

# HSA CHANGE OF BENEFICIARY FORM



This HSA Change of Beneficiary Form is used to change the beneficiaries for HSAs. If you have any questions regarding this form, please call Shareholder Services at 1-800-400-MIDAS (6432).

## PART I: HSA OWNER INFORMATION

Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Note:** Must be a U.S. citizen with a U.S. mailing address.

## PART II: HSA ACCOUNT INFORMATION

HSA Account/Plan Number: \_\_\_\_\_

**NOTE: THIS BENEFICIARY DESIGNATION SUPERSEDES ALL PRIOR DESIGNATIONS FOR THE HSA IDENTIFIED ABOVE.**

## PART III: BENEFICIARY DESIGNATION

Designate beneficiaries below. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. After your death, your HSA assets will be distributed in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive you. If no Primary beneficiaries are living when you die, your HSA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *HSA Change of Beneficiary Form* and providing it to the Trustee/Custodian.

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to HSA Owner:  spouse  non-spouse

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to HSA Owner:  spouse  non-spouse

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to HSA Owner:  spouse  non-spouse

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**PART III: BENEFICIARY DESIGNATION-CONTINUED**

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to HSA Owner:  spouse  non-spouse

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Addendum attached and signed for additional beneficiaries.

If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form.

**PART IV: SPOUSAL CONSENT**

Complete this section only if you, the HSA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as Primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

**CONSENT OF SPOUSE**

By signing below, I acknowledge that I am the spouse of the HSA owner and agree with and consent to my spouse's designation of a Primary beneficiary other than, or in addition to, me. I understand that with my consent I transfer my community property interest in this HSA to my spouse as his or her separate property. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee/Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X \_\_\_\_\_ Date: \_\_\_\_\_

Witness:

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART V: ACKNOWLEDGEMENT**

By signing this *HSA Change of Beneficiary Form*, I certify that the information I have provided is true, correct, and complete, and the Trustee/Custodian may rely on what I have provided. In addition, I assume all responsibilities for the elections I have made, including those related to naming a non-spouse beneficiary, if I am married. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Signature of HSA Owner: X \_\_\_\_\_ Date \_\_\_\_\_

**PART VI: MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**

Midas Funds  
Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**

Midas Funds  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246

## PRIVACY POLICY

<b>FACTS</b>	<b>WHAT DOES MIDAS DO WITH YOUR PERSONAL INFORMATION?</b>
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<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>▪ Social Security number</li> <li>▪ Account balances</li> <li>▪ Transaction or loss history</li> <li>▪ Account transactions</li> <li>▪ Retirement assets</li> <li>▪ Checking account information</li> </ul> <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
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<b>How?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Midas chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does Midas share?	Can you limit this sharing?
<b>For our everyday business purposes</b> – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> – to offer our products and services to you	Yes	No
<b>For joint marketing with other nonaffiliated financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> – Information about your transactions and experiences	No	We don't share
<b>For our affiliates' everyday business purposes</b> – Information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	Yes	Yes
<b>For nonaffiliates to market to you</b>	No	We don't share

<b>To Limit Sharing</b>	<ul style="list-style-type: none"> <li>▪ Call Midas at 212-785-0900 – our menu will prompt you through your choices; or</li> <li>▪ Mail the form below</li> </ul> <p><b>Please note:</b></p> <p>If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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<b>Questions?</b>	Call 1-800-400-MIDAS (6432) or go to <a href="http://www.midasfunds.com">www.midasfunds.com</a>
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Mail-in Form		
<b>Leave Blank or</b> [If you have a joint account, your choice will apply to everyone on your account unless you mark below. <input type="checkbox"/> Apply my choice only to me]	Mark if you want to limit: <input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.	
Name		<b>Mail to:</b> Midas Funds 11 Hanover Square, 12 <sup>th</sup> Floor New York, NY 10005
Address		
City, State, Zip		
Account #		

## Who we are

### Who is providing this notice?

Midas: Midas Fund and Midas Magic, each a series of Midas Series Trust, and Midas Securities Group, Inc.

## What we do

### How does Midas protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

### How does Midas collect my personal information?

We collect your personal information, for example, when you

- Open an account
- Buy securities from us
- Provide account information
- Give us your contact information
- Pay us by check

### Why can't I limit all sharing?

Federal law gives you the right to limit only

- Sharing for affiliates' everyday business purposes – information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

### What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account – unless you tell us otherwise.

## Definitions

### Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas shares with our affiliates.*

### Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas does not share with nonaffiliates so they can market their financial products or services to you.*

### Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Midas does not jointly market.*