

Account Holder Information (PLEASE PRINT)

ACCOUNT HOLDER'S NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS				SELECTACCOUNT ID#
CITY				DAYTIME PHONE NUMBER
STATE		ZIP CODE		() -
E-MAIL ADDRESS		SPOUSE'S NAME		
I am: <input type="checkbox"/> Married <input type="checkbox"/> Not Married				

Beneficiary Information

- I wish to revoke my previous beneficiary designations and not name specific beneficiaries.**
If a specific beneficiary designation is not on file with SelectAccount at the time of your death, your legal spouse will be deemed your beneficiary. If you have no legal spouse, the funds will be paid to your estate.
- I wish to change my primary and secondary beneficiaries as indicated below.**
If percentages are not indicated, then equal shares will apply. If a beneficiary dies before me, then percentages will be adjusted on a proportionate basis. I need consent from my spouse to name a beneficiary other than, or in addition to, my spouse. I understand that I may change these designations in writing at any time.

Name and Address	Social Security Number	Relationship	Primary or Secondary	Percent
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	%
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	%
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	%
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	%

This section only applies if the spouse is not named as the primary beneficiary.
As the spouse of the Account Holder named on this form, I hereby consent to the beneficiary(ies) designated on this form. I am waiving my right to be the beneficiary under this account.

Spouse's Signature _____ Name (please print) _____ Date _____

Witness: I, a Notary Public, witnessed the signing of the foregoing Consent of the Spouse.

(seal) _____
(Notary Public)

Signature

If no designated beneficiary survives me, my undistributed interest shall be paid as provided in the terms and conditions for my account. I reserve the power to change, modify or revoke this designation in writing at any time before my death.

HSA Account Holder Signature _____ Date _____

SelectAccount
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