

ACCOUNT HOLDER INFORMATION CHANGE FORM

Instructions:

- This form is to be used to change information for an existing/already established MyHSA Health Savings Account.
- Once completed you can mail or fax to: **MyHSA, 456 Fulton St., Suite 345, Peoria, IL 61602, FAX (800) 688-4329.**
- The entire form must be mailed or faxed with the accountholder's signature on the last page.. Incomplete forms may cause a delay in processing your request.
- If you have questions please call our help desk at (800) 576-9472, Monday – Friday, 8 a.m. – 5 p.m., CT.

ACCOUNT HOLDER CURRENT INFORMATION IN OUR SYSTEM (OLD INFORMATION) (PLEASE PRINT)		
Name: (First):	(MI):	(Last):
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
E-mail Address:		
Social Security Number:	Date of Birth:	

REASON FOR THE CHANGE
<p>This is a change to an existing MyHSA due to:</p> <p><input type="checkbox"/> Change my name due to marriage or legal decree (complete Accountholder New Personal Information Section below). You must include: marriage license, divorce decree, court order or Certificate of Naturalization showing a new name.</p> <p><input type="checkbox"/> Change my phone number and/or email address (complete Accountholder New Personal Information Section below).</p> <p><input type="checkbox"/> Designation of beneficiary to change beneficiary information we have on file (complete Designation of Beneficiary Section on the next page).</p>

ACCOUNTHOLDER NEW PERSONAL INFORMATION (NEW INFORMATION) (PLEASE PRINT)		
Name: (First):	(MI):	(Last):
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
E-mail Address:		

DO YOU NEED A NEW DEBIT CARD?
<p>If you need to order a new debit card as a result of the above requested changes check the box below.:</p> <p><input type="checkbox"/> Please replace my MyHSA MasterCard debit card with a new card showing my updated information for a fee of \$10.00.</p> <p>If you need to order additional debit cards please complete the Extra Debit Card Request form located in the forms section on www.myhsa.com.</p>

DESIGNATION OF BENEFICIARY (PLEASE PRINT)

The following individual(s) shall be my primary and/or contingent beneficiary (ies). If neither primary nor contingent is indicated, the individual(s) will be deemed to be primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If a primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary (ies) shall be increased on a pro-rated basis. If no primary beneficiary (ies) survives me, the contingent beneficiary (ies) shall acquire the designated share of my account. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to Alliance Benefit Group of IL. Alliance Benefit Group of IL has provided no tax or legal advice to me regarding my beneficiary designation.

Name & Address of Individual <i>(or of Trust and Trustee)</i>	Date of Birth <i>(creation date, if Trust)</i> <i>(mm/dd/yyyy)</i>	Social Security # <i>(TIN, if Trust)</i>	Relationship	Primary or Contingent	Share %
				<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	

Spousal Consent

Complete this section only if your spouse is not listed as your primary beneficiary. This section should be reviewed if the residence of the accountholder is located in a community or marital property state and the accountholder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with an independent 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 Accountholder. 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 professional. I hereby give the Accountholder 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 Alliance Benefit Group of IL.

Signature of Spouse

Date

Signature of Witness

Date

(Required - Cannot be spouse)

ACCONTHOLDER SIGNATURE

Please make the changes listed on the previous pages to my MyHSA Health Savings Account. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to Alliance Benefit Group of IL. Alliance Benefit Group of IL has provided no tax or legal advice to me regarding my beneficiary designation. For security purposes we may contact you if we have any questions regarding any of the changes listed above.

Accountholder Signature:

Date: