

Death Beneficiary Designation Form

Health Savings Account

Instructions - You (the Account Beneficiary) can use this form to establish your Health Savings Account (HSA) death beneficiary. If you have questions completing this form, please contact the phone number referenced on your welcome letter.

Once completed, mail this form to the following address: Spending Account Processing Center, P.O. Box 25173, Lehigh Valley, PA 18002-5173

Account Beneficiary Information - Please use a black or blue ink pen and print the following information:

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First Name Middle Initial Last Name

I currently have the Health Savings Account from Bank of America. My account number is:

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Death Beneficiary Designation - I hereby direct that if I die before distribution of my entire HSA balance has been completed, the value of my account shall be distributed to the person(s) named below:

Primary Beneficiary(ies)

Name*	Address	SSN	DOB	Relationship	Percentage (must total 100%)

Contingent Beneficiary(ies)

Name*	Address	SSN	DOB	Relationship	Percentage (must total 100%)

*If you name an entity such as a charity as a beneficiary, only complete the Name, Address and Percentage boxes. You may also wish to consult your tax or legal advisor before making such a designation.

The funds remaining in the HSA at my death shall be paid in the percentages indicated above (or in equal shares if no percentages are provided) to the Primary Beneficiary(ies) who survive me. If a Primary Beneficiary predeceases me, the interest of the deceased Primary Beneficiary shall terminate and the percentage share of any surviving Primary Beneficiary(ies) shall increase on a pro-rata basis. If no Primary Beneficiary survives me, the payment shall be paid in the percentages indicated above (or in equal shares if no percentages are provided) to the Contingent Beneficiaries who survive me. If a Contingent Beneficiary predeceases me, the interest of the deceased Contingent Beneficiary shall terminate and the percentage share of any surviving Contingent Beneficiary(ies) shall increase on a pro-rata basis. If my spouse receives the HSA as a result of being named as Beneficiary and the Custodian consents, my spouse may choose to continue the HSA in his or her name by providing a written election to Bank of America and by signing the forms and providing the information that the Custodian requires. For any non-spouse Beneficiary, the HSA terminates as of my date of death and becomes payable to the designated beneficiary. If no Beneficiaries are named on this form or if all of the named Beneficiaries predecease me, the HSA funds will be paid to my estate. I may change my Beneficiary(ies) by filing a new Beneficiary Designation in a written form acceptable to Bank of America prior to my death. This written notice should be sent to the Bank of America customer care center, at the address listed at the top of this form. I understand that in certain states my spouse's consent may be necessary if I wish to name a person other than, or in addition to, my spouse as Primary Beneficiary. Consequently, Bank of America requires consent from my legal spouse before making such a Beneficiary Designation or designation change. By making the foregoing Beneficiary Designation, I represent and warrant to the Custodian that said Beneficiary Designation satisfies all legal requirements under applicable law (e.g., if the applicable law requires additional items, such as a notary or witness signature(s), I am responsible for obtaining them and including them with this form). On behalf of myself, the Beneficiaries, my heirs and my estate, I hereby indemnify and hold the Custodian harmless from and against any and all claims, damages, liabilities, and costs (including attorney's fees) arising as a result of the Custodian's payment of my HSA in accordance with the foregoing Beneficiary Designation or the Beneficiary Designation in effect on the date of my death.

Spousal Consent - If you are married and you wish to name any person other than your spouse as a Primary Beneficiary, your spouse must sign where indicated below in order for such designation to be valid. If there is no signature, you are representing to Bank of America that you do not have a legal spouse (e.g., you are unmarried, divorced or legally separated) at the time you submit this form.

Spousal Signature - I am the spouse of the HSA Account Beneficiary named above. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the potential tax or other consequences of giving up any interest I may have in this HSA, I have been advised to see a tax professional. I hereby release any present or future interest I may have in the funds or property deposited in this HSA and consent to the death 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.

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Spouse's Signature Date (mm/dd/yyyy)

Account Beneficiary's Certification/ Signature - By signing below, I certify that the information set forth on this form is correct, and I direct that all funds remaining in my HSA at my death be paid to the Beneficiary(ies) designated on this form, unless superseded by a subsequent designation properly executed by me.

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HSA Account Beneficiary - Printed Name Signature Date (mm/dd/yyyy)

