



##37PNC#####

# Name Change Request Form

Please complete form, sign and return with a copy of one of the acceptable documents listed in Section 3. Form and documentation can be sent via fax or mail.



**Fax completed form to:**

630-775-8568



**Mail completed form to:**

125 West Orchard Street  
Itasca, IL 60143



**Questions about this form?**

630-773-2337  
support@bbpadmin.com

## Section 1: Name Change Information

ACCOUNT NUMBER (12 digits beginning with 601)

NAME CURRENTLY ON ACCOUNT (PLEASE PRINT)

NEW NAME OF ACCOUNT HOLDER (PLEASE PRINT)

STREET ADDRESS

CITY

STATE

ZIP CODE

OWNER'S PHONE NUMBER

LAST 4 DIGITS OF SOCIAL

DATE OF BIRTH

## Section 2: Debit Card Reorder Request

Would you like to order a new debit card?  Yes  No

## Section 3: Documentation

To authorize WealthCare Saver\* 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
- Signed Social Security Number card

## Section 4: Signature of HSA Account Holder

I certify that I am the HSA account holder or an individual authorized to execute this action. I assume full responsibility for this action and will not hold WealthCare Saver as Custodian, or any of its affiliates, liable for any adverse consequences that may result. I certify that I have not received any tax or legal advice from the Administrator or the Custodian, and, if necessary, will seek the advice of a tax professional or legal counsel to ensure my compliance with related laws.

SIGNATURE OF HSA ACCOUNT HOLDER

DATE