

Health Savings Account (HSA) Instructions for Account Closure Form

To close your HSA, complete all of the required sections of the enclosed form. If you have an HSA Investment Account, we will liquidate your investments. We'll include the funds from your investments with the cash account funds. We'll return all funds to you. We will also cancel your debit card. If your employer is still reporting contributions for your HSA, please notify your employer that you have closed your HSA. Your employer should stop any further payroll contributions.

Below are reminders as you complete the form.

- Section 1: Be sure to complete all fields, including your HSA account number. You can find your account number on your monthly statement, which is available online.

- Section 2: Identify the reason for the account closure.

Note: If the account owner is deceased, please include a copy of the death certificate. We'll mail a distribution check, as applicable, to the address we have on file for the named beneficiary(ies). If the named beneficiary is the spouse, a health savings account (HSA) will be created in his/her name and the fund balance will be transferred directly to the new HSA. If you are the executor or administrator of the account owner's estate, please include a death certificate along with proof of your appointment. Please also include a mailing address. If we need additional information to process your request, we will contact you.

Please mail or fax the completed form to PayFlex. The address and fax number are on the bottom of the form.

Note: Closing the account may have tax consequences. Please consult a tax advisor if you have any questions prior to completing this form. We will return an incomplete form.

Section 1: HSA Owner Information – PLEASE PRINT

First Name	MI	Last Name
Social Security Number (Last 4 digits)		HSA Account Number

Section 2: Account Closure Request – PLEASE CHECK ONE


Please close my account and disburse the funds as directed below. I understand that any applicable Account Closing fee will be deducted from the account balance prior to disbursement.

I am requesting that PayFlex close my HSA and send the funds directly to my account on file via electronic funds transfer (EFT).

I am requesting that PayFlex close my HSA and mail the check to the address on file for my HSA.


Note: If you are rolling these funds over to another HSA, that is a rollover. You may make only one rollover contribution to an HSA during a one-year period. You have 60 days from the date you receive these funds to deposit them into the other HSA.

I hereby authorize and request PayFlex to close my HSA. This is according to the terms of the Health Savings Account Custodial Agreement. I understand that a disbursement of funds may be taxable and reportable on my individual tax return. I understand that I am responsible for any tax consequences resulting from this distribution. I indemnify and hold PayFlex, its agents and affiliates, harmless from any resulting liabilities. The information I have provided is true and accurate.

Signature of Account Owner 	Date
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I am requesting that PayFlex close this HSA due to the death of the Account Owner. By signing below, I certify that I am a named beneficiary of the account or have been appointed the Executor or Administrator of the Account Owner's estate. This distribution will be mailed to the address that PayFlex has on file for the named beneficiary. If the named beneficiary is the spouse, an HSA will be created in his/her name and all funds and transaction activity will be moved to the new HSA. If there is no named beneficiary, PayFlex will make the check payable to the HSA Owner's estate. **I have enclosed the death certificate with this request form. I have also included a copy of my appointment as executor or administrator of the Account Owner's estate, as applicable.**

I certify that I am a beneficiary or appointed executor or administrator authorized to complete this form. I understand that I am responsible for reporting any tax consequences resulting from this distribution. I indemnify and hold PayFlex, its agents and affiliates, harmless from any resulting liabilities. The information I have provided is true and accurate.

Authorized Signature 	Date
Name (Please Print)	
Relationship	Phone Number
Address of Executor/Administrator	

Return This Form To:
PayFlex Systems USA, Inc.
HSA Operations
PO Box 3317
Carol Stream, IL 60132-3317
or fax to 301-564-5192