

**Principal Trust Company**

A member of



Mailing Address:  
P.O. Box 8963  
Wilmington, DE 19899-8963  
800-209-9010 Fax: 302-999-9554

# Health Savings Accounts Beneficiary Change Form

## I. Personal Information (Please complete all blank spaces in Section I.)

Name:	Brokerage Firm Account Number:
Address:	Social Security Number:
Address:	Phone Number:
City:	State: ZIP Code:

## II. Beneficiary Information

Please complete the section for primary beneficiary, as well as the sections for any additional primary or contingent beneficiaries.  
*Note:* The percentages for primary beneficiaries and contingent beneficiaries must add up to 100%.

<b>Primary Beneficiary:</b> Name: _____ Relationship: _____ Date of Birth: _____ Soc.Sec./Tax ID Number: _____ Percentage: _____	Choose One: <input type="checkbox"/> <b>Additional Primary</b> <input type="checkbox"/> <b>Contingent</b> Name: _____ Relationship: _____ Date of Birth: _____ Soc.Sec./Tax ID Number: _____ Percentage: _____	Choose One: <input type="checkbox"/> <b>Additional Primary</b> <input type="checkbox"/> <b>Contingent</b> Name: _____ Relationship: _____ Date of Birth: _____ Soc.Sec./Tax ID Number: _____ Percentage: _____
Choose One: <input type="checkbox"/> <b>Additional Primary</b> <input type="checkbox"/> <b>Contingent</b> Name: _____ Relationship: _____ Date of Birth: _____ Soc.Sec./Tax ID Number: _____ Percentage: _____	Choose One: <input type="checkbox"/> <b>Additional Primary</b> <input type="checkbox"/> <b>Contingent</b> Name: _____ Relationship: _____ Date of Birth: _____ Soc.Sec./Tax ID Number: _____ Percentage: _____	Choose One: <input type="checkbox"/> <b>Additional Primary</b> <input type="checkbox"/> <b>Contingent</b> Name: _____ Relationship: _____ Date of Birth: _____ Soc.Sec./Tax ID Number: _____ Percentage: _____

**Note:** Please consult with your tax and/or legal advisor on the enforceability of your beneficiary designation(s) under your particular state laws.  
**The right to revoke or change any beneficiary designation is hereby reserved. All prior designations (if any) of beneficiaries are hereby revoked. If the beneficiary is a trust, please attach a copy of the title page and the signature page of the trust.**

Date:	Grantor's Signature:	Signature Guarantee or Notary Public:
-------	----------------------	---------------------------------------

Mail form to:  
Principal Trust Company, P.O. Box 8963, Wilmington, DE 19899-8963