



# HSA DESIGNATION OF BENEFICIARY

HSA ACCOUNT OWNER'S NAME AND ADDRESS			HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS	
			Stephenson National Bank & Trust 1820 Hall Ave PO Box 137 Marinette, WI 54143-0137	
Social Security Number	Date of Birth	Home Phone	HSA Account Identification	Trustee's or Custodian's Phone Number
				715 732-1732

### DESIGNATION OF BENEFICIARY(ies)

**Select One:**

- REPLACE BENEFICIARY(IES)** – I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA and hereby revoke all prior beneficiary(ies) designations, if any, made by me.
- ADD BENEFICIARY(IES)** – I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified. *(When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share % if the previous percentages are no longer correct.)*

\_\_\_\_\_  
(Document beneficiary(ies) are listed on)

\_\_\_\_\_  
(Date)

**If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my HSA.

No.	Beneficiary's Name and Address	Date of Birth	Social Security Number	Relationship	Primary or Contingent	Share %
1.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
2.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
3.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
4.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
5.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

### SPOUSAL CONSENT

*This section should be reviewed if either the trust or the residence of the HSA Account Owner is located in a community or marital property state and the HSA Account Owner is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.*

#### CURRENT MARITAL STATUS

- I Am Not Married** – I understand that if I become married in the future, I must complete a new HSA Designation Of Beneficiary form.
- I Am Married** – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named HSA Account Owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional.

I hereby give the HSA Account Owner any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Trustee or Custodian.

\_\_\_\_\_  
(Signature of Spouse)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Date)

### SIGNATURES

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Trustee or Custodian. The Trustee or Custodian has provided no tax or legal advice to me regarding my beneficiary designations.

\_\_\_\_\_  
(HSA Account Owner)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)