



##37PNC#####

Name Change Request Form

Please complete form, sign and return with a copy of the applicable acceptable documents listed in Section 3 to update the name on your WealthCare Saver* Health Savings Account (HSA). Form and documentation can be sent via fax or mail.



Fax completed form to:

855.588.1028



Mail completed form to:

WealthCare Saver
P.O. Box 162177 Altamonte
Springs, FL 32716



Questions about this form?

Contact the number on the
back of your debit card

Section 1: Name Change Information

ACCOUNT NUMBER (12 digits beginning with 601)

NAME CURRENTLY ON ACCOUNT (PLEASE PRINT)

NEW NAME OF ACCOUNT HOLDER (PLEASE PRINT)

STREET ADDRESS

CITY

STATE

ZIP CODE

OWNER'S PHONE NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH

Section 2: Debit Card Reorder Request

Would you like to order a new debit card? Yes No

Section 3: Documentation

To authorize WealthCare Saver* to change the name on your HSA, please indicate and submit one of the following acceptable documents:

- Unexpired state or government issued photo ID showing updated name
- Social Security Card

Additionally, please indicate and submit a copy of the applicable supporting documentation:

- Certified marriage certificate
- Certified divorce decree
- Certified court decree showing legal name change

Section 4: Signature of HSA Account Holder

I certify that I am the HSA account holder or an individual authorized to execute this action. I assume full responsibility for this action and will not hold WealthCare Saver* as Custodian, or any of its affiliates, liable for any adverse consequences that may result. I certify that I have not received any tax or legal advice from the Administrator or the Custodian, and, if necessary, will seek the advice of a tax professional or legal counsel to ensure my compliance with related laws.

LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED)

____ / ____ / ____
DATE