

# Health Savings Account (HSA) Designation or Change of Beneficiary Form

Complete this form and deliver to your local BMO Harris branch or mail to the following address:

BMO Harris Bank NA  
P.O. Box 296  
Milwaukee, WI 53201-0296

## 1 HSA OWNER INFORMATION

NAME, ADDRESS, CITY, STATE, AND ZIP			
HSA ACCOUNT (PLAN) NUMBER	SOCIAL SECURITY NUMBER (SSN)	DATE OF BIRTH	DAYTIME PHONE NUMBER

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

At the time of my death, the primary beneficiaries named below will receive my HSA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my HSA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all of the beneficiaries die before me, or if none are designated, my HSA assets will be paid to my estate. This designation revokes and supercedes all earlier beneficiary designations which may apply to this HSA.

PRIMARY SHARE	CONTINGENT SHARE	NAME OF BENEFICIARY	SSN OR TIN	RELATIONSHIP TO HSA OWNER	DATE OF BIRTH	ADDRESS, CITY, STATE, AND ZIP
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
%	%					
Total 100%	Total 100%					



## ADDITIONAL INFORMATION

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

**Additional Documents.** Applicable law or policies of the HSA custodian/trustee may require additional documentation. In the event you want to name additional primary or contingent beneficiaries, your custodian/trustee may allow you to attach additional beneficiary designations in a format acceptable to the custodian/trustee.

**For Additional Guidance.** It is in your best interest to seek the guidance of a tax or legal professional before completing this document because of the potentially significant financial and estate planning consequences. You should also reference the HSA agreement and disclosure statement and/or amendments provided by the custodian/trustee.

For more information, refer to Internal Revenue Code (IRC) Section 223, other relevant IRC sections, 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](http://www.irs.gov).

**Terms.** A general understanding of the following terms may be helpful in completing your transactions.

**Primary Beneficiary.** A primary beneficiary is the recipient of HSA assets upon the death of an HSA owner.

**Contingent Beneficiary.** A contingent beneficiary is a secondary beneficiary who is the recipient of HSA assets if all primary beneficiaries predecease an HSA owner.

## **Instructions for completing the HSA Designation or Change of Beneficiary Form**

### **1. Section (1) -**

- Name, address, city, state and zip
- HSA Account (Plan) Number (your HSA Account Number)
- Social Security Number
- Date of Birth
- Daytime phone number

### **2. Section (2) - NOTE : Primary beneficiary(s) must be named before contingent beneficiary(s) can be named. Complete 1 line per beneficiary named**

- Primary Share % (use for a primary beneficiary designation)
- Contingent Share % (use for a contingent beneficiary designation)
- Name of Beneficiary
- SSN or TIN
- Relationship to HSA Owner
- Date of Birth
- Address, City, State, Zip

### **3. Section (3) -**

- Initial the applicable line
- Signature of spouse and witness, if applicable

### **4. Section (4) -**

- Sign and date the form