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HEALTH SAVINGS ACCOUNT Community or Marital Property State Beneficiary and Spousal Consent Form

Health Savings Account Holder Information:

Employer: _____

Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____

Primary Beneficiary: _____ Relationship: _____

Contingent Beneficiary: _____ Relationship: _____

Health Savings Account Holder Spousal Information:

Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____

SPOUSAL CONSENT

This form should only be completed if the Health Savings Account (HSA) holder is located in a community or marital property state, is married and has named anyone other than his or her spouse as the beneficiary. 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.

I Am Married – I, _____ (HSA holder name) understand that I have chosen to designate a primary beneficiary other than my spouse and my spouse must sign below. I, _____ (name of spouse of HSA holder) am the spouse of the above-named HSA holder. 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 consult with a tax professional. I hereby give the HSA holder 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.

(Signature of Spouse) (Date)

(Signature of Witness) (Date)