

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.

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

U.S. Mail:

BenefitWallet
P.O. Box 18030
Norfolk, VA 23501-1880

Courier/Overnight:

BenefitWallet
1434 Crossways Blvd.
Attn: East Wing
Chesapeake, VA 23320



Request to Change HSA Beneficiary Form



Name: _____
 (as currently displayed on account)

HSA Checking Account Number: 9500

Note: Your account number can be found in the upper right corner of your BenefitWallet Welcome Kit cover letter, on the account holder statements, as well as on the member portal and 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	
Signature	

Notary Public Signature*	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,
Notary Public Stamp or Seal	Signature _____ Notary Public

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

