

HSA BENEFICIARY DESIGNATION

This beneficiary designation overrides all previous designations for this HSA.



HSA TRUSTEE / CUSTODIAN

NASA Federal Credit Union
500 Prince George's Blvd
Upper Marlboro, MD 20774
301-249-1800

HSA OWNER

Name

Social Security Number

Date of Birth

Phone

Email

Account Number

HSA Type:

Single

Family

BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

PRIMARY BENEFICIARIES *(The total percentage designated must be equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA.)*

Name

Name

Address

Address

City/State/Zip

City/State/Zip

Date of Birth

Relationship

Date of Birth

Relationship

Tax ID (SSN/TID)

Percent Designated

Tax ID (SSN/TID)

Percent Designated

Name

Name

Address

Address

City/State/Zip

City/State/Zip

Date of Birth

Relationship

Date of Birth

Relationship

Tax ID (SSN/TID)

Percent Designated

Tax ID (SSN/TID)

Percent Designated

Name of HSA Owner: _____, Account Number _____

CONTINGENT BENEFICIARIES (The total percentage designated must be equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the HSA owner.)

Name		Name	
_____		_____	
Address		Address	
_____		_____	
City/State/Zip		City/State/Zip	
_____		_____	
Date of Birth	Relationship	Date of Birth	Relationship
_____	_____	_____	_____
Tax ID (SSN/TID)	Percent Designated	Tax ID (SSN/TID)	Percent Designated
_____	_____	_____	_____

Name		Name	
_____		_____	
Address		Address	
_____		_____	
City/State/Zip		City/State/Zip	
_____		_____	
Date of Birth	Relationship	Date of Birth	Relationship
_____	_____	_____	_____
Tax ID (SSN/TID)	Percent Designated	Tax ID (SSN/TID)	Percent Designated
_____	_____	_____	_____

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this HSA: _____

SIGNATURE

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me regarding my beneficiary designations.

I designate the persons or entities named above as my primary and/or contingent beneficiaries of the HSA. I hereby revoke all prior beneficiary designations, if any, made by me.

Signature of HSA Owner

Date (mm/dd/yyyy)

INSTRUCTIONS TO COMPLETE YOUR REQUEST (Available via DocuSign. Please contact Specialty Accounts to receive/complete electronically)

- 1. Please complete all owner information:** Please remember to include all beneficiary information before signing and returning. Please include spousal signature if someone other than your spouse is named as PRIMARY beneficiary AND owner/trust has residence in a community property state.
- 2. Include copy of photo identification:** Please include a copy of the HSA owner's government-issued photo ID such as a state-issued driver's license, or passport. Copies must include a clear picture with legible information.
- 3. You May Return HSA form and ID copy by:**
 - Mail:** NASA Federal Credit Union, P.O. Box 1588, Bowie, MD 20717-1588
 - Online Banking:** Log into Online Banking to send a secure message. In the top right, next to profile, click the message icon. Click "compose" then "attach files" option in the message center to attach a copy of the form and photo ID.
 - Mobile Banking App:** Log into the Mobile App to send a secure message. In the bottom right, click "more." Click message center, click "compose" then "attach files" option in the message center to attach a copy of the form and photo ID.