



# Health Savings Account (HSA) Name Change Request Form

|   |   |  |  |  |  |  |  |  |  |   |
|---|---|--|--|--|--|--|--|--|--|---|
| 9 | 8 |  |  |  |  |  |  |  |  | <b>UMB Health Savings Account Number</b><br>(10-digit number found on your HSA statement) |
|---|---|--|--|--|--|--|--|--|--|---|

|  |  |                         |                |
|--|--|-------------------------|----------------|
| 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> |
|-----------------------------------|----------|-------------|

**Return completed form to: UMB Bank, n.a.  
Mailstop 1170103 – CI Center  
P.O. Box 419226  
Kansas City, MO 64141-6226**

**Or Fax to: 816.860.3926**