary beneficiary, put 100% in the “%” column. If you’re naming more than one primary beneficiary, you must indicate what percentage each is to receive. The total MUST equal 100%.

If you do not assign a percentage for any primary beneficiary, then all primary beneficiaries will share equally.

**Secondary Beneficiaries.** If you’re naming only one secondary beneficiary, put 100% in the “%” column. If you’re naming more than one secondary beneficiary, you must indicate what percentage each secondary beneficiary is to receive. The total MUST equal 100%.

If you do not assign a percentage for any secondary beneficiary, then all secondary beneficiaries will share equally.

**Tertiary Beneficiaries.** If you’re naming only one tertiary beneficiary, put 100% in the “%” column. If you’re naming more than one tertiary beneficiary, you must indicate what percentage each tertiary beneficiary is to receive. The total MUST equal 100%.

If you do not assign a percentage for any tertiary beneficiary, then all tertiary beneficiaries will share equally.

**Example.** *Mary wants her HSA to be paid to her husband upon her death. If her husband is not alive, she wants her HSA to be paid equally to her two children. Mary would list her husband’s name under the “Primary Beneficiary(ies)” section and fill in “100” in the “%” column. She would list the two children’s names under the “Secondary Beneficiary(ies)” section and fill in “50” in the “%” column for each child.*