HSA (Health Savings Account)

CHANGE OF BENEFICIARY

The Adirondack Trust Co.

Name of Financial Organization

HSA Owner Information

Name | Social Security Number | Date of Birth

Address | Home Phone Number | Daytime Phone Number

City/State/Zip | Sex (Male or Female) | E-mail Address

New Beneficiary Information

Primary Beneficiary

Name | Relationship

Social Security Number/Tax I.D. Number | Date of Birth

Address

City/State/Zip

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name | Relationship

Social Security Number/Tax I.D. Number | Date of Birth

Address

City/State/Zip

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name | Relationship

Social Security Number/Tax I.D. Number | Date of Birth

Address

City/State/Zip

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name | Relationship

Social Security Number/Tax I.D. Number | Date of Birth

Address

City/State/Zip

I, the undersigned HSA Owner, hereby designate the above as my beneficiary(ies). If primary or contingent is not indicated, primary will be assumed. Unless otherwise requested herein, each payment made pursuant to this designation: (a) shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death; or (b) if no primary beneficiary(ies) shall be living at the time of my death, such payment shall be made in equal shares to the contingent beneficiary(ies) who are then living; or (c) if no primary beneficiary(ies) or contingent beneficiary(ies) shall be living at the time of my death, such payment shall be made to my estate. If my spouse receives this HSA as a result of my death, this HSA will become his or her HSA as of the date of my death. If a non-spouse beneficiary receives this HSA as a result of my death, this HSA terminates as of the date of my death and the assets in this HSA become payable to such beneficiary. I have the right to change this designation at any time.

Spousal consent: (for use in community or marital property states) I agree to my spouse's naming a primary beneficiary other than myself. I transfer (transmute) any community or marital interest I have in this HSA into the separate property of my spouse. I agree to seek the advice of a legal or tax professional, as needed.

Signature of Spouse: _____ Date: _____

Signatures

I authorize the financial institution named above to make the changes indicated. This beneficiary designation supersedes any and all prior beneficiary designations by the HSA Owner. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility. I will not hold the Trustee/Custodian liable for any adverse consequences that may result.

Accepted by:

Signature of HSA Owner | Date | Signature of Trustee/Custodian | Date

Office Use Only