



## HSA INFORMATION CHANGE NOTIFICATION FORM

### Instructions

1. Name Change - Complete Accountholder Information and Name Change sections to change the name on your HSA. **Attach legal documentation to verify legal name.**
2. Address/Telephone Number - Complete Accountholder Information and Address/Telephone Number Change sections to change your address or telephone number.
3. Forward completed form to: **Lifetime Benefit Solutions** at **PO Box 211126, Eagan MN 558121** or fax to: **(877) 256-7228**.
4. If you have any questions regarding this form, please call **(800) 327-7130**.

### Accountholder Information

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

### Name Change (Please attach notarized marriage certificate or court order to verify legal name.)

_____ New Last Name	_____ First Name	_____ Middle Initial
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### Address/Telephone Number Change

#### Previous Information

_____ Telephone Number		
_____ Street Address		
_____ City	_____ State	_____ Zip Code
_____ Email Address		

#### New Information

_____ Telephone Number		
_____ Street Address		
_____ City	_____ State	_____ Zip Code
_____ Email Address		

### Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold Lifetime Benefit Solutions or WEX Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from Lifetime Benefit Solutions or WEX Inc. and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Lifetime Benefit Solutions and WEX Inc. **I authorize Lifetime Benefit Solutions and WEX Inc. to change the information related to my account as listed above.**

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

\_\_\_\_\_  
Date