

Liberty Savings Bank  
Attn: HSA Department  
2323 Stickney Point Rd.  
Sarasota, FL 34231  
Fax: 941.953.6006

# HSA Designation of Beneficiary



**Purpose:** Use this form to name or change beneficiaries for your HSA.

## Personal Information of HSA Owner

Name (HSA Owner)

Social Security Number

Date of Birth

Account Number

(Numbers are 11 digits and begin with "999")

## Designation of Beneficiary

- A. 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

- B. 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 Owner Signature Statement:

I hereby designate the beneficiaries above. If I marry in the future I will complete a new Designation of Beneficiary form which includes the spousal consent.

HSA Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_

Date \_\_\_\_\_