HSA CHANGE NOTICE (FORM 2609H)

Please Print or Type

____ ____ ____ ____ ____
CUID **(Credit union will complete.)**

_____
Credit Union Name

____ ____ _____ - _____ _____ - _____ _____ _____ _____ - _____ ____
Social Security Number HSA Suffix
(If account owner's Social Security number is being corrected, this should be the old, incorrect number.)

_____
Account Owner's Name
(If owner's name is being changed or corrected, this should be the former or incorrect name.)

_____
Account Number
(If the account number is being changed or corrected, this should be the former or incorrect number.)

GENERAL INFORMATION

This form can be used to make changes or corrections to HSA owner information or to change the status of an HSA. To make any other types of changes or corrections, use the appropriate form or report.

ACCOUNT OWNER INFORMATION CHANGE/CORRECTION

To make changes to account owner information, check the appropriate box(es) below and fill in the requested information. For an address change, be sure to indicate the entire mailing address, even if only one line of the address has changed.

☐ 1. _____ _____
New/Correct Name (First, Initial, Last) New/Correct Account Number

☐ 2. ____ ____ ____ - ____ ____ - ____ ____ ____ ____
Correct Social Security Number

☐ 3. _____
Correct Birth Date (MM/DD/YYYY)

☐ 4. _____
New Address

_____
City, State, ZIP

ACCOUNT STATUS CHANGE/CORRECTION

To make a change to the status of an account, check the appropriate box below and fill in any requested information.

☐ 1. Permanently close this zero-balance account as of _____ .
(MM/DD/YYYY)

☐ 2. Reopen this previously closed account.

CREDIT UNION'S SIGNATURE

Any changes indicated on this Change Notice (Form 2609H) were directed by the account owner.

X _____ _____
Credit Union Representative's Signature Date (MM/DD/YYYY)

ACCOUNT OWNER'S SIGNATURE

Note: We recommend obtaining the account owner's signature before making changes to an HSA.

X _____ _____
Account Owner's Signature Date (MM/DD/YYYY)

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