HSA WITHDRAWAL AUTHORIZATION

Refer to page 2 for reporting information.

PART 1. HSA OWNER

Name *(First/MI/Last)*_____

Social Security Number _____

Date of Birth_____ Phone_____

Email Address_____

Account Number_____ Suffix_____

PART 2. HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian

Name EVERENCE FEDERAL CREDIT UNION

Address Line 1 2160 LINCOLN HWY E STE 20

Address Line 2_____

City/State/ZIP LANCASTER PA 17602

Phone (717) 735-8330 Organization Number 27719

PART 3. BENEFICIARY OR FORMER SPOUSE INFORMATION

This section should only be completed by a beneficiary taking a death withdrawal or a former spouse taking a withdrawal as a result of a court-approved property settlement due to divorce or legal separation.

Name *(First/MI/Last)*_____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP_____

Tax ID *(SSN/TIN)*_____

Date of Birth_____ Phone_____

Account Number_____ Suffix_____

BENEFICIARY TYPE *(Select one, if applicable)*

☐ Spouse ☐ Estate ☐ Other

PART 4. WITHDRAWAL INFORMATION

Total Withdrawal Amount_____

Withdrawal Date_____

☐ This Withdrawal Will Close This HSA

WITHDRAWAL REASON *(Select one)*

☐ 1. Transfer to Another HSA
☐ 2. Normal Withdrawal
☐ 3. Disability
☐ 4. Prohibited Transaction
☐ 5. Excess Contribution Removed Before the Excess Removal Deadline
Net Income Attributable to Excess_____
☐ 6. Excess Contribution Removed After the Excess Removal Deadline
☐ 7. Death Withdrawal by a Beneficiary Taken in the Year of Death
☐ 8. Death Withdrawal by a Beneficiary Taken After the Year of Death

PART 5. WITHDRAWAL INSTRUCTIONS

ASSET HANDLING *(Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

Asset Description	Amount to be Withdrawn	Special Instructions

PAYMENT METHOD

☐ **Cash**

☐ **Check** *(If the withdrawal reason is a transfer to another HSA, the check must be made payable to the receiving organization.)*
Make payable to _____

☐ **Internal Account**
Account Number_____ Type *(e.g., checking, savings, HSA)*_____

☐ **External Account** *(e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)*
Name of Organization Receiving the Assets_____ Routing Number *(Optional)*_____
Account Number_____ Type *(e.g., checking, savings, HSA)*_____

PART 6. SIGNATURES

I certify that I am authorized to receive payments from this HSA and that all information provided by me is true and accurate. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.

X_____ _____
Signature of Recipient — Date *(mm/dd/yyyy)*

X_____ _____
Notary Public/Signature Guarantee *(If required by the trustee or custodian)* — Date *(mm/dd/yyyy)*

X_____ _____
Authorized Signature of Trustee or Custodian — Date *(mm/dd/yyyy)*

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REPORTING INFORMATION APPLICABLE TO HSA WITHDRAWALS

You must supply all requested information for the withdrawal so the trustee or custodian can properly report the withdrawal.

If you have any questions regarding a withdrawal, please consult a competent tax professional or refer to IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans,* for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

WITHDRAWAL REASON

HSA assets can be withdrawn at any time. Most HSA withdrawals are reported to the IRS. IRS rules specify the distribution code that must be used to report each withdrawal on IRS Form 1099-SA, *Distributions From an HSA, Archer MSA, or Medicare Advantage MSA.*

Transfer to Another HSA. Transfers are not reported on Form 1099-SA. Transfers may be made by an HSA owner or former spouse under a transfer due to a divorce.

Normal Withdrawal. Normal withdrawals are reported on Form 1099-SA using code 1. Also use code 1 if no other code applies to the withdrawal.

Disability. Disability withdrawals are reported on Form 1099-SA using code 3.

Prohibited Transaction. Prohibited transactions as defined in Internal Revenue Code Section 4975(c) are reported on Form 1099-SA using code 5.

Excess Contribution Removal. Excess contributions removed before the excess removal deadline (your tax filing deadline, including extensions) must include the net income attributable to the excess. A removal of an excess contribution is reported on Form 1099-SA using code 2.

Death Withdrawal by a Beneficiary Taken in the Year of Death. If the financial organization is notified of the HSA owner's death and the withdrawal is made to the beneficiary in a year of death, the Form 1099-SA reporting code depends on the type of beneficiary.

- If the beneficiary is a spouse, the withdrawal is reported on Form 1099-SA using code 1.
- If the beneficiary is an estate or other, the withdrawal is reported on Form 1099-SA using code 4.

Death Withdrawal by a Beneficiary Taken After the Year of Death. If the financial organization is notified of the HSA owner's death and the withdrawal is made to the beneficiary in a year after the year of death, the Form 1099-SA reporting code depends on the type of beneficiary.

- If the beneficiary is a spouse, the withdrawal is reported on Form 1099-SA using code 1.
- If the beneficiary is an estate, the withdrawal is reported on Form 1099-SA using code 4.
- If the beneficiary is other, the withdrawal is reported on Form 1099-SA using code 6.

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