

# 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 CURRENTLY ON ACCOUNT				
NEW NAME OF ACCOUNT OWNER				
ADDRESS		CITY	STATE	ZIP
OWNER PHONE	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> HOME	<input type="checkbox"/> 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 <b>Signature</b>	<b>X</b>	<b>Date</b>
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**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](mailto:HSACICenter@umb.com)**