



HSA LEGAL NAME CHANGE FORM

Instructions

1. Complete Accountholder Information and Name Change sections to change the name on your HSA. **Attach original or certified copies of legal documentation to verify legal change of name. (Original or certified copy of marriage certificate/license or other legal document). Uncertified copies will not be accepted.**
2. Forward completed form to: **ASSOCIATED BANK** at PO BOX 2785, Fargo, ND 58108
or DELIVER TO ANY ASSOCIATED BANK BRANCH (Branch staff: Scan via Documents Direct using the UPDATES button)
3. If you have any questions regarding this form, please call 800-270-7719.

Accountholder Information

(Original) Last Name	First Name	Middle Initial
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Social Security Number	Employee ID and Employer (if applicable)
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Name Change (Please attach original or certified copy of marriage certificate, court order, or other legal document to verify legal name.)

New Last Name	First Name	Middle Initial
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Signature

I certify that I am the HSA Accountholder 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.**

Signature of HSA Accountholder	Date
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