

Beneficiary Designation Form

Please mail or fax completed forms to:

Address: HealthEquity, Attn: Member Services
15 W Scenic Pointe Dr, Ste 400 Draper, UT 84020
Fax: 801.727.1005



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

Note: If married, living in a community property state (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 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 6-Digit HealthEquity Account Number |

Primary Beneficiary(ies)

To ensure timely completion of your request, please complete all fields for each beneficiary you designate.

Primary Beneficiary 1 Estate/Trust ☐ Yes ☐ No

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

Primary Beneficiary 2 Estate/Trust ☐ Yes ☐ No

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

Primary Beneficiary 3 Estate/Trust ☐ Yes ☐ No

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

Primary Beneficiary 4 Estate/Trust ☐ Yes ☐ No

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

Contingent Beneficiary 2 Estate/Trust ☐ Yes ☐ No

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

Total 100%

Authorization

| | | |
|---|---------------------|------|
| Participant Signature | Name (please print) | Date |
| <p>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.</p> <p>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.</p> | | |
| Spouse's Signature | Name (please print) | Date |