

**Your Bank Logo**

Street Address

City State Zip

# HSA Distribution Form

**Purpose:** Use this form for distributions from your HSA in cases when you want a check from us (or a transfer to a spouse) rather than using your debit card, checking or ACH access. This may include: normal distributions, death distributions, disability distributions, prohibited transaction distributions and transfers to a spouse due to death or divorce.

## 1. Personal Information

Name \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_

## 2. Distribution Information

**A. Amount:** \$\_\_\_\_\_ A check will be mailed to your address on record or, in the case of a death distribution or transfer to a spouse, the address listed by a beneficiary or spouse on this form. Please include special instructions here:

\_\_\_\_\_

### B. Distribution Reason (select one)

**Normal Distribution**

**Excess:** Return of Excess Contribution For Tax Year \_\_\_\_\_ Amount of Excess \$ \_\_\_\_\_

corrected by my tax-filing due date, including extensions

Earning attributable to the excess amount \$ \_\_\_\_\_

corrected after my tax-filing due date, including extensions

**Death Distribution** (for distributions to beneficiaries – death certificate required)

Distribution in  year of death  after year of death

spouse beneficiary (use transfer below)  non-spouse beneficiary

Beneficiary Name: \_\_\_\_\_ Address \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Phone \_\_\_\_\_

**Transfer to Spouse**  Due to Death  Due to Divorce

Spouse's Name \_\_\_\_\_ Address \_\_\_\_\_

SSN \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's HSA Account # \_\_\_\_\_ Financial Institution \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Disability** (avoids the additional 10% if you do not meet another exception – must meet IRS definition of "disabled" to qualify)

**Prohibited Transaction**

**3. Signatures.** I certify that I am solely responsible for this HSA distribution and understand the tax consequences. I certify that I am the HSA owner, the beneficiary, or individual authorized to complete this transaction. I have not received tax advice from the Custodian of this account and agree to seek my own tax or legal advice, if I deem it necessary. I indemnify and hold the HSA Custodian harmless for any resulting liabilities for this transaction.

HSA Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_