

# HSA Beneficiary Designation or Change Request



Account Number \_\_\_\_\_

## Step 1. Request Type

Select one:  Update Beneficiary Designations  Remove All Beneficiary Designations

## Step 2. Account Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Last Four Digits of Social Security Number \_\_\_\_\_

## Step 3. Beneficiary Designation

**Important:** The information provided on this form will replace all existing primary and contingent beneficiary designations. While beneficiary names provided without the social security number or Tax Identification Number (TIN) will be maintained on file and will be included as a beneficiary, these names will not be displayed in your online account inquiry application.

If any primary or contingent beneficiary dies before the account holder, their interest and the interest of their heirs will terminate completely, and the percentage of account balance of any remaining primary beneficiaries will be increased proportionately. If no primary beneficiaries survive the account holder, the contingent beneficiaries will acquire the account at their designated percentages. If no designated beneficiary survives me, or if I do not designate a beneficiary, pay the full value of my Account to my estate.

**Trust as beneficiary.** To designate a trust as a beneficiary, enter the beneficiary information as follows:

- Beneficiary Name: Provide the full legal title of the trust. Include a list of all trustees and the date of the trust.
- Social security number: Provide the Tax Identification Number (TIN) or the social security number for the trust.
- Percent of account balance: Provide the percentage allocated to the trust.

If the Tax Identification Number (TIN) for a trust is the same as another beneficiary's social security number, the beneficiary information for the trust will be maintained on file and will be included as a beneficiary, but the trust will not be displayed in your online account inquiry application.

The share percentages must add up to 100% for the designated primary beneficiaries and 100% for the designated contingent beneficiaries. If the percentages do not add up to 100%, Axos Advisor Services will assume those beneficiaries will receive equal shares. If your beneficiary allocation totals at least 99%, but less than 100% (e.g., three named beneficiaries are each assigned a 33.33% interest in the account), AAS will assign the unallocated remainder to the first beneficiary. If Primary or Contingent is not marked, then the beneficiary will be deemed Primary. The beneficiary(ies) must be named in this section. For example, the terms 'spouse', 'children', or 'per stirpes' are not acceptable designations for "Beneficiary Name". Beneficiary information can be provided and/or modified at any time by completing and signing a subsequent HSA Beneficiary Designation or Change Request form.

By signing this application, I hereby designate the following individuals or entity(ies) as my beneficiary(ies). If my account is subject to State community property statutes and I do not designate my spouse as the sole primary beneficiary, I represent, warrant, and covenant that my spouse has consented to the beneficiary designations below.

Type of Beneficiary	Beneficiary Name	SSN	DOB	Relationship	Share
<input type="checkbox"/> Primary	_____	_____	_____	_____	_____%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	_____	_____	_____	_____%

Additional beneficiary information provided (please attach)

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