

# ALERUS

## HSA DESIGNATION OR CHANGE OF BENEFICIARY FORM SPOUSAL CONSENT FORM

### INSTRUCTIONS

- Use this form to designate or change your beneficiary. If you are married in common law or in a community property or marital property state, you must designate your spouse as your Primary Beneficiary or, if you elect to designate a person other than or in addition to your spouse, your spouse may be required under applicable law to consent to such other designation by signing in the Spousal Consent section below.
- Forward completed form to: Alerus, P.O. Box 64535, St. Paul, MN 55164-0535 or email to [healthbenefits@alerus.com](mailto:healthbenefits@alerus.com).
- For any questions regarding changing your beneficiary, please call 877.661.4727.

### ACCOUNTHOLDER INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
Employee ID and Employer (if applicable)		Telephone Number	Email Address

### BENEFICIARY DESIGNATION

I designate the following individual(s) or entity as my primary or contingent death beneficiaries of this HSA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100 percent for primary beneficiaries and 100 percent for contingent beneficiaries.

No.	Name and Address	Date of Birth	Social Security Number	Primary or Contingent	Relationship	Share %
1.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
2.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
3.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	

### SPOUSAL CONSENT

#### FOR HSA ACCOUNTHOLDERS MARRIED IN COMMON LAW OR IN A COMMUNITY PROPERTY OR MARITAL PROPERTY STATE.

- I am not married and I understand that if I become married in the future, I must complete a new HSA Beneficiary Designation or Change in Beneficiary/Spousal Consent Form.
- I am married and I understand that if I choose to designate a primary death beneficiary other than or in addition to my spouse, my spouse must agree to the designation by signing below if required under applicable law. My spouse's signature must be notarized.

\_\_\_\_\_  
Signature of Spouse

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

### SIGNATURE

I certify that I am the HSA Accountholder. I agree that I am responsible for any claims that may arise as a result of my selections. I release the Alerus Financial, N.A. and Healthcare Bank (a division of Bell State Bank & Trust) for all claims that may arise from my actions related to this designation or for any distributions from my HSA made in accordance with this designation. I have not received any tax or legal advice from Alerus Financial or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure that my designation is proper and made in compliance with all applicable laws. If neither primary nor contingent is checked above, the designated individual or entity will be deemed to be a primary death beneficiary. If a primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rated basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no distribution percentages are assigned to beneficiaries, the beneficiaries will share equally. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. I understand that if I am married and my residence is in a community or marital property state, or if I am transferring property to this HSA that I acquired while married and residing in a community or marital property state, my spouse may have a community or marital property interest in contributions to and earnings in this HSA, whatever the source. This community property interest may be released by a properly executed consent. I understand that (i) it is my responsibility to determine whether spousal consent is necessary; and (ii) the failure to have my spouse sign may invalidate my beneficiary designations set forth herein.

\_\_\_\_\_  
Signature of HSA Accountholder

\_\_\_\_\_  
Date