



##37PNC#####

HSA Death Distribution

Please complete all sections of this form to authorize a distribution of assets from a decedent's HSA, directly to you as the beneficiary or to the estate of deceased. For distribution amounts less than \$2,500, you must provide a **copy** of the death certificate. For distribution amounts greater than \$2,500, you must provide a **certified copy** of the death certificate. Guardianship paperwork must be submitted if beneficiary is a minor.

All distributions to an Estate require a copy of recorded court documentation and IRS approved Estate Identification Number (EIN) to validate executorship of the estate. Acceptable recorded court documentation includes Court-issued Letters Testamentary or Letters of Administration appointing an executor or administrator for formal probate. For small estates a properly executed Small Estate Affidavit is acceptable.



Fax completed form to:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
Contact the number on the
back of your debit card

Section 1: Current Account Holder Information (beneficiary/executor of estate completes this section with HSA account holder 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: Beneficiary / Estate Information (beneficiary/executor completes this section with beneficiary's/estate's information)

LAST NAME

FIRST NAME

—OR— ESTATE NAME

TELEPHONE NUMBER

DATE OF BIRTH

SSN —OR— ESTATE ITIN

STREET ADDRESS

CITY

STATE

ZIP CODE

Complete Next Page ➤

Section 3: Processing Option (please choose only one)

Select the appropriate option if you are the beneficiary named on the decedent's existing HSA Account.

☐ **Transfer to Existing HSA Account (Named Spouse Beneficiary):** I am the named spouse beneficiary and I am requesting that HSA funds remaining in the decedent's account be transferred to my existing HSA account.

☐ **Request Payout (Named Spouse Beneficiary):** I am the named spouse beneficiary 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).

☐ **Request Payout (Non-Spouse Beneficiary):** 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 Account Holder (and paid by me within one year of the Account Holder's death).

Select this option if there is no beneficiary named on the decedent's existing HSA Account.

☐ **Request Payout (Estate):** I am the executor of the Estate of the Decedent. 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.

Section 4: Withdrawal / Transfer Details

If you are the surviving spouse that is named as a beneficiary on the decedent's existing HSA Account and wish the funds to be transferred to your existing HSA account with us, please provide your existing HSA Account Number.

HSA ACCOUNT NUMBER (12 digits beginning with 601)

☐ SPECIFIC AMOUNT

☐ ENTIRE AMOUNT AND CLOSE ACCOUNT

If you are the surviving spouse that is named as a beneficiary on the decedent's existing HSA Account and wish the funds to be transferred to your existing HSA Account maintained at another financial institution, please provide the name and mailing address of this financial institution.

BANK NAME

BANK ADDRESS

☐ SPECIFIC AMOUNT

☐ ENTIRE AMOUNT AND CLOSE ACCOUNT

In all other cases, funds will be distributed via check to the address provided in Section 2.

Complete Next Page ➤

Section 5: 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. WealthCare Saver* as Custodian 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 Account Holder, I understand that I may wish to contact a tax professional or legal counsel. State tax laws may vary and I understand that neither WealthCare Saver as Custodian, nor its affiliates make any 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 WealthCare Saver as Custodian. I assume full responsibility for this transaction and will not hold WealthCare Saver as Custodian, or its affiliates liable for any adverse consequences that may result. **I have read and understand the instructions, rules, and conditions relating to this transaction and I certify that I am the individual authorized to execute this transaction.**

SIGNATURE OF HSA BENEFICIARY / EXECUTOR OF ESTATE

_____/_____/_____
DATE