HSA BANK
National Leader in Health Savings Accounts.
A Division of Webster Bank, N.A., Member FDIC

Health Savings Account (HSA) Withdrawal Form

HealthSavings ADMINISTRATORS

Instructions: Complete this form and mail or fax it to: **Health Savings Administrators, 10800 Midlothian Tpk Ste 240, Richmond, VA 23235, Fax: (804) 726-1570.**

For Excess Contribution Removal or Account Closing forms, visit www.HSAadministrators.com.
For assistance, please call (888) 354-0697.

ACCOUNTHOLDER INFORMATION:

First Name:	MI:	Last Name:

Current Mailing Address: ☐ Check here if this address should be updated as your permanent address.

City:	State:	ZIP Code:

Account Number: _____ **OR** Accountholder's Social Security Number: ___ - __ - ____

Account Number OR full Social Security Number is required.

WITHDRAWAL INFORMATION:

NOTE: There will be a $10.00 processing fee. Please allow up to two weeks to receive your withdrawal. If you are withdrawing from Vanguard funds you can avoid this fee by receiving your withdrawal by ACH or Internet Banking. 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 or schedule an Online Transfer free of charge in Internet Banking (www.HSAadministrators.info/OnlineBanking).

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 Health Savings Administrators or 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 Health Savings Administrators or HSA Bank shall not be held responsible.

Signature:	Date: