



HSA BENEFICIARY CHANGE & SPOUSAL CONSENT FORM

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|---|---|--------------|--|
| Submit this completed form to BASIC via one of the following methods to designate or change your beneficiary. | Online | Fax | Mail |
| | Go to <i>Support > Contact Us</i> and submit a support request | 608-245-3623 | BASIC, PO Box 7308 Madison, WI 53704-7308 |

ACCOUNTHOLDER INFORMATION

| | | | | | |
|------------------------|--|----|--|--------------|--|
| Benefits ID (12-digit) | | | | Employer | |
| First Name | | MI | | Last Name | |
| Email Address | | | | Phone Number | |

BENEFICIARY DESIGNATION INFORMATION

Share percentages must equal 100% for the primary and 100% for contingent. If you are married in common law or in a community property or marital property state, you must designate your spouse as your primary beneficiary or complete the SPOUSAL CONSENT/NOTARY section on the next page.

| | | | | | |
|--------------------------|----------------------------------|-------------------------------------|---------------------------------|-----------|--|
| Beneficiary Relationship | <input type="checkbox"/> Spouse | <input type="checkbox"/> Dependent | <input type="checkbox"/> Other: | | |
| Beneficiary Designation | <input type="checkbox"/> Primary | <input type="checkbox"/> Contingent | | Share % | |
| First Name | | MI | | Last Name | |
| Date of Birth | | | | SSN | |
| Primary Address | Address Line 1 | | | | |
| | Address Line 2 | | | | |
| | City | | State | ZIP | |

| | | | | | |
|--------------------------|----------------------------------|-------------------------------------|---------------------------------|-----------|--|
| Beneficiary Relationship | <input type="checkbox"/> Spouse | <input type="checkbox"/> Dependent | <input type="checkbox"/> Other: | | |
| Beneficiary Designation | <input type="checkbox"/> Primary | <input type="checkbox"/> Contingent | | Share % | |
| First Name | | MI | | Last Name | |
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| Primary Address | Address Line 1 | | | | |
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| | | | | | |
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| Beneficiary Relationship | <input type="checkbox"/> Spouse | <input type="checkbox"/> Dependent | <input type="checkbox"/> Other: | | |
| Beneficiary Designation | <input type="checkbox"/> Primary | <input type="checkbox"/> Contingent | | Share % | |
| First Name | | MI | | Last Name | |
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| | | | | | |
|--------------------------|----------------------------------|-------------------------------------|---------------------------------|-----------|--|
| Beneficiary Relationship | <input type="checkbox"/> Spouse | <input type="checkbox"/> Dependent | <input type="checkbox"/> Other: | | |
| Beneficiary Designation | <input type="checkbox"/> Primary | <input type="checkbox"/> Contingent | | Share % | |
| First Name | | MI | | Last Name | |
| Date of Birth | | | | SSN | |
| Primary Address | Address Line 1 | | | | |
| | Address Line 2 | | | | |
| | City | | State | ZIP | |



HSA BENEFICIARY CHANGE & SPOUSAL CONSENT FORM

SPOUSAL CONSENT/NOTARY

For HSA Accountholders married in common law or in a community property or marital property states. If you wish to designate someone other than your spouse as your primary beneficiary, your spouse must agree by signing below. Your spouse's signature must be notarized.

- ☐ I am not married and I understand that if I become married in the future, I must complete a new HSA Beneficiary Change & Spousal Consent Form.
- ☐ I am married and I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must agree to the designation by signing below. My spouse's signature must be notarized.

Signature of Spouse

Date

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

Date

SIGNATURE/AUTHORIZATION

I designate the above individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA, and I hereby revoke all prior death beneficiary designations made by me. I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold BASIC or Lake Ridge Bank liable for any adverse consequences that may result. I have not received any tax or legal advice from BASIC or Lake Ridge Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws.

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If any primary or contingent death 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 death beneficiary shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary survives me, the contingent death beneficiary shall acquire the designated share of my HSA.

I understand that if I am married and my residence is in a community or marital property state, or if I am transferring property to this HSA that I acquired while married and residing in a community or marital property state, my spouse may have a community or marital property interest in contributions to and earnings in this HSA, whatever the source. This community property interest may be released by a properly executed consent. I understand that I may wish to consult with legal counsel to ensure that my designation is proper. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment, or other legal termination of my marriage will automatically revoke such designation.

HSA Accountholder Signature

Date