

Step 1: Participant Information

*=Required Fields

*Employer Name (If sponsored by an employer plan)

*Participant Name (First, MI, Last)

 - -

*Social Security Number

 - -

*Day Telephone

*Mailing Address

*City

*State

*Zip Code

Step 2: Distribution Information

*Withdrawal Amount:

Select one of the following:

- Normal
- Disability
- Prohibited Transaction
- Excess Contribution Removal
- Transfer

Transfer Check Payable to:

Mail Check to:

Death**

Is the distribution being taken in the year of death? Yes No

If no, what type of beneficiary? Spouse Estate Other

Beneficiary Name:

Beneficiary Address:

****A copy of the death certificate is required.**

Step 3: Authorized Signatures

I certify that I am the proper party to receive payment(s) from this HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

HSA Beneficiary

Death Beneficiary

*Signature

Date

*Authorized Signature of Custodian

Date

Rules and Conditions Applicable to Withdrawal

General Information

You must supply all requested information so the Trustee or Custodian can do the proper tax reporting. You may not request a distribution on behalf of another death beneficiary.

Distribution Reason

Normal Distribution

Distributions for any reason other than removal of an excess contribution, death, disability, transfer or a prohibited transaction are deemed Normal Distributions. Normal Distributions received for payment of a qualified medical expense are excludable from your gross income. Distributions which are not used to pay qualified medical expenses will be includable in your gross income and may be subject to an additional penalty tax. A normal distribution is reported to the IRS on Form 1099-SA using Code 2.

Excess Contribution Removal

If you have made an excess contribution to your HSA, you must generally take the appropriate steps to remove the contribution. Depending on when you take the necessary corrective action, you may have to pay the IRS additional taxes and penalties. A removal of an excess contribution is reported to the IRS on Form 1099-SA using Code 2.

Disability

You may take a distribution due to disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions may be subject to ordinary income tax. A disability distribution is reported to the IRS on Form 1099-SA using Code 3.

Transfer

If you are requesting a distribution as a transfer, please provide the new Custodian's name and address. The check will be made payable to the new custodian.

Death

If you are requesting a distribution as a death beneficiary, a copy of a death certificate is required. Death distributions to non-spouse death beneficiaries are generally includable in ordinary income. A death distribution is reported to the IRS on Form 1099-SA according to the following:

If the financial organization is notified of death and the distribution is made to the beneficiary in the year of death, Code 4 is used to report the distribution.

If the financial organization is notified of death and the distribution is made to the beneficiary in the year following the year of death, Code 1 is used if the beneficiary is the spouse, Code 4 is used if the beneficiary is the estate, and Code 6 is used if the beneficiary is not the spouse or the estate.

Prohibited Transaction

If you have performed a prohibited transaction as defined in IRC Sec. 4975(c), you may be subject to an IRS penalty. If the prohibited transaction is not corrected in a timely manner, an additional penalty may be imposed. A prohibited transaction is reported to the IRS on Form 1099-SA using Code 5.

Signatures

Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this HSA withdrawal.