



Health Savings Account (HSA) Address Change Request Form

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

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NAME OF INDIVIDUAL HSA OWNER AS IT APPEARS ON ACCOUNT (PLEASE PRINT)	
LAST 4 CHARACTERS OF SOCIAL SECURITY NUMBER	DATE OF BIRTH

Old Address and Phone Number	
ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER

New Address and Phone Number	
ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER

I authorize UMB Bank to make the address and phone number changes shown above.

Signature of Account Owner X	Date
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Return completed form:

Via mail to:
UMB Bank
PO Box 540606
Waltham, MA 02454

Via email to:
HSASupport@myumbhsa.com

Via fax to:
1-844-560-6761