

# HSA INFORMATION CHANGE FORM



This form should be used in the event you wish to make a change to your Name, Address, Beneficiary Designation, or your Personal Bank Account. Please fill out the Account Holder Information and then only those sections that you want to change.

<b>ACCOUNT HOLDER INFORMATION (PLEASE PRINT)</b>				<input type="checkbox"/> <b>CHECK IF NEW ADDRESS</b>
<b>Name:</b>				
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Account Number:</b>	<b>SSN:</b>	<b>Date of Birth:</b>		
<b>Mother's Maiden Name:</b> (Security purposes only)				

<b>ACCOUNT HOLDER NAME CHANGE (PLEASE PRINT)</b>	
Please remit a copy of your marriage license or divorce decree that has the new name printed.	
<b>Old Name:</b>	
<b>New Name:</b>	

<b>NEW PERSONAL BANK ACCOUNT INFORMATION (PLEASE PRINT)</b>			
<b>Bank Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Routing Number:</b>	<b>Account Number:</b>		
<input type="checkbox"/> <b>Checking</b> or <input type="checkbox"/> <b>Savings</b>			

<b>DEPENDENT INFORMATION (COMPLETE ONLY WHEN ADDING DEPENDENTS)</b>			
Please attach additional sheet(s) if more space is needed. Enter name of dependent that needs to be added. Cannot remove a dependent at this time as they are tied to an expense that has been entered.			
<b>GAINED DEPENDENT(S)</b>			
<input type="checkbox"/> <b>ADD</b>			
Name:	_____	State:	_____
Address:	_____	City:	_____
SSN:	_____	Relationship:	_____
<input type="checkbox"/> <b>ADD</b>			
Name:	_____	State:	_____
Address:	_____	City:	_____
SSN:	_____	Relationship:	_____
<input type="checkbox"/> <b>ADD</b>			
Name:	_____	State:	_____
Address:	_____	City:	_____
SSN:	_____	Relationship:	_____

**BENEFICIARY(IES) INFORMATION (COMPLETE ONLY WHEN MAKING A BENEFICIARY DESIGNATION CHANGE)**

The Beneficiary(ies) listed in this section will replace the previously assigned beneficiary(ies), if any.  
Refer to Section IV of the Custodial Account Agreement for more information on Beneficiary Designation.

**PRIMARY BENEFICIARY(IES)**

ADD    REMOVE

Name: \_\_\_\_\_ Account %: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

ADD    REMOVE

Name: \_\_\_\_\_ Account %: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CONTINGENT BENEFICIARY(IES)**

ADD    REMOVE

Name: \_\_\_\_\_ Account %: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

ADD    REMOVE

Name: \_\_\_\_\_ Account %: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

ADD    REMOVE

Name: \_\_\_\_\_ Account %: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_

Fax to: **Frates Benefit Administrators, Attn: Member Services**  
**(405) 775-5991**

Mail to: **Frates Benefit Administrators, Attn: Member Services**  
**13439 Broadway Extension Suite 110, Oklahoma City, OK 73114**