



Individual Health Savings Account (HSA) Distribution Request/Account Closure Form

Use this form to request a distribution of funds from or close your HSA. If the distribution is because of the death of the accountholder, please complete the Health Savings Account (HSA) Death Distribution Request Form.

*=Required Fields

Step 1: Accountholder Information

*Employer Name (Do not abbreviate)

Employee ID Number

*Accountholder Name (First, MI, Last)

*Social Security Number

*Physical Address (Cannot be PO Box)

*City

*State

*Zip

*Day Telephone

Updates or changes to your profile can be made by logging in to your account at www.wexinc.com.

Step 2: Distribution Information

Complete the requested amount, the distribution type, and the instructions on the right for an Excess Contribution Removal or Transfer. Pay the Provider checks must be requested through your online account.

*Requested Amount:

\$

Close my HSA and issue final distribution for total available balance in the method selected below. Please note that, upon closing the account, you may be charged a \$25 account closure fee (regardless of distribution type). Once the account is closed, contributions can no longer be made. **Note:** Select the applicable distribution type to complete the closure request.

Select one of the following distribution types:

Normal

Excess Contribution Removal
(complete section on the right)

Date excess contribution
occurred:

Rollover (distributed to HSA account
owner)

Transfer (distributed to new custodian
— complete section on the right; please
verify transfer address with new
custodian)

New HSA custodian's name
and address (must be
enrolled with new custodian;
see page 2 for details):

Disability

Divorce

Prohibited Transaction

Account number with new
third-party administrator:

Mistaken Contribution

Note: Leaving the Account Number
field blank may result in the check
being returned.

Step 3: Authorized Signatures

I certify that I am the proper party 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 WEX Health, Inc.. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences that may arise from this distribution and I agree that WEX Health, Inc. shall in no way be held responsible. I acknowledge that I have read and understood the Rules and Conditions applicable to a distribution on page two. I understand that any applicable fees will be deducted from the distribution amount requested.

*Accountholder Signature

*Date

Health Savings Account (HSA) Distribution Request/Account Closure Form, continued

Rules and Conditions Applicable to Withdrawal

General Information	You must supply all requested information so the Custodian can do the proper tax reporting. You may not request a distribution on behalf of another death beneficiary.
Distribution Reason	<p>Normal Distribution Distributions for any reason other than removal of an excess contribution, death, disability, transfer or a prohibited transaction are deemed normal distributions. Normal distributions received for payment of a qualified medical expense are excludable from your gross income. Distributions that are not used to pay qualified medical expenses will be includable in your gross income and may be subject to an additional penalty tax. A normal distribution is reported to the IRS on Form 1099-SA using Code 2.</p> <p>Disability You may take a distribution due to disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions may be subject to ordinary income tax. A disability distribution is reported to the IRS on Form 1099-SA using Code 3.</p> <p>Prohibited Transaction If you have performed a prohibited transaction as defined in IRC Sec. 4975(c), you may be subject to an IRS penalty. If the prohibited transaction is not corrected in a timely manner, an additional penalty may be imposed. A prohibited transaction is reported to the IRS on Form 1099-SA using Code 5.</p> <p>Excess Contribution Removal If you have made an excess contribution to your HSA, you must generally take the appropriate steps to remove the contribution. Depending on when you take the necessary corrective action, you may have to pay the IRS additional taxes and penalties. A removal of an excess contribution is reported to the IRS on Form 1099-SA using Code 2.</p> <p>Transfer If you are requesting a distribution as a transfer, please provide the new Custodian's name and address. The check will be made payable to the new custodian.</p> <p>Enrollment with New Custodian Please ensure you're enrolled with your new custodian prior to submitting this form to WEX Health, Inc.. If your funds are returned to WEX Health, Inc., your current HSA account will be re-opened with WEX Health, Inc. and the funds will be re-contributed into the account.</p>
Close Account	Upon the closing of the account, contributions can no longer be made.
Signatures	Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this HSA withdrawal.