



Health Savings Account (HSA) Name Change Request Form

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UMB Health Savings Account Number

(10-digit number found on your HSA statement)

NAME CURRENTLY ON ACCOUNT

NEW NAME OF ACCOUNT OWNER

ADDRESS

CITY

STATE

ZIP

OWNER PHONE

☐ CELL

☐ OFFICE

☐ HOME

☐ OTHER

SOCIAL SECURITY NUMBER

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

Please note that a physical signature is needed since electronic signatures are not accepted.

ACCOUNT OWNER

Signature

X

Date

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

Or e-mail scanned document to: HSACICenter@umb.com