Everence HSA Beneficiary Change

Everence

Use this form to change your beneficiary(ies) for your Everence HSA. **Please print in dark ink** when completing this form. Fax the completed and signed form to (574) 537-3627 or mail it to Everence HSA administration, P.O. Box 483, Goshen, IN 46527.

Account owner information

Name _____

Address _____
Street City State ZIP

HSA account number _____ Daytime telephone number _____

Beneficiary designation

At the time of your death, the primary beneficiary(ies) named below will receive your HSA assets. If no primary beneficiary is living at the time of your death, the account balance will be distributed to the secondary beneficiary(ies). Beneficiaries may be a person, trust,* charity, or your estate. You may change your beneficiary at any time and as often as you wish. Any change of beneficiary is subject to any rules we establish and is not effective until we receive written notification. If you are naming more than one primary beneficiary, you must indicate what percentage each is to receive. The total must equal 100 percent. If you do not assign a percentage for any primary beneficiary, then all primary beneficiaries will share equally. (See the *Everence HSA Custodial Agreement* for provisions on distribution of death benefits)

**If you designate a trust as the beneficiary, you will need to provide the name and address of each trustee, the date the trust was established, the name of the trust, and the trust's taxpayer identification number.*

Primary beneficiaries

Name	Address	Relationship	Birth date	Social Security number	Share percentage

Secondary beneficiaries

Name	Address	Relationship	Birth date	Social Security number	Share percentage

Spousal consent for community property purposes (doesn't apply if spouse is named as the primary beneficiary)
I consent to the designation of beneficiary on this form, and I agree to convert this HSA into the separate property of my spouse to be distributed as shown on this form following my spouse's death. I understand that by signing this consent, I am giving up my current community/marital property rights in this HSA and my community/marital property rights in any future contributions to this HSA. I further understand that I may not revoke this consent in the future. However, this consent will be automatically revoked if my spouse amends this designation of beneficiary during my lifetime.

Signature of spouse

Date

Account owner authorization

This beneficiary designation replaces any previous designation I have made.

Signature of account owner

Date

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