

HSA LEGAL NAME CHANGE FORM

Complete this form to update your legal name for your Health Savings Account. Attach original or certified copies of legal documentation to verify legal change of name. Examples of documentation that may be accepted: Marriage certificate, marriage license, court order, and other legal documents. Driver's License, passport, and uncertified copies will not be accepted.

1. Complete the information below. Be sure to provide all information requested on this form. If the form is incomplete, we will not be able to process your request.
2. Forward completed form and submit copies of the necessary documentation to Associated Bank
Mail: HSA Administrator, MS 7012, Associated Bank, PO Box 19097, Green Bay, WI 54307-9097
In-Person: Drop off at any Associated Bank branch location (Branch Staff: Scan via Documents Direct using UPDATES button).

*Required Fields

Account Holder Information

*Original Name (First, MI, Last)

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*Social Security Number

*Employee ID

*Employer (if applicable)

Name Change (Please attach original or certified copy of marriage certificate, court order, or other legal document to verify legal name. Driver's license or passport will not be accepted.)

*New Name (First, MI, Last)

*Associated Bank can issue a new Associated Benefits Connection® Debit Mastercard® to reflect the name change (a new card is not automatically ordered). Would you like a new debit card? ☐ Yes ☐ No

Signature

I certify that I am the HSA account holder or an individual authorized to execute this name change request. I have read and understand the instructions and any rules or conditions relating to this request. I assume full responsibility for this request and will not hold Associated Bank liable for any adverse consequences that may result. I have not received tax or legal advice from Associated Bank 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 Associated Bank. I authorize Associated Bank to change the information related to my account as listed above.

*Account Holder Signature

*Date



Deposit products are offered by Associated Bank, N.A. Member FDIC.

Investment, Securities, and Insurance Products:

NOT FDIC INSURED	NOT BANK GUARANTEED	MAY LOSE VALUE	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY	NOT A DEPOSIT
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