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888-FLEXHSA - Phone
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BENEFICIARY DESIGNATION

A ACCOUNT INFORMATION

Account Holder's Name: _____ Account Number: _____

Social Security No.: _____

If you wish to designate more than three (3) primary or contingent beneficiaries, please attach a sheet with the additional individuals' names and other information as required below. In addition, specify whether they are to be primary or contingent beneficiaries and sign the additional sheet along with this form. **YOU SHOULD CONSULT YOUR TAX OR LEGAL ADVISOR TO DETERMINE THE TAX OR LEGAL EFFECTS OF YOUR BENEFICIARY DESIGNATION**.

B BENEFICIARY DESIGNATION

I hereby make the following beneficiary designation. In the event of my death, pay benefits to the following named primary beneficiary(ies). If more than one primary or secondary beneficiary is designated, the assigned percentages must equal 100%, or the beneficiaries will be assigned equal percentages. Secondary Beneficiaries take hereunder only if all Primary Beneficiaries fail to survive me. If multiple Primary or Secondary Beneficiaries are named, as to each Beneficiary that shall not survive me, his or her share (if any for a Secondary Beneficiary) shall be distributed to the remaining Beneficiaries, Primary or Secondary as the case may be in the proportions shown.

You should consult your tax or legal advisor to determine the tax or legal effects of your beneficiary designation.

Full Name	*Relationship*	*Soc. Sec. No.*	*Birth Date*	*% to Beneficiary*
Primary Beneficiary(ies)				
Contingent Beneficiary(ies)				

Spousal Consent: *This section to be completed only if (1) account holder is married and has designated any Primary Beneficiary other than his/her spouse; and (2) this HSA account will include property in which his/her spouse possesses a community property interest or other type of property interest. As of December 31, 2006, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with their legal or tax advisor.*

I am the spouse of the HSA account holder named above. I agree to my spouse's naming of a Primary Beneficiary other than myself. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations, and I acknowledge that I shall have no claim whatsoever against Millennium Trust Company, LLC for any payment to my spouse's beneficiary(ies).

Spouse's Name: _____

Spouse's Signature: _____ Date: _____

C ACCOUNT HOLDER'S AUTHORIZATION

I reserve the right to change this designation and I revoke all prior beneficiary designations under this HSA.

HSA Holder's Signature: _____ Date: _____

Please return all forms to the above address, Attn: FlexHSA Processing.

Note: By completing and submitting this form, you are revoking any prior beneficiary designations.