



BENEFICIARY CHANGE & SPOUSAL CONSENT FORM

Health Savings Account (HSA)

INSTRUCTIONS

Use this form to designate or change your beneficiary. If you are married in common law or in a community property or marital property state, you must designate your spouse as your primary beneficiary. If you wish to designate someone other than your spouse, your spouse must agree by signing in the SPOUSAL CONSENT/NOTARY section. Your spouse's signature must be notarized. For questions, please call TASC at **608-241-1900** or **1-800-422-4661** with your TASC ID available.

Submit this completed form to TASC via one of the following methods:	Fax	Mail
	(608) 245-3623	TASC, PO Box 7308 Madison, WI 53704-7308

ACCOUNTHOLDER INFORMATION

TASC ID:		Employer Name:				
First Name:		MI:		Last Name:		
Date of Birth:		Social Security Number:				
Email Address:						
Primary Phone:		Mobile Phone:				
Primary Address:	Address Line 1:				Apt:	
	Address Line 2:					
	City:					
	State:		Zip/Postal Code:		+4	

BENEFICIARY DESIGNATION INFORMATION

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100% for the primary and 100% for contingent):

Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:	Beneficiary Designation:	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %:		
First Name:		MI:		Last Name:		
Date of Birth:		Social Security Number:				
Primary Address:	Address Line 1:				Apt:	
	Address Line 2:					
	City:					
	State:		Zip/Postal Code:		+4	

****CONTINUED ON PAGE 2****



BENEFICIARY CHANGE & SPOUSAL CONSENT FORM

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Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:	Beneficiary Designation:	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %:	
First Name:		MI:		Last Name:	
Date of Birth:		Social Security Number:			
Primary Address:	Address Line 1:				Apt:
	Address Line 2:				
	City:				
	State:		Zip/Postal Code:		+4

Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:	Beneficiary Designation:	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %:	
First Name:		MI:		Last Name:	
Date of Birth:		Social Security Number:			
Primary Address:	Address Line 1:				Apt:
	Address Line 2:				
	City:				
	State:		Zip/Postal Code:		+4

Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:	Beneficiary Designation:	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %:	
First Name:		MI:		Last Name:	
Date of Birth:		Social Security Number:			
Primary Address:	Address Line 1:				Apt:
	Address Line 2:				
	City:				
	State:		Zip/Postal Code:		+4

Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:	Beneficiary Designation:	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %:	
First Name:		MI:		Last Name:	
Date of Birth:		Social Security Number:			
Primary Address:	Address Line 1:				Apt:
	Address Line 2:				
	City:				
	State:		Zip/Postal Code:		+4

****AUTHORIZATION SIGNATURE REQUIRED ON PAGE 3****



BENEFICIARY CHANGE & SPOUSAL CONSENT FORM

Health Savings Account (HSA)

SPOUSAL CONSENT/NOTARY

Spousal Consent (for HSA Accountholders married in common law or in a community property or marital property states):

- I am not married and I understand that if I become married in the future, I must complete a new HSA Beneficiary Change/Spousal Consent Form.
- I am married and I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must agree to the designation by signing below. My spouse's signature must be notarized.

Signature of Spouse

Date

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

Date

SIGNATURE/AUTHORIZATION

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold TASC or Lake Ridge Bank liable for any adverse consequences that may result. I have not received any tax or legal advice from TASC or Lake Ridge Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws.

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If any primary or contingent death beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining death beneficiary shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary survives me, the contingent death beneficiary shall acquire the designated share of my HSA.

I understand that if I am married and my residence is in a community or marital property state, or if I am transferring property to this HSA that I acquired while married and residing in a community or marital property state, my spouse may have a community or marital property interest in contributions to and earnings in this HSA, whatever the source. This community property interest may be released by a properly executed consent. I understand that I may wish to consult with legal counsel to ensure that my designation is proper. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment, or other legal termination of my marriage will automatically revoke such designation.

HSA Accountholder Signature

Date