

ACCOUNT BENEFICIARY INFORMATION

Name: _____ Account No: _____
 Address: _____
 SSN: _____ Home Phone #: _____ Bus. Phone #: _____
 Birthdate: _____
 Check One: Unmarried Married
 Check One: Self-Only Coverage Family Coverage

ACCOUNT INFORMATION

Initial Contribution \$ _____ Contributions to be made by: HSA Owner; Employer; Another Individual
 If employer funded, name of employer: _____
 Type of Account:
 Regular HSA for tax year _____ Rollover from another HSA or Archer MSA
 Surviving Spouse Assumption Transfer from another HSA. Transfer received from: _____
 Name and Address of Trustee: _____

BENEFICIARY(IES) DESIGNATION

Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____%
Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____%
Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____%
Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____%

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated).

CONSENT OF SPOUSE

I consent to the above Beneficiary Designation.

Signature of Spouse: _____ Date: _____
 (Note: Consent of the Account Beneficiary's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Account Beneficiary's Spouse.)

Disclaimer For Community and Marital Property States: The Account Beneficiary's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the trustee disclaims any warranty as to the effectiveness of the Account Beneficiary's beneficiary designation or as to the ownership of the account after the death of the Account Beneficiary's Spouse. For additional information, please consult your legal advisor.

SIGNATURES

Under penalties of perjury, I certify that the above information (including my social security number) is correct. I hereby agree to participate in the Health Savings Account offered by the Trustee. I acknowledge receipt of a copy of the plan document under which this Health Savings Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to this Health Savings Account. I direct that my contribution be invested as indicated above, and I direct that all benefits upon my death be paid as indicated above. I authorize the Trustee to deduct the annual fees and other charges from my HSA in accordance with Article 11.05. I acknowledge that I am responsible for determining my eligibility to participate in this HSA, the amount and deductibility of contributions hereunder, the taxation of any distribution from this HSA, and that no tax advice has been provided to me by the Trustee. I certify that I am an Eligible Individual and that my health plan qualifies as a High Deductible Health Plan.

Witness: _____ Participant Signature: _____
 Date: _____
 Attest: _____ Authorized Signature of Trustee: _____
 Date: _____