

Beneficiary Designation Form



Please mail or fax completed forms to:

Address: HealthEquity, Attn: Member Services
PO Box 14374 Lexington, KY 40512

Fax: 801.727.1005

Complete this information online under “My Profile” in your member portal.

Note: If married, living in a community property state (for example AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI), and want to designate a primary beneficiary other than your spouse, your spouse must agree in writing to your designation and you must submit a physical copy of this form by mail or fax.

You should consult your legal/tax advisor when completing this form, as there may be tax and/or legal consequences to your designation.

You have the option to list one or more persons to be the primary and contingent beneficiaries for your HSA (including your estate or a trust, as applicable). If designating multiple primary or contingent beneficiaries, indicate the percentage share each should receive, ensuring the total of each adds up to 100%.

Designations are effective upon receipt by HealthEquity and, unless otherwise specified, cancel all previous HSA beneficiary designations on file.

| | | | |
|---|----------------------|-------------------------------|--|
| Account Holder Information (all fields are required) | | | |
| Last Name | First Name | M.I. | |
| E-Mail Address | Daytime Phone () | SSN or HealthEquity ID Number | |

P111-0819

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|---|
| Primary Beneficiary(ies) |
| To ensure timely completion of your request, please complete all fields for each beneficiary you designate. |

| | | | |
|--|------------|----------------------------|-----------|
| Primary Beneficiary 1 Estate/Trust <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name | SSN or TIN | Date of Birth (mm/dd/yyyy) | |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

| | | | |
|--|------------|----------------------------|-----------|
| Primary Beneficiary 2 Estate/Trust <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name | SSN or TIN | Date of Birth (mm/dd/yyyy) | |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

| | | | |
|--|------------|----------------------------|-----------|
| Primary Beneficiary 3 Estate/Trust <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name | SSN or TIN | Date of Birth (mm/dd/yyyy) | |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

| | | | |
|--|------------|----------------------------|-----------|
| Primary Beneficiary 4 Estate/Trust <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name | SSN or TIN | Date of Birth (mm/dd/yyyy) | |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

Contingent Beneficiary(ies)

Contingent beneficiaries receive your HSA assets in the event that all of your primary beneficiaries pass away before you.

Contingent Beneficiary 1 Estate/Trust Yes No

| | | | |
|--------------|------|------------|----------------------------|
| Name | | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

Contingent Beneficiary 2 Estate/Trust Yes No

| | | | |
|--------------|------|------------|----------------------------|
| Name | | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

Total 100%

Authorization

| | | |
|-----------------------|---------------------|------|
| Participant Signature | Name (please print) | Date |
|-----------------------|---------------------|------|

If you're a resident of a community or marital property state and have designated a beneficiary other than, or in addition to, your spouse, have your spouse authorize the designation by signing below.

Spousal Consent: I am the legal spouse of the HSA account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the tax consequences of giving up my interest in this HSA, I have been advised to see a qualified tax professional. I hereby consent to the beneficiary designation(s) indicated above.

| | | |
|--------------------|---------------------|------|
| Spouse's Signature | Name (please print) | Date |
|--------------------|---------------------|------|