



WITHDRAWAL AUTHORIZATION

Refer to page 2 for reporting information.

PART 1. HSA OWNER

Name (First/MI/Last) _____
 Social Security Number _____
 Date of Birth _____ Phone _____
 Email Address _____
 Account Number _____ Suffix _____

PART 2. HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian

Name _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Phone _____ Organization Number _____

PART 3. BENEFICIARY OR FORMER SPOUSE INFORMATION

This section should only be completed by a beneficiary taking a death withdrawal or a former spouse taking a withdrawal as a result of a court-approved property settlement due to divorce or legal separation.

Name (First/MI/Last) _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Tax ID (SSN/TIN) _____
 Date of Birth _____ Phone _____

BENEFICIARY TYPE (Select one, if applicable)

Spouse Estate Other

PART 4. WITHDRAWAL INFORMATION

Total Withdrawal Amount _____
 Withdrawal Date _____

This Withdrawal Will Close This HSA

WITHDRAWAL REASON (Select one)

- 1. Transfer to Another HSA
- 2. Normal Withdrawal
- 3. Disability
- 4. Prohibited Transaction
- 5. Excess Contribution Removed Before the Excess Removal Deadline
Net Income Attributable to Excess _____
- 6. Excess Contribution Removed After the Excess Removal Deadline
- 7. Death Withdrawal by a Beneficiary Taken in the Year of Death
- 8. Death Withdrawal by a Beneficiary Taken After the Year of Death

PART 5. WITHDRAWAL INSTRUCTIONS

ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Withdrawn	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT METHOD

Cash

Check (If the withdrawal reason is a transfer to another HSA, the check must be made payable to the receiving organization.)
 Make payable to _____

Internal Account
 Account Number _____ Type (e.g., checking, savings, HSA) _____

PART 6. SIGNATURES

I certify that I am authorized to receive payments from this HSA and that all information provided by me is true and accurate. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.

X _____
 Signature of Recipient

_____ Date (mm/dd/yyyy)

X _____
 Notary Public/Signature Guarantee (If required by the trustee or custodian)

_____ Date (mm/dd/yyyy)

X _____
 Authorized Signature of Trustee or Custodian

_____ Date (mm/dd/yyyy)

REPORTING INFORMATION APPLICABLE TO HSA WITHDRAWALS

You must supply all requested information for the withdrawal so the trustee or custodian can properly report the withdrawal.

If you have any questions regarding a withdrawal, please consult a competent tax professional or refer to IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

WITHDRAWAL REASON

HSA assets can be withdrawn at any time. Most HSA withdrawals are reported to the IRS. IRS rules specify the distribution code that must be used to report each withdrawal on IRS Form 1099-SA, *Distributions From an HSA, Archer MSA, or Medicare Advantage MSA*.

Transfer to Another HSA. Transfers are not reported on Form 1099-SA. Transfers may be made by an HSA owner or former spouse under a transfer due to a divorce.

Normal Withdrawal. Normal withdrawals are reported on Form 1099-SA using code 1. Also use code 1 if no other code applies to the withdrawal.

Disability. Disability withdrawals are reported on Form 1099-SA using code 3.

Prohibited Transaction. Prohibited transactions as defined in Internal Revenue Code Section 4975(c) are reported on Form 1099-SA using code 5.

Excess Contribution Removal. Excess contributions removed before the excess removal deadline (your tax filing deadline, including extensions) must include the net income attributable to the excess. A removal of an excess contribution is reported on Form 1099-SA using code 2.

Death Withdrawal by a Beneficiary Taken in the Year of Death. If the financial organization is notified of the HSA owner's death and the withdrawal is made to the beneficiary in a year of death, the Form 1099-SA reporting code depends on the type of beneficiary.

- If the beneficiary is a spouse, the withdrawal is reported on Form 1099-SA using code 1.
- If the beneficiary is an estate or other, the withdrawal is reported on Form 1099-SA using code 4.

Death Withdrawal by a Beneficiary Taken After the Year of Death. If the financial organization is notified of the HSA owner's death and the withdrawal is made to the beneficiary in a year after the year of death, the Form 1099-SA reporting code depends on the type of beneficiary.

- If the beneficiary is a spouse, the withdrawal is reported on Form 1099-SA using code 1.
- If the beneficiary is an estate, the withdrawal is reported on Form 1099-SA using code 4.
- If the beneficiary is other, the withdrawal is reported on Form 1099-SA using code 6.