



Health Savings Account (HSA) Withdrawal Form

Instructions: Complete this form and mail or fax it to:

HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939, Fax: (877) 851-7041.

We will mail a check to you for the amount requested. For Excess Contribution Removal or additional Withdrawal forms, visit www.hsabank.com. If you are closing your account, please call: (800) 357-6246, Monday-Friday, 7 a.m. - 9 p.m., CT to request an Account Closing Form.

ACCOUNTHOLDER INFORMATION:

First Name:	MI:	Last Name:
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Current Mailing Address: Check here if this address should be updated as your permanent address.

City:	State:	ZIP Code:
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Account Number: (8 digits from your Welcome Kit or statement)	OR	Accountholder's Social Security Number:
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>

Account Number OR full Social Security Number is required.

WITHDRAWAL INFORMATION:

NOTE: A \$10 fee will be assessed. Please allow up to two weeks to receive your withdrawal. If sufficient funds are not available within 5 business days of receiving this request, it will be returned to you unprocessed. You can monitor your balance in Internet Banking. Log in, sign up or view a demonstration at <https://secure.hsabank.com/ibanking/>.

Withdrawal Amount: \$ (Processing this withdrawal will not close the account.)

Distribution Reason: Normal (Qualified Medical Expense) Disability

GENERAL TERMS AND CONDITIONS APPLICABLE TO WITHDRAWAL

Normal Distributions are distributions received for payment or reimbursement of Qualified Medical Expenses and all other distributions except disability, death, transfer, prohibited transaction, revocation and correction of excess contribution.

Disability Distributions are distributions due to a disability, as defined under IRC Section 72(m)(7), that renders you unable to engage in any substantial gainful activity and is medically determined to continue for at least 12 months or lead to your death.

Prohibited Transaction Distributions are distributions that do not qualify as a normal distribution, disability, death, transfer, revocation or correction of excess contribution.

Qualified Medical Expenses are defined in section 213(d) of the Internal Revenue Code, IRS Publication 502 and Revenue Ruling 2003-102, 2003-38 I.R.B. 559. HSA funds can be used to pay the Qualified Medical Expenses for you, your spouse and your dependents when expenses are not otherwise covered and were incurred after the HSA was established.

NOTE: Tax penalties may apply to certain types of HSA distributions. Please consult with a tax professional if you are taking a distribution for any reason other than to pay or reimburse a Qualified Medical Expense. For more information, refer to Internal Revenue Code (IRC) Section 223, corresponding Internal Revenue Service (IRS) guidance, IRS Publication 505-Tax Withholding and Estimated Tax, and/or www.irs.gov.

SIGNATURE

I certify that I am the proper party to receive payment(s) from the Health Savings Account (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 HSA Bank. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for consequences which may arise from this withdrawal and I agree that HSA Bank shall not be held responsible.

Signature:	Date:
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