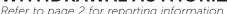


## **WITHDRAWAL AUTHORIZATION**Refer to page 2 for reporting information.





PART 1. HSA OWNER		PART 2. HSA TRUSTEE OR CUSTODIAN	
		To be completed by the HSA trustee or	custodian
Name (First/MI/Last)		Name	
Social Security Number		Address Line 1	
Date of Birth Pho		Address Line 2	
Email Address		City/State/ZIP	
Account Number		Phone Organization Number	
PART 3. BENEFICIARY OR FORMER		PART 4. WITHDRAWAL INFORMATION	
This section should only be completed	l by a beneficiary taking a	Total Withdrawal Amount	
death withdrawal or a former spouse to result of a court-approved property set		Withdrawal Date	
legal separation.	tterrierit dae to divorce or	☐ This Withdrawal Will Close This HSA	
Name (First/MI/Last)		WITHDRAWAL REASON (Select one)	
Address Line 1		☐ 1. Transfer to Another HSA	
Address Line 2		2. Normal Withdrawal	
		☐ 3. Disability ☐ 4. Prohibited Transaction	
City/State/ZIP		☐ 5. Excess Contribution Removed Before the Excess I	Pomoval
Tax ID (SSN/TIN)		Deadline	CITIOVAL
Date of Birth		Net Income Attributable to Excess	
Account Number		☐ 6. Excess Contribution Removed After the Excess Re	moval
BENEFICIARY TYPE (Select one, if a	pplicable)	Deadline	
☐ Spouse ☐ Estate ☐ Other		7. Death Withdrawal by a Beneficiary Taken in the Year	
		8. Death Withdrawal by a Beneficiary Taken After the Yea	ar of Death
PART 5. WITHDRAWAL INSTRUCT	IONS		
TART 3. WITHBIT WALL INSTRUCT	10113		
<b>ASSET HANDLING</b> (Assets identified I	below will be liquidated imme	diately unless otherwise specified in the Special Instruction	is section.)
Asset Description Amount to be Withdraw		n Special Instructions	
PAYMENT METHOD			
☐ Cash			
☐ Check (If the withdrawal reason is a	a transfer to another HSA, the	check must be made payable to the receiving organizati	on.)
Make payable to			
☐ Internal Account			
		_ Type (e.g., checking, savings, HSA)	
		n may be required and fees may apply.)	
Name of Organization Receiving the	e Assets	Routing Number (Optional)	
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. N	lo tax
		is regarding this withdrawal are my own, and I expressly as	
		val. I agree that the trustee or custodian is not responsible	for any
consequences that may arise from prod	Lessing this withdrawat author	IZduoti.	
X Signature of Designat		D : / / ////	
Signature of Recipient		Date (mm/dd/yyyy)	
X Notary Public/Signature Guarantee (If requi	read by the truster	D-1- ( / / / / / /	
	red by the trustee of custodian)	Date (mm/dd/yyyy)	
Χ		Date (mm/dd/yyyy)	
Authorized Signature of Trustee or Custodia	in		

## 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.