



Health Savings Account (HSA) Address Change Request Form

9	8									UMB Health Savings Account Number (10-digit number found on your HSA statement)
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NAME OF INDIVIDUAL HSA OWNER AS IT APPEARS ON ACCOUNT	
SOCIAL SECURITY NUMBER	DATE OF BIRTH

Old Address and Phone Number	
ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
STATE	ZIP
PHONE	<input type="checkbox"/> CELL <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME <input type="checkbox"/> OTHER

New Address and Phone Number	
ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
STATE	ZIP
PHONE	<input type="checkbox"/> CELL <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME <input type="checkbox"/> OTHER

I authorize UMB Bank to make the address and phone number changes shown above.
Please note that a physical signature is needed since electronic signatures are not accepted.

ACCOUNT OWNER Signature	X	Date
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Return completed form to: UMB Bank, n.a.
Mailstop 1020502 - HSA Ops
P.O. Box 419226
Kansas City, MO 64141-6226

Or e-mail scanned document to: HSACICenter@umb.com