

Designation of Beneficiary

Use this form to designate a beneficiary for your AARP® Health Savings Account offered by Optum Bank®. **Please complete all sections and provide all information requested on this form. Any missing or incorrect information can delay the processing of your form or prevent timely distribution to beneficiaries in the event of your death.**

Questions? Please call us at 1-844-458-6738 if you have any questions while completing this form.

***Required field**

057 AARP HSA

1 Your Account with Optum Bank

Account Holder Name:	Date of Birth*:
Last 4 of SSN:	Daytime Phone #:
Address:	
City, State ZIP:	

Beneficiary First and Last Name or Trustee* (if designating a trust):		Relationship:
Date of Birth* (if applicable):	Date of Trust* (if applicable):	Taxpayer Identification Number* (SSN or TIN):
Mailing Address*:		City, State ZIP*:
Share (Percent of Holding)*:		Telephone #:

2 Designation of Beneficiary(ies)

Please list your primary and/or secondary beneficiary(ies), and the percentage of your account that you would like each beneficiary to receive.

If more than one beneficiary of a class is designated and no distribution percentages are identified, the beneficiaries will be deemed to own equal shares in the account. If any primary or secondary beneficiary dies before you do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiaries shall be increased on a pro rata basis. If no primary beneficiary survives you, the secondary beneficiary(ies) shall acquire the designated share of your account. Completion of this form will supersede all prior designations. You can change or add beneficiaries at any time by completing and delivering the proper form to Optum Bank. In the event of my death, I name as:

PRIMARY BENEFICIARY(IES) – Shares must equal 100%

If you wish to name more than 2 primary beneficiaries, please attach additional sheet with required information.

Beneficiary First and Last Name or Trustee* (if designating a trust):		Relationship:
Date of Birth* (if applicable):	Date of Trust* (if applicable):	Taxpayer Identification Number* (SSN or TIN):
Mailing Address*:		City, State ZIP*:
Share (Percent of Holding)*:		Telephone #:

Beneficiary First and Last Name or Trustee* (if designating a trust):		Relationship:
Date of Birth* (if applicable):	Date of Trust* (if applicable):	Taxpayer Identification Number* (SSN or TIN):
Mailing Address*:		City, State ZIP*:
Share (Percent of Holding)*:		Telephone #:

SECONDARY BENEFICIARY(IES) – Shares must equal 100%

If you wish to name more than 2 secondary beneficiaries, please attach additional sheet with required information.

Beneficiary First and Last Name or Trustee* (if designating a trust):		Relationship:
Date of Birth (if applicable):	Date of Trust* (if applicable):	Taxpayer Identification Number* (SSN or TIN):
Mailing Address*:		City, State ZIP*:
Share (Percent of Holding)*:		Telephone #:

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3 Spousal Consent: For Community/Marital Property States

This section should be reviewed if the residence of the account holder is located in a community or marital property state and the account 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 advisor.

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 or legal 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 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 bank.

✕ _____ Date _____
 Signature of Spouse

✕ _____ Date _____
 Signature of Witness

4 Account Holder Authorization

The above designations are subject to the Conditions of Beneficiary Designation listed below:

1. This designation is subject to all the terms and provisions listed above, and shall be effective only if received by the bank prior to the death of the person executing it.
2. This designation applies to the account holder's entire interest, in the account at the account holder's death.
3. I agree that the above information correctly reflects my desire to add or change death beneficiaries on my health savings account.

✕ _____ Date _____
 Account Holder Signature

Where to return your form?
 By Mail: Optum Bank, P.O. Box 30777, Salt Lake City, UT 84130
 By Fax: 1-800-765-6766