

# Health Savings Account Maintenance Form



Use this form to update your current Everence HSA. **Please complete and fax this form to 717-735-8331.** You may also mail this form to Everence HSA Administration, 2160 Lincoln Highway E., Suite 20, Lancaster, PA, 17602. If you have questions, call us at 800-451-5719.

HSA Owner name \_\_\_\_\_ Member number \_\_\_\_\_

## HSA type change

There are two options: Investment HSA and Standard HSA. Please check one of the two options below.

**Option 1:**

**Change my Standard HSA to an Investment<sup>1</sup> HSA:**

I hereby request Everence Federal Credit Union to change my current Standard HSA to an Investment HSA. I understand that a 0.125% quarterly investment asset management fee (\$1.25 per \$1,000 balance, \$2.50 minimum, \$125 maximum. No fee for a zero balance) will be deducted from my Investment HSA. The Investment HSA is a transactional credit union account that allows you to designate some of the money in that account to investing. You'll have the opportunity to consider the long term while having money on hand for current health expenses. By signing below, I acknowledge receipt and accept the terms and conditions in the Everence Federal Credit Union HSA Investments Terms and Conditions document.

If changing to an Investment HSA, complete the "Investment HSA threshold change" section below.

**Option 2:**

**Change my Investment HSA to a Standard HSA:**

I hereby request Everence Federal Credit Union to change my current Investment HSA to a Standard HSA. I understand that I am instructing Everence to liquidate all HSA investments that I may have. The proceeds will be deposited in my HSA share account two business days following the investment trading day.

## Investment HSA threshold change

Please enter the amount you wish to keep in your HSA checking account before investing in mutual funds. The minimum balance (investment threshold) you must have in the HSA checking account before you may invest additional amounts of \$500 or more in mutual funds is \$1,000. When your HSA checking balance exceeds your investment threshold by at least \$500, money is automatically invested according to your investment choices.

\$ \_\_\_\_\_ (\$1,000 minimum)

## Beneficiary designation

At the time of your death, the primary beneficiary(ies) named below will receive your HSA assets. If no primary beneficiary is living at the time of your death, the account balance will be distributed to the secondary beneficiary(ies). Beneficiaries may be a person, trust,<sup>2</sup> charity, or your estate. You may change your beneficiary at any time and as often as you wish. Any change of beneficiary is subject to any rules we establish and is not effective until we receive written notification. If you are naming more than one primary beneficiary, you must indicate what percentage each is to receive. The total must equal 100%. If you do not assign a percentage for any primary beneficiary, then all primary beneficiaries will share equally. (See the *Everence HSA Custodial Agreement* for provisions on distribution of death benefits).

### Primary beneficiaries

Name	Address	Relationship	Birth date	Social Security number	Share percentage

## Secondary beneficiaries

Name	Address	Relationship	Birth date	Social Security number	Share percentage

### *Spousal consent for community property purposes (doesn't apply if spouse is named as the primary beneficiary)*

I consent to the designation of beneficiary on this form, and I agree to convert this HSA into the separate property of my spouse to be distributed as shown on this form following my spouse's death. I understand that by signing this consent, I am giving up my current community/marital property rights in this HSA and my community/marital property rights in any future contributions to this HSA. I further understand that I may not revoke this consent in the future. However, this consent will be automatically revoked if my spouse amends this designation of beneficiary during my lifetime.

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Date

This beneficiary designation replaces any previous designation I have made.

## **Everence HSA Limited Power of Attorney**

*Regulations require that only one individual may own an HSA. Because of this, you may want your spouse to have the ability to write checks or be issued a debit card. In order to do this, you must designate that individual as limited power of attorney on your HSA.*

I, \_\_\_\_\_, hereby appoint my spouse, \_\_\_\_\_, and whose signature appears below, to be my true and lawful attorney, for me and in my name to ask, demand, and receive from Everence from time to time and at any and all times, any or all monies standing to my credit in my Everence HSA, and upon receipt thereof, or any part thereof, to execute and deliver to the said credit union good and sufficient receipts or acquitances for the same; and further to endorse checks payable to me or to my order and to receive from the credit union all or any part of the proceeds thereof in cash or otherwise.

It is understood and agreed that this power shall stand irrevoked and in full force and effect until I shall give, and the said credit union shall have received, written notice of the termination hereof, and shall not be terminated by my disability or incompetence.

In witness whereof, intending to be legally bound hereby, I have hereunto set my hand and seal this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of spouse as attorney in fact

\_\_\_\_\_  
Date

## **Authorization**

By signing below, I authorize any changes to my Everence HSA as indicated above.

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Date

*<sup>1</sup>When investing, you should consider the investment objectives, risks, and the charges and expenses of each mutual fund carefully before investing. This and other information about the Funds is in the prospectus, which can be obtained at your local Everence Federal Credit Union branch or by calling 800-451-5719. Read the prospectus carefully before you invest.*

*<sup>2</sup>If you designate a trust as the beneficiary, you will need to provide the name and address of each trustee, the date the trust was established, the name of the trust, and the trust's taxpayer identification number.*

### **Everence Federal Credit Union**

2160 Lincoln Highway E., Ste. 20  
Lancaster, PA 17602-1150  
everence.com

Toll-free: 800-451-5719  
F: 717-735-8331  
infocu@everence.com

*\*Investment products offered are not NCUA/NCUSIF/FDIC or otherwise insured; are not obligations of the credit union; are not guaranteed by the credit union, Everence Trust Company, or Everence Insurance Company; and involve investment risks, including possible loss of principal.*

Everence Federal Credit Union is not authorized to provide tax, investment, or legal advice with respect to health savings accounts. Please refer questions to your tax advisor, investment advisor, or accountant.