

Beneficiary Designation Form

Email or Mail completed forms to:

Email: support@starthealth.com

Mail: Start PO Box 709718 Sandy, UT 84070-9718



Note: If you are married and living in a community property state (AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI), and you want to designate a primary beneficiary other than your spouse, your spouse must agree in writing to your designation and you must submit a physical copy of this form by mail or fax. You should consult your legal/tax advisor when completing this form, as there may be tax and/or legal consequences to your designation. You have the option to list one or more persons to be the primary and contingent beneficiaries for your HSA (including your estate or a trust) as applicable. If designating multiple primary or contingent beneficiaries, indicate the percentage share each should receive, ensuring the total of each adds up to 100%. Designations are effective upon receipt by MotivHealth and unless otherwise specified, cancel all previous HSA beneficiary designations on file.

| Account Holder Information (all fields are required) | | |
|--|---------------|--|
| Last Name | First Name | M.I. |
| E-Mail Address | Daytime Phone | SSN or MotivHealth ID Number (6 or 7 digits) |

Primary Beneficiary(ies)

To ensure timely completion of your request, please complete all fields for each beneficiary you designate.

| Primary Beneficiary 1 Estate/Trust Yes No | | | |
|---|------|------------|----------------------------|
| Name | | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

| Primary Beneficiary 2 Estate/Trust Yes No | | | |
|---|------|------------|----------------------------|
| Name | | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

| Primary Beneficiary 3 Estate/Trust Yes No | | | |
|---|------|------------|----------------------------|
| Name | | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

| Primary Beneficiary 4 Estate/Trust Yes No | | | |
|---|------|------------|----------------------------|
| Name | | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

Contingent Beneficiary(ies)

Contingent beneficiaries receive your HSA assets in the event that all of your primary beneficiaries pass away before you.

Contingent Beneficiary 1 Estate/Trust Yes No

| | | | |
|--------------|------|------------|----------------------------|
| Name | | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

Contingent Beneficiary 2 Estate/Trust Yes No

| | | | |
|--------------|------|------------|----------------------------|
| Name | | SSN or TIN | Date of Birth (mm/dd/yyyy) |
| Address | City | State | ZIP |
| Relationship | | | Percent % |

Total 100%

Authorization

| | | |
|---|---------------------|------|
| Participant Signature | Name (please print) | Date |
| <p>If you're a resident of a community or marital property state and have designated a beneficiary other than, or in addition to, your spouse, have your spouse authorize the designation by signing below.</p> <p>Spousal Consent: I am the legal spouse of the HSA account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the tax consequences of giving up my interest in this HSA, I have been advised to see a qualified tax professional. I hereby consent to the beneficiary designation(s) indicated above.</p> | | |
| Spouse's Signature | Name (please print) | Date |

