



127 South Main St, Cambridge—www.cambridgestatebank.com— 763.689.2500—Member FDIC

CHANGE OF Health Savings Account DESIGNATION OF DEATH BENEFICIARY

HSA ACCOUNT BENEFICIARY NAME & ADDRESS SECTION

NAME:	SOCIAL SECURITY #
ADDRESS:	DATE OF BIRTH:
CITY/STATE/ZIP:	DAYTIME TELEPHONE:

DESIGNATION OF DEATH BENEFICIARY (IES)

In the event of my death, I name as:

Please list your primary and/or contingent death beneficiary (ies), and the percentage of your HSA, which you would like each beneficiary to receive. If more than one beneficiary of a class is designated and no distribution percentages are identified, the death beneficiaries will be deemed to own equal shares in the HSA. If any primary or contingent death beneficiary dies before you do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining death beneficiaries shall be increased on a pro rata basis. If no primary death beneficiary survives you, the contingent death beneficiary (ies) shall acquire the designated share of your HSA.

Completion of this form supersede all prior designations.

PRIMARY BENEFICIARY (IES)- SHARES MUST EQUAL 100%

NAME:	RELATIONSHIP:	NAME:	RELATIONSHIP:
SOCIAL SECURITY #		SOCIAL SECURITY #	
MAILING ADDRESS:		MAILING ADDRESS:	
CITY/STATE/ZIP:	SHARE (PERCENT OF HOLDING):	CITY/STATE/ZIP:	SHARE (PERCENT OF HOLDING):

CONTINGENT BENEFICIARY: (IES) SHARES MUST EQUAL 100%

NAME:	RELATIONSHIP:	NAME:	RELATIONSHIP:
SOCIAL SECURITY #		SOCIAL SECURITY #	
MAILING ADDRESS:		MAILING ADDRESS:	
CITY/STATE/ZIP:	SHARE (PERCENT OF HOLDING):	CITY/STATE/ZIP:	SHARE (PERCENT OF HOLDING):

COMPLETE SPOUSAL CONSENT SECTION ONLY IF YOU RESIDE IN A COMMUNITY PROPERTY STATE—(MINNESOTA IS EXEMPT)

This section should be reviewed if either the trust or the residence of the Account Holder is located in a community or martial property state and the Account Holder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent legal advisor

Current Martial Status

- I am not married—I understand that if I become married in the future, I must complete a new Designation of Beneficiary Form
- I am married—I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

The above designations are subject to the Conditions of Beneficiary Designation listed below.

Conditions of Beneficiary Designation:

1. This designation is subject to all the terms and provisions of the agreement and shall be effective only if received by the trustee or custodian prior to the death of the person executing it.
2. This designation applies to the account holder's entire interest, if any, in account assets remaining undistributed at the account holder's death.

I understand that I may change or add death beneficiaries at any time by completing and delivering the proper form to Cambridge State Bank.

Signature of HSA Account Owner _____ Date _____