HEALTH SAVINGS ACCOUNT (HSA) BENEFICIARY DESIGNATION/CHANGE REQUEST

HSA OWNER INFORMATION

Name: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Business Phone: _____ E-Mail Address: _____

First Niagara Bank HSA Plan #: _____

DESIGNATION OF HSA PLAN BENEFICIARIES

_____ The beneficiary(ies) named below are in addition to those named in the original HSA Adoption Agreement signed by me, at the time this HSA Plan was opened.

OR

_____ I revoke all previous beneficiary designations made by me with respect to this HSA Plan, and I direct that all benefits to which I may be entitled under this HSA Plan shall be paid as indicated below upon my death:

PRIMARY BENEFICIARY

Name: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Relationship: _____ Share: _____%

Name: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Relationship: _____ Share: _____%

CONTINGENT BENEFICIARY

Name: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Relationship: _____ Share: _____%

Name: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Relationship: _____ Share: _____%

Additional Beneficiary Designations: See attached Health Savings Account Beneficiary Designation/Change Form, dated _____.

In the event of my death, the balance in the plan shall be paid to the Primary Beneficiaries who survive me in the specified shares (or in equal shares, if not otherwise indicated). If none of the Primary Beneficiaries survive me, the balance in the plan shall be paid to the Contingent Beneficiaries who survive me in the specified shares (or in equal shares if not otherwise indicated). If all of the beneficiaries die before me or I do not elect Beneficiaries for this plan, the balance in the plan will be paid to my Estate.

SIGNATURES

I understand that I may change or add beneficiaries at any time by completing a HSA Beneficiary Designation/Change Request form, and delivering it to the plan trustee, First Niagara Bank, N.A.. First Niagara Bank acknowledges and accepts receipt of this HSA Beneficiary Designation/Change Request form.

HSA Owner Signature: _____ Date: _____

Bank Representative Signature: _____ Employee #: _____ Date: _____