



FIFTH THIRD BANK

HSA Add / Replace Beneficiary(ies)

Instructions:

1. Use this form to designate or change your beneficiary. If you are married in common law or in a community property or marital property state, you must designate your spouse as your Primary Beneficiary. If you wish to designate someone other than your spouse, your spouse must agree by signing in the Spousal Consent section.
2. Fax completed form to: **Fifth Third Bank HSA Support Center at 1-513-900-6012** or
3. Mail completed form to: **Fifth Third Bank HSA Support Center, Attn: HSA Applications, 5050 Kingsley Drive, MD 1MOC2G, Cincinnati, OH 45263.**
4. If you have any questions regarding this form, please contact the **Fifth Third Bank HSA Support Center at 1-888-350-5353.**

ACCOUNT HOLDER INFORMATION

Last Name:		First Name:		Middle Initial:
Social Security Number:			HSA Account Number: <i>(10 digits, will begin with 796)</i>	
Street Address:				
City:		State:		Zip Code:
Telephone Number:			Email Address:	

Beneficiary Designation:

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

Please print legibly.

	NAME ADDRESS CITY, STATE ZIP	DATE OF BIRTH (OR DATE OF TRUST)	SOCIAL SECURITY NUMBER (OR TIN OF TRUST)	PRIMARY OR CONTINGENT	RELATIONSHIP	SHARE PERCENT
1.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	%
2.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	%
3.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	%
4.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	%



FIFTH THIRD BANK

Spousal Consent: *(for HSA Account Holders married in common law or in a community property or marital property states)*

- I am not married and I understand that if I become married in the future, I must complete a new HSA Add / Replace Beneficiary(ies) Form.
- I am married and I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must agree to the designation by signing below.

Printed Name of Spouse

Signature of Spouse

Date

Signature:

I certify that I am the HSA Account Holder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold Fifth Third Bank liable for any adverse consequences that may result. I have not received any tax or legal advice from Fifth Third 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.

Printed Name of HSA Account Holder

Signature of HSA Account Holder

Date