



# Health Savings Account (HSA) Name Change Request Form

9	8									<b>UMB Health Savings Account Number</b> (10-digit number found on your HSA statement)
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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, n.a.  
Mailstop 1170103 – CI Center  
PO Box 419226  
Kansas City, MO 64141-6226**

**Or Fax to: 816.860.3926**