



## HSA DECEDENT CLAIM DIRECT DEPOSIT FORM

### Instructions

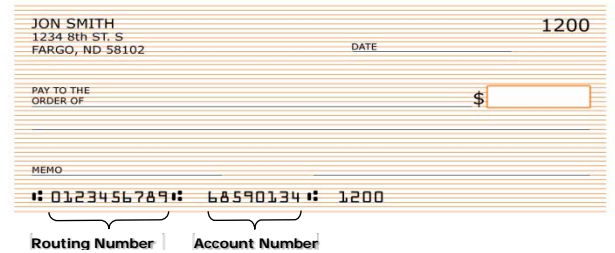
1. Complete this form to request a onetime disbursement of funds from an Associated Bank HSA to another deposit account via electronic ACH transfer relating to a decedent claim that I have made on the account.
2. If under Account Type below you choose checking, attach a voided check or copy of a voided check. If you choose savings, attach a savings account deposit slip. Note: deposit slips **cannot** be accepted for checking accounts.
3. Forward completed form and required information to: **Associated Bank** (HSA Administrator) at **PO 2785 Fargo, ND 58108** or **deliver to any Associated Bank Branch**. (Branch staff: Scan via Documents Direct using the UPDATES button)
4. If you have any questions regarding this form, please call **800-270-7719**.

### Accountholder Information

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

### Financial Institution Information

Financial Institution Name		
Financial Institution Street Address		
City	State	Zip Code
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number		
Account Number		



### Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold HSA Administrator liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by HSA Administrator and Healthcare Bank.

Signature of HSA Accountholder	Date
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