

Health Savings Account (HSA) Distribution Form

1 HSA OWNER INFORMATION

NAME AND ADDRESS		DAYTIME PHONE NUMBER	
		E-MAIL (OPTIONAL)	
HSA ACCOUNT NUMBER	SOCIAL SECURITY NUMBER (SSN)	DATE OF BIRTH	DATE OF DEATH (IF APPLICABLE)

2 DISTRIBUTION REASON (For further information, see Additional Information included with this form.)

Check One. <input type="checkbox"/> Normal <input type="checkbox"/> Disability <input type="checkbox"/> Death <input type="checkbox"/> Transfer <input type="checkbox"/> to my HSA <input type="checkbox"/> to spouse's HSA due to death <input type="checkbox"/> to former spouse's HSA due to divorce or legal separation			<input type="checkbox"/> Prohibited Transaction <input type="checkbox"/> Revocation <input type="checkbox"/> Correction of Excess Contribution for Tax Year _____ . Amount of excess \$ _____ . <input type="checkbox"/> by my tax-filing due date, including extensions Earnings attributable to excess \$ _____ . <input type="checkbox"/> after my tax-filing due date, including extensions		
Recipient Information (Complete for IRS Levy, Death, and Transfer transactions.)					
NAME AND ADDRESS					
TAXPAYER IDENTIFICATION NUMBER (TIN)/SSN (IF APPLICABLE)		HSA ACCOUNT NUMBER (IF APPLICABLE)		DAYTIME PHONE NUMBER	

3 PAYMENT INSTRUCTIONS

A. PAYMENT ELECTION	B. PAYMENT METHOD	C. PAYMENT DETAIL (completed by financial organization)																
I elect distributions to be paid in the following manner (select one): (1) <input type="checkbox"/> Immediate Distribution of \$ _____ . (2) <input type="checkbox"/> Periodic Distribution I authorize automatic distributions of \$ _____ on a <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> quarterly <input type="checkbox"/> other _____ basis, starting on _____. Continue periodic distributions until I notify you in writing otherwise. (3) <input type="checkbox"/> Other _____	(1) <input type="checkbox"/> Mail check to me. (2) <input type="checkbox"/> Deposited into my account at this financial organization. Account Type _____ Account Number _____ (3) <input type="checkbox"/> Other _____	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Amount Requested</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Penalties Charged</td><td style="text-align: right;">(-) _____</td></tr> <tr><td>Administrative Fees</td><td style="text-align: right;">(-) _____</td></tr> <tr><td>Subtotal (amount subject to withholding)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Federal Income Tax Withheld (if allowed by law)</td><td style="text-align: right;">(-) _____</td></tr> <tr><td>State Income Tax Withheld</td><td style="text-align: right;">(-) _____</td></tr> <tr><td>Local Tax Withheld</td><td style="text-align: right;">(-) _____</td></tr> <tr><td>Net Amount Paid</td><td style="text-align: right;">\$ _____</td></tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Earnings paid to date not already reported to HSA Administration Provider (optional) \$ _____ Does this distribution close the HSA? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p style="text-align: right; margin-top: 5px;">Date of Distribution _____</p>	Amount Requested	\$ _____	Penalties Charged	(-) _____	Administrative Fees	(-) _____	Subtotal (amount subject to withholding)	\$ _____	Federal Income Tax Withheld (if allowed by law)	(-) _____	State Income Tax Withheld	(-) _____	Local Tax Withheld	(-) _____	Net Amount Paid	\$ _____
Amount Requested	\$ _____																	
Penalties Charged	(-) _____																	
Administrative Fees	(-) _____																	
Subtotal (amount subject to withholding)	\$ _____																	
Federal Income Tax Withheld (if allowed by law)	(-) _____																	
State Income Tax Withheld	(-) _____																	
Local Tax Withheld	(-) _____																	
Net Amount Paid	\$ _____																	

4 SIGNATURES

I certify that I am the HSA owner, the beneficiary, or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand the custodian/trustee may require the completion of additional documents before processing any distributions. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I indemnify and hold the custodian/trustee harmless from any resulting liabilities. I acknowledge that the custodian/trustee cannot provide me with legal advice, and I agree to consult with a tax or legal professional for guidance.

