



An Independent Licensee of the Blue Cross Blue Shield Association

HSA BENEFICIARY DESIGNATION FORM

Account Holder Information (Please Print)			Spending Account ID #							
			S	A						
Last Name First Name Middle Initial			Social Security # (if SA# is not known)							
Street Address										
City State ZIP			Daytime Phone #							
Account Holder Email Address Employer Name										
Beneficiary Information										
<input type="checkbox"/> I wish to revoke my previous beneficiary designations and not name specific beneficiaries. If a specific beneficiary designation is not on file with Further at the time of your death, your legal spouse will be deemed your beneficiary. If you have no legal spouse, the funds will be paid to your estate.										
<input type="checkbox"/> I wish to change my primary and secondary beneficiaries as indicated below. If percentages are not indicated, then equal shares will apply. If a beneficiary dies before me, then percentages will be adjusted on a proportionate basis. I understand that I may change these designations at any time via the Online Member Service Center or in writing. NOTE: If you live in the states of AZ, CA, ID, LA, NV, NM, TX, WA, or WI, you need consent from your spouse to name a primary beneficiary other than, or in addition to, your spouse.										
Further will distribute the percentages equally across beneficiaries if no percentage is provided.										
Primary Beneficiary(ies)										
Name and Address		Social Security No.		Relationship		Date of Birth		Percent		
Contingent Beneficiary(ies)										
If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary (ies) listed below. PLEASE NOTE: Your primary beneficiary cannot be your contingent beneficiary.										
Name and Address		Social Security No.		Relationship		Date of Birth		Percent		
SPOUSAL CONSENT - Complete this section if your spouse is not named as the primary beneficiary AND you live in the states of AZ, CA, ID, LA, NV, NM, TX, WA, or WI. As the spouse of the Account Holder named on this form, I hereby consent to the beneficiary(ies) designated on this form. I am waiving my right to be the beneficiary under this account.										
Spouse's Signature			Print Name			Date				
Witness: I, a Notary Public, witnessed the signing of the foregoing Consent of the Spouse.										
								(seal)		
(Notary Public)										
Account Holder Signature										
If no designated beneficiary survives me, my undistributed interest shall be paid as provided in the terms and conditions for my account. I reserve the power to change, modify or revoke this designation in writing at any time before my death.										
HSA Account Holder Signature						Date				

Save time: submit this information online. Questions? Call Member Services at 877.293.7041.

Submit online:

Log into your account at
capitalbluecross.com/funds

Send via secured email only:

capitalbluecross.documents@hellofurther.com

Fax to:

866.231.0214

Mail to:

PO Box 982814
El Paso, TX 79998-2814