



## 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 or to the accountholder's estate.
2. Complete all sections of this form, **attach other documentation as requested in the attached letter** and forward to: **Associated Bank** (HSA Administrator) at **PO Box 2785 Fargo, ND 58108** or **deliver to any Associated Bank Branch**. (Branch staff: Scan via Documents Direct using the UPDATES button)

**Accountholder Information** (Beneficiary or estate representative completes this section with HSA Accountholder information.)

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

**Beneficiary/Estate Representative Information** (Beneficiary or estate representative completes this section with his/her information.)

Please Select Beneficiary Type  Spouse  Non-Spouse  Estate - A copy of the relevant court documents or affidavit of transfer is attached.

|                        |                         |                  |
|------------------------|-------------------------|------------------|
| Last Name              | First Name              | Middle Initial   |
| Address                |                         | City, State, Zip |
| Social Security Number |                         | Date of Birth    |
| Telephone Number       | Driver's License Number |                  |

**Processing Option** (Please choose only one.)

- I am the spouse and I am requesting the account to remain an HSA account.** By completing this section, I am requesting that the funds from this account be deposited into an account that I have opened at Associated Bank in my name. The account number for my Associated Bank HSA Account is \_\_\_\_\_.
- 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 or I am choosing to claim the estate by affidavit of transfer.** 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. HSA Administrator reserves 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 HSA Administrator makes no 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 HSA Administrator. I assume full responsibility for this transaction and will not hold HSA Administrator 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 |
|------------------------------|------|