



HSA DEATH DISTRIBUTION REQUEST FORM

INSTRUCTIONS

1. Use this form to authorize a distribution of assets from a decedent's HSA, directly to you as the beneficiary.
2. Complete all sections of this form, attach a notarized copy of the death certificate and forward to: Nyhart (TPA) at 8415 Allison Pointe Boulevard, Suite 300, Indianapolis, IN 46250.
3. If you have questions regarding a beneficiary distribution, please call 800-284-8412.

ACCOUNTHOLDER INFORMATION (Beneficiary completes this section with HSA Accountholder information.)

Last Name: _____ First Name: _____ Middle Initial: _____
Social Security Number: _____ Employee ID and Employer: _____
(if applicable)

BENEFICIARY INFORMATION (Beneficiary completes this section with his/her information.)

Please Select Beneficiary Type Spouse Non-Spouse Estate- A copy of the Letter Testamentary is required to validate executorship.

Last Name: _____ First Name: _____ Middle Initial: _____
Social Security Number: _____ Phone Number: _____ Birth Date: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Driver's License Number: _____

PROCESSING OPTION (Please only choose one.)

- I am the spouse and I am requesting the account to remain an HSA account.** By completing this section, am requesting that a new HSA account be opened in my name. I will receive an HSA Enrollment Form to be completed and signed in order to finalize the account. After the setup is complete, the HSA funds remaining in my spouse's account will be transferred to my new account.
- I am the spouse and I am requesting payout and closing of my husband's/wife's HSA account.** Amounts distributed will generally be included in my gross income, except for any amount used to pay for medical expenses I incur before the distribution date or medical expenses that were incurred by my spouse before death (and paid by me within one year after the date of death).
- I am a non-spousal beneficiary requesting payout.** I am required to include the funds received in my gross income, except for any amount used to pay for medical expenses incurred by the HSA Accountholder (and paid by me within one year of the Accountholder's death).
- I am the executor of the Estate of the Decedent.** If there is no designated beneficiary, the entire amount of the HSA shall be paid to the estate of the deceased and included on the decedent's final income tax return.

RULES, CONDITIONS AND SIGNATURE

Checks will be issued and mailed to the address provided above. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies any person to whom funds are being distributed prior to completing the distribution. If the HSA consists of mutual funds, these funds will be liquidated and transferred/distributed as cash. TPA and Healthcare Bank reserve the right to complete this liquidation at such time that is reasonable upon receipt and verification of this form.

Due to the important tax consequences relating to the death of an HSA Accountholder, I have been advised to see a tax professional. State tax laws may vary, and I agree that neither TPA nor Healthcare Bank makes any representation as to the tax effect of this distribution under state or federal law. The information provided is in general terms only to provide some information relating to the tax consequences of a decedent's HSA account. Information provided by me is true and correct and may be relied upon by TPA and Healthcare Bank. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. I am the individual authorized to execute this transaction. I have read and understand the instructions, rules and conditions relating to this transaction.

Signature of HSA Beneficiary: _____ Date: _____