



Health Savings Account (HSA) Name Change Request Form

9	8									UMB Health Savings Account Number (10-digit number found on your HSA statement)
---	---	--	--	--	--	--	--	--	--	---

NAME OF OWNER CURRENTLY ON ACCOUNT (PLEASE PRINT)			
NEW NAME OF ACCOUNT OWNER (PLEASE PRINT)			
ADDRESS		CITY	STATE ZIP CODE
OWNER'S PHONE NUMBER	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

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

**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