



HSA ACCOUNT REQUEST TO UPDATE FOREIGN ADDRESS

Account Holder Instructions

To initiate a Request to Update Account Address for 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.

This form is to be used only for update to or between FOREIGN ADDRESSES; defined as addresses outside the United States. All domestic address updates including update from a foreign address to a domestic one, may be completed online under Update Address.

Upon processing of the address update, change of address notification will be mailed to you. Review this notice for accuracy and report any discrepancies.

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

Mail:

BenefitWallet
P.O. Box 1584
Secaucus, NJ 07094-1584

Courier/Overnight:

BenefitWallet
500 Plaza Drive 8th Floor
Secaucus, NJ 07094



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Name: _____

HSA Checking Account Number: 9 5 0 0

Note: Your account number can be found in the upper right corner of your BenefitWallet Welcome Kit cover letter, monthly statements as well as on your BenefitWallet checks and deposit slips.

I request that The Bank of New York Mellon (BNY Mellon) process an update of address for the referenced HSA account. Upon processing of this update, a change of address notification will be mailed to you. Subsequently fulfillment provided via paper will be sent to this address.

I authorize BenefitWallet to process an update of address for the account indicated above. By completing, signing and submitting this form for processing, I authorize this.

Account Holder Name (Print)			
Account Holder Signature			
UPDATED Address			
City or Province			
Country		ZIP Code	

Notary Public Signature* Notary Public Stamp or Seal	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, Signature _____ Notary Public
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*Required if you do not currently have a signature on file with BNY Mellon

Signature Verified by: _____	Date: _____
Acct Address Update Processed by: _____	Date: _____