

# Beneficiary Designation Form

Email or Mail completed forms to:

**Email:** support@starthealth.com

**Mail:** Start PO Box 709718 Sandy, UT 84070-9718



**Note:** If you are married and living in a community property state (AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI), and you want to designate a primary beneficiary other than your spouse, your spouse must agree in writing to your designation and you must submit a physical copy of this form by mail or fax. You should consult your legal/tax advisor when completing this form, as there may be tax and/or legal consequences to your designation. You have the option to list one or more persons to be the primary and contingent beneficiaries for your HSA (including your estate or a trust) as applicable. If designating multiple primary or contingent beneficiaries, indicate the percentage share each should receive, ensuring the total of each adds up to 100%. Designations are effective upon receipt by MotivHealth and unless otherwise specified, cancel all previous HSA beneficiary designations on file.

## Account Holder Information (all fields are required)

|                |               |                                              |
|----------------|---------------|----------------------------------------------|
| Last Name      | First Name    | M.I.                                         |
| E-Mail Address | Daytime Phone | SSN or MotivHealth ID Number (6 or 7 digits) |

## Primary Beneficiary(ies)

To ensure timely completion of your request, please complete all fields for each beneficiary you designate.

### Primary Beneficiary 1 Estate/Trust Yes No

|              |            |                            |
|--------------|------------|----------------------------|
| Name         | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address      | City       | State                      |
| Relationship | Percent    | %                          |

### Primary Beneficiary 2 Estate/Trust Yes No

|              |            |                            |
|--------------|------------|----------------------------|
| Name         | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address      | City       | State                      |
| Relationship | Percent    | %                          |

### Primary Beneficiary 3 Estate/Trust Yes No

|              |            |                            |
|--------------|------------|----------------------------|
| Name         | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address      | City       | State                      |
| Relationship | Percent    | %                          |

### Primary Beneficiary 4 Estate/Trust Yes No

|              |            |                            |
|--------------|------------|----------------------------|
| Name         | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address      | City       | State                      |
| Relationship | Percent    | %                          |

## Contingent Beneficiary(ies)

Contingent beneficiaries receive your HSA assets in the event that all of your primary beneficiaries pass away before you.

### Contingent Beneficiary 1 Estate/Trust Yes No

|              |            |                            |
|--------------|------------|----------------------------|
| Name         | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address      | City       | State                      |
| Relationship | Percent %  |                            |

### Contingent Beneficiary 2 Estate/Trust Yes No

|              |            |                            |
|--------------|------------|----------------------------|
| Name         | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address      | City       | State                      |
| Relationship | Percent %  |                            |

**Total 100%**

## Authorization

|                       |                     |      |
|-----------------------|---------------------|------|
| Participant Signature | Name (please print) | Date |
|-----------------------|---------------------|------|

If you're a resident of a community or marital property state and have designated a beneficiary other than, or in addition to, your spouse, have your spouse authorize the designation by signing below.

**Spousal Consent:** I am the legal spouse of the HSA account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the tax consequences of giving up my interest in this HSA, I have been advised to see a qualified tax professional. I hereby consent to the beneficiary designation(s) indicated above.

|                    |                     |      |
|--------------------|---------------------|------|
| Spouse's Signature | Name (please print) | Date |
|--------------------|---------------------|------|

