

HEALTH SAVINGS ACCOUNT (HSA) BENEFICIARY DESIGNATION/CHANGE

HSA owner's name (member) _____	Member account no. _____
Address _____	Daytime phone no. _____
_____	Social security no. _____
Country _____	Date of birth _____

PRIMARY BENEFICIARY(IES)

If you name more than one primary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

%	print name	address, city, state, zip code	relationship	birthdate

SECONDARY BENEFICIARY(IES)

If you name more than one secondary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

%	print name	address, city, state, zip code	relationship	birthdate

In an event that one or more of the primary beneficiaries predeceases the owner, the amount allocated to said beneficiary(ies) will be divided among the surviving primary beneficiary(ies) in the same manner as the balance of the account is to be divided among the surviving primary beneficiaries. Secondary beneficiary(ies) will receive funds only if the primary beneficiary(ies) predeceases the owner. If no percentages are set forth herein above, it will be presumed that the survivors shall share equally. If you do not receive acknowledgment within thirty days, please contact HSA Services at 800-328-1935 ext. 2291 or by mail at Alliant Credit Union, HSA Services, PO Box 66945, Chicago, IL 60666-0945.

Please indicate if you have a spouse. ☐ YES ☐ NO

If your spouse is not named as a primary beneficiary with at least 50% allocation of HSA funds, then have your spouse sign **CONSENT OF SPOUSE**.

CONSENT OF SPOUSE

I consent to the designation of beneficiary(ies) on this form. I also waive all my rights to this HSA under community property laws, except to the extent of my interest under the designation of beneficiary(ies) on this form. I understand that I may not revoke this consent in the future. However, this waiver of my rights will terminate if my spouse (OWNER) amends this designation of beneficiary(ies) without my consent during my lifetime.

Signature of owner's spouse

Date

HSA OWNER'S SIGNATURE

HSA owner's signature (member)

Date

Credit Union Acknowledgment

Credit union representative's authorized signature

Date

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION, HSA SERVICES. FAX: 773-462-8735