 Signature of HSA Owner/Beneficiary Date

 Signature of Custodian/Trustee Date

ADDITIONAL INFORMATION

Purpose. The Health Savings Account (HSA) Distribution Form is designed to assist you in selecting an HSA distribution reason and method.

Additional Documents. Applicable law or policies of the HSA custodian/trustee may require additional documentation. A separate distribution form must be completed for each distribution reason.

For Additional Guidance. It is in your best interest to seek the guidance of a tax or legal professional before completing this document. Your first reference should be the HSA agreement and disclosure statement you received upon establishing your HSA or amendments provided by your custodian/trustee. For more information, refer to Internal Revenue Code (IRC) Section 223, Internal Revenue Service (IRS) Revenue Ruling 2004-38, Revenue Procedure 2004-22, Notices 2004-2, 23, and 25, IRS Publication 505-Tax Withholding and Estimated Tax, instructions to your federal income tax return, your local IRS office, or the IRS's web site at www.irs.gov.

Terms. A general understanding of the following terms may be helpful in completing your transactions.

Normal. Normal distributions include distributions for qualified medical expenses and all other distributions except the following: disability, death, transfer, prohibited transaction, revocation, and correction of excess contribution.

Qualified medical expenses are expenses paid by you, your spouse, or your dependents for medical care as defined in section 213(d) (including nonprescription drugs as described in Revenue Ruling 2003-102, 2003-38 I.R.B. 559), but only to the extent the expenses are not covered by insurance or otherwise. The qualified medical expenses must be incurred only after the HSA has been established.

For calendar year 2004, an HSA established by you on or before April 15, 2005, may pay or reimburse on a tax-free basis an otherwise qualified medical expense if that expense was incurred on or after the later of: (1) January 1, 2004, or (2) the first day of the month that you became eligible for an HSA.

Disability. A distribution for disability can avoid the additional 10 percent tax if you are younger than age 65 and are disabled. The custodian/trustee may request a copy of a physician's certificate that states you meet the definition of disability under IRC Section 72(m)(7).

Death. Upon your death, your HSA becomes the HSA of your spouse, if he/she is the beneficiary. We may require your spouse to transfer the assets to an HSA of his/her own. Your spouse is subject to income tax only to the extent distributions from the inherited HSA are not used for qualified medical expenses.

If your beneficiary is not your spouse, the HSA ceases to be an HSA as of the date of your death. Your beneficiary is required to include the fair market value of the HSA assets as of the date of your death in his/her gross income. For such a person (except your estate), this amount is reduced by any payments from the HSA made for your qualified medical expenses, if paid within one year after your death.

Your beneficiary(ies) should be prepared to provide a death certificate and identification to the custodian/trustee. A representative of your estate should be prepared to also provide copies of appropriate documentation, such as letter of appointment, for your state of residence.

Transfer. A transfer is the movement of assets, which is not reported to the IRS, between HSAs.

Revocation. You may revoke your HSA on or before seven (7) days after the date of establishment.

Excess Contribution. An excess contribution occurs when the contribution amount exceeds allowable limits or when an ineligible individual makes a contribution. Removing an excess contribution, plus attributable earnings, by your tax-filing due date, including extensions, avoids a 6 percent excise tax.

Recipient Information. The Recipient Information section must be completed for a distribution made to satisfy an IRS levy, a death distribution, a transfer to another HSA, a transfer to a former spouse's HSA due to divorce or legal separation, or a transfer to a spouse's HSA due to death. Provide complete information regarding the individual or entity receiving the assets.

Federal Withholding. If federal withholding is appropriate and allowed, please request that the custodian/trustee withhold the applicable amount.

State Withholding. Your state may allow or require state income tax withholding on any distribution.

Local Withholding. Your local governing authority may allow or require local income tax withholding on any distribution.