



## REQUEST TO CHANGE HSA BENEFICIARY

### Account Holder Instructions

To initiate a Request to Change Beneficiary of your BenefitWallet® Health Savings Account (HSA) complete this form and send the **ORIGINAL** form to The Bank of New York Mellon (BNY Mellon) at the address below. **If you do not currently have a signature on file with BNY Mellon you must have your signature notarized.**

**Please allow 20 business days to process your request.**

By submitting this form you revoke all previous beneficiary designations, if any, for this HSA account.

**Send this completed and signed form (not a copy) to BNY Mellon at:**

**Mail:**

BenefitWallet  
P.O. Box 1584  
Secaucus, NJ 07094-1584

**Courier/Overnight:**

BenefitWallet  
500 Plaza Drive 8<sup>th</sup> Floor  
Secaucus, NJ 07094



## REQUEST TO CHANGE HSA BENEFICIARY

Name: \_\_\_\_\_  
 (as currently displayed on account)

HSA Checking Account Number: 9 5 0 0

Note: Your account number can be found in the upper right corner of your BenefitWallet Welcome Kit cover letter, monthly statements as well as on your BenefitWallet checks and deposit slips.

I request that The Bank of New York Mellon (BNY Mellon) process a change of beneficiary designation as indicated below for the referenced HSA account. Processing of this form replaces your beneficiary designations on file. Note: Primary beneficiary percentage(s) should total 100%. Contingent beneficiary percentage(s) should total 100%, if provided.

I hereby revoke all previous beneficiary designations, if any, and elect to change the beneficiary of the above-referenced account to:			
Primary Beneficiary(ies)			
Name		Name	
Address		Address	
City, State, and Zip		City, State, and Zip	
Relationship	SSN	Relationship	SSN
Date of Birth	Percent (%)	Date of Birth	Percent (%)
Contingent Beneficiary(ies)			
Name		Name	
Address		Address	
City, State, and Zip		City, State, and Zip	
Relationship	SSN	Relationship	SSN
Date of Birth	Percent (%)	Date of Birth	Percent (%)

**I authorize BenefitWallet to process the change in beneficiary designation as indicated above. By completing, signing and submitting this form for processing, I authorize this.**

Account Holder Name (Print)	
Account Holder Signature	

Notary Public Signature*   Notary Public Stamp or Seal	On _____ 20__ before me, a notary public, appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document and acknowledged that he/she executed the same. Witness my hand and official seal/stamp,  Signature _____ Notary Public
---	--

\*Required if you do not currently have a signature on file with BNY Mellon.