

Information Change Form



ACCOUNT HOLDER ADDRESS CHANGE

First Name _____ Middle Initial _____ Last Name _____
 Birthday _____ Home Address _____
 City _____ State _____ ZIP _____
 Social Security Number _____ HSA Number _____
 Mother's Maiden Name _____ Employer _____

ACCOUNT HOLDER NAME CHANGE

Please Note: Legal documentation will need to be provided to make this change.

Former Name _____ New Name _____
 Social Security Number _____ HSA Number _____ Birthday _____
 Mother's Maiden Name _____ Employer _____

ACCOUNT HOLDER BENEFICIARY CHANGE

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

PRIMARY

Name: _____ Account %: _____

 Address: _____

 Social Security Number: _____ Relationship: _____

CONTINGENT

Name: _____ Account %: _____

 Address: _____

 Social Security Number: _____ Relationship: _____

Name: _____ Account %: _____

 Address: _____

 Social Security Number: _____ Relationship: _____

Name: _____ Account %: _____

 Address: _____

 Social Security Number: _____ Relationship: _____

 Account Holder Signature _____ Date _____

HELPLINE 866.702.9033

EMAIL hsa@bankwithchoice.com

*Live help available 8:00 am to 6:00 pm CST
Monday—Friday*

bankwithchoice.com/personal-hsa/



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