

Health Savings Account Designation or Change of Beneficiary Form

This form is used to designate or change the Beneficiary(ies) of your Health Savings Account (HSA). I hereby revoke any prior beneficiary designation and name the following as the beneficiary(ies) of this HSA, subject to my right to change this designation as provided in the applicable Custodial Account Agreement.

If you have any questions or need additional information before completing this form, please call 1 877 734 2265.

1. Instructions

1. This form is deemed valid by the Custodian if the following requirements have been met:
 - a) The beneficiary information is complete.
 - b) It is signed and dated by the Participant.
 - c) It is filed with and acknowledged by the Custodian prior to your death.

2. To name more than two primary or secondary beneficiaries:
 - a) Attach a separate page and include, for each beneficiary, all of the information requested on this form.
 - b) Sign and date the additional page.

3. See the applicable Custodial Account Agreement for additional provisions.

2. Participant Information

First Name	MI	Last Name	
Address			
City	State	ZIP Code	Daytime Telephone Number
Account Number			

3. Designation of Beneficiary

A. Primary Beneficiary(ies)

Name	Social Security Number	Relationship to Participant	Date of Birth
Street	City	State	ZIP Code
Name	Social Security Number	Relationship to Participant	Date of Birth
Street	City	State	ZIP Code

B. Secondary Beneficiary(ies) in the event there are no Primary Beneficiaries surviving

Name	Social Security Number	Relationship to Participant	Date of Birth
Street	City	State	ZIP Code

Name	Social Security Number	Relationship to Participant	Date of Birth
Street	City	State	ZIP Code

4. Signature

Participant's Signature _____

Date _____

*Note: If the residence of the Participant is located in a community property state and the Participant is married, State Farm Bank undertakes no responsibility for monitoring or protecting any community property rights a spouse may have.

Please mail all signed completed forms to:
 State Farm Bank
 Bank Operations Center
 PO Box 2316
 Bloomington, IL 61702-2316