

5 EASY STEPS

1. Please review and verify Information
2. Add an Authorized Signer (POA)
3. Designate a Beneficiary
4. Complete Signature Section
5. Return in the postage paid envelope

HSA SIGNATURE CARD

405 Silverside Road, Suite 105
Wilmington, DE 19809

Banking Services Provided by
The Bancorp Bank
MEMBER FDIC, EQUAL HOUSING LENDER

P.

Verify Information:

Name:		Date of Birth:	
SSN/Tax ID:	Driver's License # and State Issued:		Account Number:
Address:			
Work Phone:	Home Phone:	Email:	

Authorized Signer:

Since IRS regulations require that only one individual owns the HSA Account, the account holder may want his/her spouse and/or authorized signer to write checks or use his/her Debit Card. I (account holder) hereby designate the following individual as additional authorized signer on my Health Savings Account.

Name:		Date of Birth:	
SSN/Tax ID:			

Check here to provide a debit card to my authorized signer

Designation of Beneficiaries (Important - Please read before signing):

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 HSA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If any 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 rata basis. If no primary beneficiary(ies) survives me, any surviving contingent beneficiary(ies) shall acquire the designated share of my HSA.

PLEASE PROVIDE: Name and Address, Relationship, Date of Birth, Social Security Number, Primary or Contingent, and Share (%)

1.
2.

Spousal Consent Required when married and your spouse is not your beneficiary:

This section should be reviewed if either the trust of the HSA account holders' residence is located in a community or marital property state and the HSA holder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent legal or tax professional.

CURRENT MARITAL STATUS

I am not married - I understand that if I become married in the future, I must complete a new HSA 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 HSA 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 HSA, I have been advised to see a legal or tax professional. I hereby give the HSA holder any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(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.

Spouse - Signature Required	Date:	Notary - Signature Required	Date:
X	/ /		/ /

