



## 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.

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

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

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

DEPENDENT INFORMATION (COMPLETE ONLY WHEN ADDING DEPENDENTS)
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"/> ADD Name: _____ Address: _____ City: _____ State: _____ Zip: _____ SSN: _____ Relationship: _____
<input type="checkbox"/> ADD Name: _____ Address: _____ City: _____ State: _____ Zip: _____ SSN: _____ Relationship: _____
<input type="checkbox"/> ADD Name: _____ Address: _____ City: _____ State: _____ Zip: _____ 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:** \_\_\_\_\_

Mail to: **Frates Benefit Administrators**  
**Attn: Member Services**  
**P O Box 269001**  
**Oklahoma City, OK 73126-9001**

OR

Fax to: **(405) 557-5591**