

# HSA Application & Beneficiary Designation Form

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## Instructions for Completing the Application and Beneficiary Designation Form

**Important:** All fields marked with an asterisk (\*) must be completed and the form returned to your Plan Service Provider (PSP). Your PSP will forward this form to the Custodian to establish your Health Savings Account. Before completing the Application and Beneficiary Designation Form, carefully read the HSA Custodial Account Agreement, HSA Disclosure Statement, HSA Terms & Conditions, and Privacy Protection Notice.

### STEP 1

Fill out the "Account Holder Information" section. This will include your name and contact information. If you have listed both a street address and P.O. Box, be sure to check one of the options for "Preferred Mailing Address". Your Social Security Number and Date of Birth are required for identification purposes. Your "Mother's Maiden Name" and "City of Birth" are required for security purposes.

### STEP 2

If you are applying for an HSA through your workplace, please fill out the "Employer Information" section. This includes your employer's name and address.

### STEP 3

Complete the "Eligibility Information" section to determine your eligibility for an HSA.

### STEP 4

Fill out the "HDHP Information" section. "HDHP" stands for high-deductible health plan. To be eligible for an HSA, you must be covered by a high-deductible health plan. The "Carrier Name" is the insurance company. The "Plan Effective Date" is the date you are eligible for coverage under the insurance plan. The "Deductible Amount" is the dollar amount of your deductible.

### STEP 5

Sign and date the application.

### STEP 6

On the reverse side of the form, fill out the "Primary Beneficiary" and "Contingent Beneficiary" sections. The person(s) listed in this section(s), usually your spouse or children, will inherit your Health Savings Account upon your death. If no one is listed, the account will transfer to your estate.

### STEP 7

On the reverse side of the form, fill out the "Electronic Funds Transfer" section to authorize transfers between your Personal Bank Account and your HSA.

### STEP 8

Remove this application from the booklet, and send it to the Plan Service Provider.

# Application & Beneficiary Designation Form

Please complete this Application & Beneficiary Designation Form and return to your Plan Service Provider (PSP) indicated on the back of this form.

## ACCOUNT HOLDER INFORMATION (PLEASE PRINT)

\*REQUIRED FIELD

\*Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

\*Preferred Mailing Address:  Home Address  Mailing Address

\*Home Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Mailing Address (if different from above): \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ \*Driver's License Number: \_\_\_\_\_

\*Mother's Maiden Name (security purposes only): \_\_\_\_\_ \*City of Birth \_\_\_\_\_

## EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## ELIGIBILITY INFORMATION (YOU MUST CHECK YES ON EACH QUESTION BELOW TO BE ELIGIBLE FOR AN HSA)

- Yes  No I am currently, or will be upon the date of my first contribution, an eligible individual as described in the Custodial Account Agreement.
- Yes  No I understand that maintaining my eligibility is my responsibility and that the custodian will assume that all contributions are made while I am eligible to do so.
- Yes  No I am currently, or will be upon the date of my first contribution, covered by a High Deductible Health Plan (HDHP) that meets the qualifications detailed in the Custodial Account Agreement.

## HDHP INFORMATION

HDHP Carrier: \_\_\_\_\_  Single Coverage  Family Coverage

Plan Effective Date: \_\_\_\_\_ Deductible Amount: \$ \_\_\_\_\_

## ADOPTION AGREEMENT

This application is for the establishment of my individually owned Health Saving Account at the custodian displayed on the reverse side of this form. The information on this application is true and accurate to the best of my knowledge and I submit this form with full understanding and acceptance of the provisions contained within the Custodial Account Agreement, HSA Terms and Conditions Statement and the HSA Disclosure Statement. I also acknowledge that the Plan Service Provider (PSP) indicated on the reverse side of this form is authorized to perform transactions on my account and all such transactions initiated by the PSP should be treated as if initiated directly by me, the Account Holder.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

(Beneficiary Designation on Opposite Side)

# Application & Beneficiary Designation Form (cont.)

Pursuant to Section VI of the Custodial Account Agreement, you are authorized to designate one or more individuals as your Account Beneficiary(ies). For each designated person below, include their address, city, state, zip, social security number (if known) and relationship to you in the space provided. You must also designate a percentage of your remaining account (if any) to be distributed to that individual. NOTE: All percentages must add up to 100%.

## PRIMARY BENEFICIARY(IES)

Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

If all individuals listed as Primary Beneficiaries predecease you in death or cannot be located after a reasonable search by the custodian, all non allocated funds (if any) in your account will be distributed to your Contingent Beneficiary(ies) designated below. In the event that no beneficiary can be located, your account balance (if any) will be distributed to your estate.

## CONTINGENT BENEFICIARY(IES)

Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Note: Special rules apply in certain states if a married individual does not select his/her spouse as beneficiary. If you reside in a community or marital property state and designate a person other than your spouse as beneficiary, you must obtain authorization from your spouse. It is the responsibility of the Account Holder to ensure that the individual(s) designated as beneficiary(ies) are legally authorized to act in that fashion.

## ELECTRONIC FUNDS TRANSFER

I hereby authorize my Plan Service Provider (PSP) to facilitate Electronic Funds Transfer (EFT) between my Health Savings Account (HSA) and my Personal Bank Account as indicated below. These EFT transactions will be facilitated by the PSP but will be initiated by the Custodian. EFT transactions will be either a withdrawal from my Personal Bank Account for subsequent deposit into my HSA or will be a withdrawal from my HSA for subsequent deposit into my Personal Bank Account.

Account Type:  Checking Account  Savings Account  
 Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Bank Routing Number (First 9 numbers on bottom of check): \_\_\_\_\_  
 Bank Account Number (Second set of numbers): \_\_\_\_\_

## CUSTODIAN

National Advisors Trust Company, FSB  
 10881 Lowell Avenue, Suite 100 • Overland Park, KS 66210

## CUSTODIAL ACCOUNT MANAGER

DataPath Financial Services, Inc.  
 P.O. Box 55068 • Little Rock, AR 72215  
 Web: www.myHSAtoday.com • Email: info@myHSAtoday.com

## PLAN SERVICE PROVIDER

Name: \_\_\_\_\_  
 Serial Number (to be completed by PSP): \_\_\_\_\_

## MARKETING REPRESENTATIVE

Name: \_\_\_\_\_  
 Serial Number (to be completed by PSP): \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	Account Number: _____	Date: _____
	Notes: _____	Signature: _____