



LANDMARK BANK NA

HEALTH SAVINGS ACCOUNT BENEFICIARY DESIGNATION

NAME

SOCIAL SECURITY NUMBER

HSA ACCOUNT NUMBER

DATE OF BIRTH

DESIGNATION OF BENEFICIARY. In the event of your death, pay your HSA balance to the following primary beneficiary(ies):

Table with 5 columns: Name, SSN or TIN, Date of Birth, Relationship to HSA Owner (Spouse or Non-Spouse), Percentage (must = 100% - no fractions)

If the primary beneficiary dies before you, 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 share.

In the event of your death, if all of the primary beneficiary(ies) die before you, we will pay your HSA balance to the following contingent beneficiary(ies):

Table with 5 columns: Name, SSN or TIN, Date of Birth, Relationship to HSA Owner (Spouse or Non-Spouse), Percentage (must = 100% - no fractions)

\*If no percentage rate is indicated, the beneficiaries will share equally.

COMPLETE ONLY IF REQUIRED BY STATE LAW.

Spousal Consent. You certify that you are the lawful spouse of \_\_\_\_\_. You consent to the naming of beneficiary(ies) other than you for the HSA account described above, and you hereby transfer any community property interest you may have in it, including any future contributions to it, to your spouse as separate property.

Signature of Spouse

Date

X

HSA Owner

Date

\* If you have questions regarding this form, please contact Landmark Bank at 1-800-618-5503.

\*\* Upon completion, please return this form to your local Landmark Bank branch.