OPTUMHealth Bank℠

Designation of Beneficiary

PART 1: OptumHealth Bank Contact Information

By Mail:
OptumHealth Bank
P.O. Box 30777
Salt Lake City, UT 84130

By Fax:
1-800-765-6766

Questions?
Please refer to the phone number on the back of your Debit Card.

Customer Service Professionals are available from 8:00 a.m. to 8:00 p.m. Eastern time to assist you.

PART 2: OptumHealth Bank Account Holder Information – Please Print

Account Holder Name: _____

Address: _____

City/State/ZIP: _____

Social Security #: _____

Date of Birth: _____

Daytime Telephone #: _____

Group Id#: _____

PART 3: Designation of Beneficiary (ies) – Please Print

Please list your primary and/or secondary beneficiary (ies), and the percentage of your account, which you would like each beneficiary to receive. If more than one beneficiary of a class is designated and no distribution percentages are identified, the beneficiaries will be deemed to own equal shares in the account. If any primary or secondary beneficiary dies before you do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiaries shall be increased on a pro rata basis. If no primary beneficiary survives you, the secondary beneficiary (ies) shall acquire the designated share of your account. Completion of this form will supersede all prior designations. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to OptumHealth Bank.

In the event of my death, I name as:

PRIMARY BENEFICIARY (IES) – Shares must equal 100%

If you wish to name more than 2 primary beneficiaries, please attach additional sheet with required information

Name _____
Relationship _____
Social Security Number _____
Mailing Address _____
City _____State _____Zip _____
Share (Percent of holding) _____% Phone Number_____

Name _____
Relationship _____
Social Security Number _____
Mailing Address _____
City _____State _____Zip _____
Share (Percent of holding) _____% Phone Number_____

SECONDARY BENEFICIARY (IES) – Shares must equal 100%

Name _____
Relationship _____
Social Security Number _____
Mailing Address _____
City _____State _____Zip _____
Share (Percent of holding) _____% Phone Number_____

Name _____
Relationship _____
Social Security Number _____
Mailing Address _____
City _____State _____Zip _____
Share (Percent of holding) _____% Phone Number_____

PART 4: Spousal Consent: For Account Holders in Community Property or Marital Property States

This section should be reviewed if the residence of the account holder is located in a community or marital property state and the account holder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent legal or tax advisor.

CURRENT MARITAL STATUS

- ❑ I am not married – I understand that if I become married in the future, I must complete a new Designation of Beneficiary form.
- ❑ I am married – I understand that if I chose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax or legal professional. I hereby give the account holder any interest I have in the funds or property deposited in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

X _____
Signature of Spouse

X _____
Signature of Witness

PART 5: Account Holder Authorization

The above designations are subject to the Conditions of Beneficiary Designation listed below:

1. This designation is subject to all the terms and provisions listed above, and shall be effective only if received by the Custodian prior to the death of the person executing it.
2. This designation applies to the account holder's entire interest, in the account at the account holder's death.
3. I agree that the above information correctly reflects my desire to add or change death beneficiaries on my OptumHealth Bank account.

X _____
Signature of Account Holder

_____
Date

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