



Designation of Beneficiary for Health Savings Account

Health Savings Account #: 397 _ _ _ _ _

Account Holder Name: _____, _____, _____
(Last) (First) (MI)

Mailing Address:

Street: _____
Apt. #: _____
City: _____ State: _____
Zip Code: _____ - _____

Daytime Telephone #: _____ SS#: _____ - _____ - _____

Beneficiary Designation

Please list one or more primary beneficiaries for your Health Savings Account (HSA), indicating the beneficiary percentage that should be provided to each primary beneficiary in the event of your death (the percentages should add to 100%). If a primary beneficiary should predecease you, his or her interest, as well as the interests of his or her heirs, will terminate completely and the percentage share of the surviving primary beneficiaries will be increased on a pro-rata basis. If you do not designate beneficiaries, or if the total percentage designated for your beneficiaries is less than 100% of your HSA, the remaining HSA funds will become part of your estate after your death. Please refer to your Health Savings Custodial Account Agreement for more detailed provisions regarding beneficiaries. This beneficiary designation is effective upon receipt by Chase and unless otherwise specified cancels all previous designations on file with Chase.

Primary Beneficiary 1

Name: _____ Relationship: _____
Address: _____ Social Security # _____ - _____ - _____
City: _____ State, Zip Code _____ - _____
Telephone #: _____ Beneficiary % _____

Primary Beneficiary 2

Name: _____ Relationship: _____
Address: _____ Social Security # _____ - _____ - _____
City: _____ State, Zip Code _____ - _____
Telephone #: _____ Beneficiary % _____

Primary Beneficiary 3

Name: _____ Relationship: _____
Address: _____ Social Security # _____ - _____ - _____
City: _____ State, Zip Code _____ - _____
Telephone #: _____ Beneficiary % _____

Designation of Beneficiary for Health Savings Account, continued

Contingent beneficiaries will receive your HSA assets in the event that all of your primary beneficiaries predecease you. Please list one or more contingent beneficiaries, together with the percentage of your HSA assets that each should receive (the percentages you list for all contingent beneficiaries should sum to 100%).

Contingent Beneficiary 1

Name: _____ Relationship: _____
Address: _____ Social Security # _____ - _____ - _____
City: _____ State, Zip Code _____ - _____
Telephone #: _____ Beneficiary % _____

Contingent Beneficiary 2

Name: _____ Relationship: _____
Address: _____ Social Security # _____ - _____ - _____
City: _____ State, Zip Code _____ - _____
Telephone #: _____ Beneficiary % _____

If you are a resident of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin and you have designated someone other than, or in addition to, your spouse as beneficiary, please have your spouse authorize the designation by signing below:

X _____
Spouse's Signature **Date Signed**

Print Name

Please forward this completed form to:
JPMorgan Chase Bank, N.A.
HSA Operations
P.O. Box 30207
Tampa, FL 33630-3207

For questions about account beneficiary matters, please contact HSA Member Services at 866-524-2483.

X _____
Signature of Account Holder **Date Signed**