HSA Account Closure Form

Purpose

This form is used to request an account closure.

Instructions

1. **Complete** and sign this form.
2. **Submit** the original form to us and keep a copy for yourself.

SECTION 1 Account Holder

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Email Address _____

SECTION 2 HSA Account Information

Please indicate the following.

Select an option (choose 1):

- ☐ Close my account and mail a check with 100% of my account balance to the address on file.
- ☐ Close my account. I have already withdrawn or spent 100% of my account balance via my Health Wallet.

Note: If you have an investment balance, you must liquidate your investment balance and return any remaining funds less any applicable fees owed before a check can be issued. If you will be rolling these funds to another HSA, they must be redeposited to your new HSA within 60 days after the day the distribution is made.

SECTION 3 Fees

An account closure/migration fee of $25 will be deducted from the proceeds. If your account balance is less than the fee, your account will be closed and no check will be issued.

Monthly investment maintenance fees will continue to be assessed until the account is closed. This may impact the amount of the issued check.

SECTION 4 Agreement

Due to the important tax consequences of accessing funds in an HSA, I have hereby been advised to speak with a tax professional. All information provided by me is true and correct and may be relied on by the administrator. I assume full responsibility for this funds transaction and will not hold the administrator liable for any adverse consequences that may result.

Account Holder Signature _____ Date (mm/dd/yyyy) _____