



# HSA BENEFICIARY DESIGNATION & CHANGE FORM

Submit this completed form to TASC via one of the following methods:	Online	Fax	Mail
	Go to Support · Contact Us and submit a support request	608-245-3623	TASC, PO Box 7308 Madison, WI 53704-7308

## ACCOUNTHOLDER INFORMATION

Participant TASC ID				Employer	Broward County		
First Name		MI		Last Name			
Date of Birth				SSN			
Email				Phone			
Primary Address	Address 1						
	Address 2						
	City						
	State			ZIP		+4	

## BENEFICIARY DESIGNATION INFORMATION

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100% for the primary and 100% for contingent.

Beneficiary Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:						
Beneficiary Designation	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Share %			
First Name		MI		Last Name			
Date of Birth				SSN			
Primary Address	Address 1						
	Address 2						
	City						
	State			ZIP		+4	

Beneficiary Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:						
Beneficiary Designation	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Share %			
First Name		MI		Last Name			
Date of Birth				SSN			
Primary Address	Address 1						
	Address 2						
	City						
	State			ZIP		+4	

Beneficiary Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:						
Beneficiary Designation	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Share %			
First Name		MI		Last Name			
Date of Birth				SSN			
Primary Address	Address 1						
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	City						
	State			ZIP		+4	



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Beneficiary Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:							
Beneficiary Designation	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					Share %		
First Name				MI			Last Name	
Date of Birth						SSN		
Primary Address	Address 1							
	Address 2							
	City							
	State					ZIP		+4

Beneficiary Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:							
Beneficiary Designation	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					Share %		
First Name				MI			Last Name	
Date of Birth						SSN		
Primary Address	Address 1							
	Address 2							
	City							
	State					ZIP		+4

Beneficiary Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other:							
Beneficiary Designation	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					Share %		
First Name				MI			Last Name	
Date of Birth						SSN		
Primary Address	Address 1							
	Address 2							
	City							
	State					ZIP		+4

## SIGNATURE/AUTHORIZATION

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold TASC or Lake Ridge Bank liable for any adverse consequences that may result. I have not received any tax or legal advice from TASC or Lake Ridge Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws.

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If any primary or contingent death 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 death beneficiary shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary survives me, the contingent death beneficiary shall acquire the designated share of my HSA.

I understand that if I am married and my residence is in a community or marital property state, or if I am transferring property to this HSA that I acquired while married and residing in a community or marital property state, my spouse may have a community or marital property interest in contributions to and earnings in this HSA, whatever the source. This community property interest may be released by a properly executed consent. I understand that I may wish to consult with legal counsel to ensure that my designation is proper. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment, or other legal termination of my marriage will automatically revoke such designation.

\_\_\_\_\_  
HSA Accountholder Signature

\_\_\_\_\_  
Date