HSA Closeout Request

Complete this form to close your WealthCare Saver* Health Savings Account (HSA). **Prior to submitting this form, turn off auto-investments (if applicable), liquidate your investment balance and confirm all pending transactions have posted to your account.** You may wish to review IRS Publication 969 found at www.irs.gov/pub/irs-pdf/p969.pdf

Section 1: Account Information

_____
ACCOUNT NUMBER (12 digits beginning with 601)

_____   _____   _____
LAST NAME   FIRST NAME   MIDDLE INITIAL

_____   _____ - _____ - _____
EMPLOYER NAME   SOCIAL SECURITY NUMBER

_____   _____
EMAIL ADDRESS   TELEPHONE NUMBER

_____
STREET ADDRESS

_____   _____   _____
CITY   STATE   ZIP CODE

Section 2: Disbursement Instructions   Tran Code: 168 (Close Account Distribution)

☐ Deposit funds electronically to the direct deposit bank account on file
   Please note: If no bank account on file, a check will be mailed

☐ Mail check to the address on my account

Section 3: Signature

I certify that I am legally authorized to receive payment(s) from this 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 WealthCare Saver* as Custodian, or its affiliates. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that neither WealthCare Saver as Custodian, nor its affiliates, shall be held liable for any adverse consequences that may result. I understand that I may consult a tax professional or legal counsel. I acknowledge that I have read and understand the terms and conditions applicable to a distribution, as set forth in the Custodial Agreement provided when opening this HSA. I understand that any applicable fees will be deducted from the distribution amount requested. (See Health Savings Account Fee Schedule found on the Portal).

_____   _____ / _____ / _____
LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED)   DATE

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