

# HSA BENEFICIARY CHANGE

# TOWERbank™

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Please complete the beneficiary information below. Any changes submitted on this form will replace prior beneficiary designations.

## ACCOUNT HOLDER

A

Name	Account Number
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## DESIGNATION OF BENEFICIARIES

B

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

## ACCOUNT HOLDER SIGNATURE

C

Account Holder's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_