

# Health Savings Account Beneficiary Designation Form

To designate, revoke, or modify a beneficiary, please fill out, sign, and date the Beneficiary Designation Form and fax it to American Fidelity using the number provided above. You may also log in to your online account at [americanfidelity.com/login](http://americanfidelity.com/login) to update your beneficiaries. The designation, revocation, or change will be considered effective as of the date that the form is received.

## General Information

|                                     |  |                                                                       |  |
|-------------------------------------|--|-----------------------------------------------------------------------|--|
| Name:                               |  | Social Security Number:                                               |  |
| Address: (street, city, state, zip) |  |                                                                       |  |
| Date of Birth: (MM/DD/YYYY)         |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Email Address:                      |  | Home Phone Number: (with area code)                                   |  |
| Employer Name:                      |  | Daytime Phone Number: (with area code)                                |  |

*If your Health Savings Account (HSA) was set up independently from your employer, you do not need to provide the name of your employer.*

## Beneficiary Information

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

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

By signing this form, I certify that I have read and understand the instructions and that all information I have entered is true and complete. Submission of this document replaces any past designations I have made.

Account Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_