



# 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 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

### 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)

<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 1170204 – CI Center  
P.O. Box 419226  
Kansas City, MO 64106-6226**

**Or Fax to: 816.843.2247**

UMB Bank Use Only	
Date:	
Notated in ClientLink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials:	