



Instructions: Complete this form to request a name change for an existing health savings account (HSA). Please include one of the following documents to process your name change: marriage license, divorce decree, certificate of naturalization or court order. **Original documents are required.**

PLEASE NOTE if you wish to update other information on your account such as Authorized Signers or Designation of Beneficiaries, you may do so online or by using the appropriate form.

Mail completed form to:

Health Savings Administrators

10800 Midlothian Turnpike, Suite 240 • Richmond, VA 23235

Account Holder Current Information (Please print)

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Social Security Number _____ - _____ - _____ **OR** Account Number _____

Account Holder New Information (Please print)

First Name _____ Last Name _____ M.I. _____

This is a new address.

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Email Address _____

Primary Phone Number _____ Business Phone Number _____

Please issue a replacement Visa® debit card that reflects my name change. (A \$12 fee will be deducted from your account.)

Account Holder Authorization

I authorize FPSTrust to change the name on my account as listed above. I have attached legal documentation (marriage license, divorce decree, certificate of naturalization or court order) to verify my new legal name.

Account Holder Signature

____ / ____ / ____
Date (mm/dd/yyyy)