



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) referenced above or any successor to this 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 % _____	

SPOUSAL CONSENT:

Your spouse's signature is required below if you are married, have your legal residence in any community or marital property state (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. If you do not obtain your spouse's signature, your warrant none is required:

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