

Health Savings Account (HSA) Beneficiary Designation Form

D. Spousal Consent (If Applicable)

Note: The following section should be signed in the event your state requires the consent of your spouse to the designation of a beneficiary other than such spouse with respect to the HSA. This could apply, for example, if you live in a community or marital property state and you designate someone other than or in addition to your spouse as a beneficiary. Consult your attorney or tax advisor for further information.

The undersigned spouse of the Account Owner in whose name the HSA identified above is opened hereby consents to and joins in the designation of the beneficiary(ies) identified above. To the extent the undersigned spouse is not named as Beneficiary, such spouse relinquishes any interest such spouse may have in the funds contained in the HSA.

Name of Spouse		Date
Signature of Account Owner	X	Date

Return completed form to: **UMB Bank, n.a.**
Mailstop 1170204 – CI Center
P.O. Box 419226
Kansas City, MO 64106-6226

Or Fax to: **816.843.2247**