

**HEALTH SAVINGS ACCOUNT (HSA) BENEFICIARY DESIGNATION/CHANGE**

<b>HSA owner's name (member):</b>  <b>address:</b>  <b>Country:</b>	<b>member account no.:</b>  <b>daytime phone no.:</b>  <b>social security no.:</b>  <b>date of birth:</b>
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**PRIMARY BENEFICIARY(IES)**

If you name more than one primary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

%	print name	address, city, state, zip code	relationship	birthdate

**SECONDARY BENEFICIARY(IES)**

If you name more than one secondary beneficiary, use the % column to indicate the percentage each is to receive. The total must equal 100%.

%	print name	address, city, state, zip code	relationship	birthdate

In an event that one or more of the primary beneficiaries predeceases owner, the amount allocated to said beneficiary(ies) will be divided among the surviving primary beneficiary(ies) in the same manner as the balance of the account is to be divided among the surviving primary beneficiaries. Secondary beneficiary(ies) will receive funds only if the primary beneficiary(ies) predeceases the owner. If no percentages are set forth herein above, it will be presumed that the survivors shall share equally. If you do not receive acknowledgment within thirty days, please contact our IRA/HSA Department at our Chicago Headquarters office by mail or phone.

 Please indicate if you have a spouse.     YES     NO

 If your spouse is not named as a primary beneficiary with at least 50% allocation of HSA funds, then have spouse sign **CONSENT OF SPOUSE**,

 =====**CONSENT OF SPOUSE**=====

I consent to the designation of beneficiary(ies) on this Form. I also waive all my rights to this HSA under community property laws, except to the extent of my interest under the designation of beneficiary(ies) on this Form. I understand that I may not revoke this consent in the future. However, this waiver of my rights will terminate if my spouse (OWNER) amends this designation of beneficiary(ies) without my consent during my lifetime.

 \_\_\_\_\_  
 signature of owner's spouse

 \_\_\_\_\_  
 date

 If your spouse is not named as a primary beneficiary with at least 50% allocation of HSA funds, then have spouse sign **CONSENT OF SPOUSE**.

 =====**HSA OWNER'S SIGNATURE**=====

 \_\_\_\_\_  
 HSA owner's signature (member)

 \_\_\_\_\_  
 date

**Credit Union Acknowledgment**

 \_\_\_\_\_  
 credit union representative's authorized signature

 \_\_\_\_\_  
 date

**RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX: 773-462-8735**