



HEALTH SAVINGS ACCOUNT DESIGNATION OF BENEFICIARIES

Personal Information:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security #	Birth Date	
<input type="text"/>	<input type="text"/>	

Designation of Beneficiaries

My primary and/or contingent beneficiary(ies) shall be the following individual(s), organization or entity. Any individual, organization, or entity indicated will be considered as the primary beneficiary if the account holder does not designate either primary or contingent. If (I), the accountholder designates more than one primary beneficiary, without indicating any specific distribution percentages, the beneficiaries shall be considered as equal beneficiaries. If I am predeceased by either a primary or contingent beneficiary, his or hers interest and those interests of his or her heirs shall likewise be terminated in the entirety. If such a death of either a primary or contingent beneficiary should occur, the remaining beneficiary(ies) shall have their designated share of the account increased on a pro-rated basis. If (I), the accountholder am not survived by any primary beneficiary(ies), the contingent beneficiary(ies) shall acquire the share of my account designated for the deceased primary beneficiary(ies).

Name & Address of Individual (or of Trust and Trustee)	Date of Birth <small>(creation date, if Trust)</small>	Social Security # <small>(TIN, if Trust)</small>	Relationship	Primary or Contingent	Share %
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Signatures

It is my understanding that I may choose to change, delete, or add such beneficiaries as deemed necessary by myself at such time as I choose and that I may initiate such changes upon the delivery of the proper form to Delta Trust & Bank. Delta Trust & Bank has not, or will never, provide any tax and/or legal advice to me in reference to my choice or choices for beneficiary designation (or changes in such designations).

Please include a state issue drivers license or ID card when you fax your application.

Signature of Account Holder

Date