Address for Return Mail
First Farmers Bank & Trust
HSA Processing
PO Box 690
Converse, IN 46919

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HEALTH SAVINGS ACCOUNT DESIGNATION OF BENEFICIARIES

PERSONAL INFORMATION

First Name	Middle Initial	Last Name
Account # (if known)	Social Security #	Birth Date

DESIGNATION TYPE: *Please check one of the following options*

- ☐ **Initial Beneficiary Designation**: I designate the individual(s) or entity named below as my primary and/or contingent beneficiary (ies) of this HSA.
- ☐ **Replace Beneficiary(ies)**: I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of the account named above and hereby revoke all prior beneficiary(ies) designations, if any, made by me.
- ☐ **Add Beneficiary(ies)**: I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of the account named above. This list supplements, but does not replace, the beneficiary(ies) changes, restate all beneficiary(ies) and the corresponding share % if the previous percentages are no longer current.)

DESIGNATION OF BENEFICIARIES

The following individual (s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a 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 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) survive me, the contingent beneficiary(ies) shall acquire the designated share of my account. No tax or legal advice was given to me by the custodian, or agent, I assume full responsibility for any adverse consequences.

Name & Address	Date of Birth	Social Security #	Relationship	Primary or Contingent	Share %

SPOUSAL CONSENT

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 Account Holder. 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 Account Holder any interest I have in the funds or property deposited in this account and consent to the beneficiary designations(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.

Signature of Spouse _____ Date _____ Signature of Witness _____ Date _____

SIGNATURES

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to HSA Solutions, LLC. First Farmers Bank & Trust has provided no tax or legal advice to me regarding my beneficiary designation.

Signature of Account Holder _____ Date _____ Signature of Witness _____ Date _____