

# Health Savings Accounts Community/Property State Beneficiary and Spousal Consent Form

## Account Holder Information

|                                     |                                |
|-------------------------------------|--------------------------------|
| Name:                               | Social Security Number:        |
| Address: (street, city, state, zip) | Email Address:                 |
| Date of Birth: (MM/DD/YYYY)         | Phone Number: (with area code) |
| Employer Name:                      | Phone Number: (with area code) |

## Account Holder Spousal Information

|                                     |                                |
|-------------------------------------|--------------------------------|
| Name:                               | Social Security Number:        |
| Address: (street, city, state, zip) | Phone Number: (with area code) |

## Beneficiary Information

|   |                                     |                             |                                     |
|---|-------------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | Name:                               | Date of Birth: (MM/DD/YYYY) | <input type="checkbox"/> Primary    |
|   | Relationship:                       |                             | <input type="checkbox"/> Contingent |
|   | Address: (street, city, state, zip) |                             | _____% Percent                      |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | Name:                               | Date of Birth: (MM/DD/YYYY) | <input type="checkbox"/> Primary    |
|   | Relationship:                       |                             | <input type="checkbox"/> Contingent |
|   | Address: (street, city, state, zip) |                             | _____% Percent                      |

## SPOUSAL CONSENT

**IMPORTANT: The total for all active beneficiaries should be 100%.**

**This form should only be completed if the individual holding the Health Savings Account (HSA) resides in a community or marital property state, is married, and has designated someone other than their spouse as the primary beneficiary.** It is important to be aware of the significant tax implications of relinquishing one's community property interest, and those who sign this section should seek guidance from a knowledgeable tax or legal advisor.

**For Married Individuals:** I, \_\_\_\_\_, (print name of HSA account holder) have opted to designate a primary beneficiary other than my spouse. My spouse must also sign below.

**For Spouses:** I, \_\_\_\_\_, (print name of spouse) have received a fair and reasonable disclosure of their financial obligations and property. I have been advised to consult with a tax professional due to the significant tax implications of giving up my interest in this HSA. I hereby relinquish any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I take full responsibility for any potential negative consequences that may arise.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_