

HSA CHANGE OF BENEFICIARY FORM

Sparrow Growth Fund

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 1-888-727-3301.

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 _____

PART II: HSA ACCOUNT INFORMATION

HSA Account/Plan Number: _____

NOTE: THIS BENEFICIARY DESIGNATION SUPERCEDES 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

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