



CHOICE FINANCIAL

Your HSA Bank.

Information Change Form

Use this form to make changes to your Name, Address, Beneficiary Designation, or your bank account.

Account Holder Address Change:

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Social Security Number/TIN: _____ HSA Account #: _____ Date of Birth: _____

Mother's Maiden Name: _____ Employer: _____

For Security Purposes Only

Account Holder Name Change:

Former Name: _____ New Name: _____

Social Security Number/TIN: _____ HSA Account #: _____ Date of Birth: _____

Mother's Maiden Name: _____ Employer: _____

For Security Purposes Only

Account Holder Beneficiary Change:

The beneficiary(ies) in this section will replace the previously assigned beneficiary(ies) if any.

PRIMARY	
Name: _____	Account %: _____
Address (City, State, Zip): _____	
Social Security Number/TIN: _____	Relationship: _____

CONTINGENT	
Name: _____	Account %: _____
Address (City, State, Zip): _____	
Social Security Number/TIN: _____	Relationship: _____

Name: _____	Account %: _____
Address (City, State, Zip): _____	
Social Security Number/TIN: _____	Relationship: _____

Name: _____	Account %: _____
Address (City, State, Zip): _____	
Social Security Number/TIN: _____	Relationship: _____

X _____ Date _____ HSA Account # _____

Account Holder Signature

Date

HSA Account #

SIGN AND SUBMIT FORM BY ONE OF THE FOLLOWING:

FAX
701.356.6460
Attn: HSA Department

MAIL
Choice Financial - HSA Dept.
4501 23rd Ave. S. | Fargo, ND 58104

EMAIL
hsa@choicefinancialgroup.com
We recommend sending in a secure format.