

Designation of Beneficiary (optional)

- A. _____ I elect not to designate beneficiaries at this time and understand that I may designate them at a later date.
- B. **Primary Beneficiaries.** In the event of my death, pay my HSA balance to the following primary beneficiaries according to the percentages indicated. If more than one primary beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. If a primary beneficiary dies before me, his or her share shall be reallocated on a pro-rata basis to any remaining primary beneficiaries.

Name & Address	Social Security #	Relationship	Date of Birth	Percentage

- C. **Contingent Beneficiaries.** If all of my primary beneficiaries die before me, pay my HSA balance to the following contingent beneficiaries according to the percentages indicated. If a contingent beneficiary dies before me, his or her share be reallocated on a pro-rata basis to any remaining contingent beneficiaries.

Name & Address	Social Security #	Relationship	Date of Birth	Percentage

Spousal Consent. If you are married and name someone other than your spouse as the primary beneficiary, complete this section. Consult your tax or legal advisor with questions regarding naming beneficiaries in community or marital property states.

Spouse's Signature _____

Date _____

Witness's Signature _____

Date _____

HSA Authorized Signer (optional)

By signing below, you, as the Account Owner, authorize the below person to withdraw/access funds from the HSA Deposit Account by debit card. You (i) certify that the person you name is at least 18 years of age; (ii) want Liberty Savings Bank, FSB as the custodian to issue a debit card in such authorized signer's name; and (iii) direct that the debit card be mailed to the address listed below for said authorized signer. You understand that your authorized signer does not have access to your account other than by debit card and is not allowed to gain information, nor can such person transact business on your behalf outside of the use of said debit card.

If you want to revoke this authorized signer's right to use a debit card, you will do so in writing or by completing the appropriate form to be returned to the custodian.

Account Owner's Signature _____ Date _____

Complete the following section with the authorized signer's information. The authorized signer must sign below.

Authorized Signer Name _____

Social Security # _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Authorized Signer Driver's License (or state ID) # _____ State Issued: _____

Mother's Maiden Name _____

Employer _____ Employer Phone _____

***Do you want this Authorized Signer to receive a debit card for the account? **Yes** _____ **No** _____

Note: First two cards on the account are fee free; \$10 fee applies to additional cards.

Authorized Signer's Signature _____ Date _____