



Health Savings Account (HSA) Name Change Request Form

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

7	2	5	7	5	2	7											
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

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

Reason for Name Change (Documentation Required)

Select one of the following and attach a copy to this form:

- Marriage (Certified Marriage Certificate)
- Divorce (Certified Divorce Decree)
- Legal Name Change (Certified Court Decree)

Signature of Account Owner X	Date
-------------------------------------	-------------

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