BENEFICIARY DESIGNATION FORM

Health Savings Account (HSA) Account Holder Name & Address

Name:	**Social Security Number:**
Address:	**Date of Birth:**
City, State, Zip Code:	**Daytime Telephone:**

Designation of Beneficiary (ies)

Please list your primary and/or secondary 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 beneficiaries will be deemed to own equal shares in the HSA. If any primary or secondary 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 beneficiaries shall be increased on a pro rata basis. If no primary beneficiary survives you, the secondary beneficiary (ies) shall acquire the designated share of your HSA. Completion of this form will supersede all prior designations. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to Exante Bank.

In the event of my death, I name as:

PRIMARY BENEFICIARY (IES) – Shares must equal 100%

If you wish to name more than 2 primary beneficiaries, please attach additional sheet with required information

Name _____ Name _____
Relationship _____ Relationship _____
Social Security Number _____ Social Security Number _____
Mailing Address _____ Mailing Address _____
City _____State _____Zip _____ City _____State _____Zip _____
Share (Percent of holding) _____% Share (Percent of holding) _____%

SECONDARY BENEFICIARY(IES) – Shares must equal 100%

Name _____ Name _____
Relationship _____ Relationship _____
Social Security Number _____ Social Security Number _____
Mailing Address _____ Mailing Address _____
City _____State _____Zip _____ City _____State _____Zip _____
Share (Percent of holding) _____% Share (Percent of holding) _____%

Spousal Consent: For account holders in community property or marital property states.

This section should be reviewed if the residence of the account holder is located in a community or marital 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 or tax advisor

CURRENT MARITAL 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 chose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax or legal professional. I hereby give the account holder any interest I have in the funds or property deposited in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

_____ _____ _____ _____
Signature of Spouse Date Signature of Witness Date

_____
Print Name

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 listed above, and shall be effective only if received by the custodian prior to the death of the person executing it.
2) This designation applies to the account holder's entire interest, in the HSA account at the account holder's death.
3) I agree that the above information correctly reflects my desire to add or change death beneficiaries on my Exante Bank account.

X_____ _____
Signature of HSA Account Holder Date

Exante Bank, Member FDIC P.O. Box 271629, Salt Lake City, UT 84127-1629
Customer Service 1-866-234-8913
Fax 866-314-9795