$\boxed{\$}$ Distribution

HEALTH SAVINGS ACCOUNT

Review the following content thoroughly. Upon review, print the documents and obtain the required signatures, as applicable, to finish documenting the distribution from the account.

OWNER INFORMATION

Last Name   **First**   **MI**

Tax ID   **Date of Birth**

Account Type   **Account Number**
Health Savings Account

FINANCIAL ORGANIZATION INFORMATION

Financial Organization

Email

Phone

DISTRIBUTION INFORMATION

☐ Distribute entire balance and close the account

Reason
For additional distribution reasons, contact your organization.

☐ Normal Distribution (Reason Code 1)
☐ Transfer to another HSA (Not Reported)

Date of Distribution   **Distribution Amount**
$

Distribution Method

☐ Cash
☐ Check payable to:
☐ Transfer to account#
  at

Account Type:
☐ HSA
☐ Non-health account (i.e., checking, savings)

DISTRIBUTION SUMMARY

Total Amount

Financial Organization Penalties and Fees

Net Amount

INVESTMENT OPTIONS

Name	Investment Number	Amount to Distribute	Penalty/Fee Amount

SIGNATURE

By signing this **Distribution** document, I certify that the information I have provided is true and correct, and I authorize the Custodian to distribute my HSA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Custodian harmless from any consequences related to executing my instructions. I have not received any legal or tax advice from the Custodian and any assistance provided by the Custodian is not to be construed as such.

Print Account Owner Name   Account Owner Signature   Date

_____   _____   _____

Print Custodian Representative Name   Custodian Representative Signature   Date

_____   _____   _____