

**Health Savings Account (HSA)  
Name Change Request Form**

**UMB Health Savings Account Number** (Enter your 17-digit number found on your HSA statement - if available)

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NAME CURRENTLY ON ACCOUNT (PLEASE PRINT)			
NEW NAME OF ACCOUNT OWNER (PLEASE PRINT)			
ADDRESS	CITY	STATE	ZIP CODE
OWNER'S PHONE NUMBER	LAST 4 DIGITS OF SOCIAL	DATE OF BIRTH	

**To authorize UMB to change the name on your HSA, please attach one of the following acceptable documents:**

- Certified Marriage Certificate
- Certified Divorce Decree
- Certified Court Decree showing legal name change
- Unexpired State or Government issued Photo ID showing updated name

<b>Signature of Account Owner</b>	<b>X</b>	<b>Date</b>
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**Return completed form to: UMB Bank  
PO Box 161238  
Altamonte Springs, FL 32716**

**E-mail: [hsasupport@myumbhsa.com](mailto:hsasupport@myumbhsa.com)**  
**Fax: 844-560-6761**