

Health Savings Account Death Distribution Request Form

Please send this form and a copy of the death certificate to the mailing address above.

Accountholder Information

Full Name:	Social Security Number:
Employer Name:	Date of Birth: (MM/DD/YYYY)

Beneficiary Information

Full Name:	Social Security Number:
Address: (street, city, state, zip)	
Date of Birth: (MM/DD/YYYY)	Driver's License Number:
Email Address:	Home Phone Number: (with area code)

Please read the following information and check the appropriate box:

Spouse Only (Check Only One)

- ☐ I request that the account remain a Health Savings Account (HSA). I understand an HSA will be set up in my name, and I must sign a new HSA Application. I understand that once American Fidelity receives the completed application, the remaining funds in the account will be transferred to my HSA.
- ☐ I am requesting to close my spouse's HSA and transfer the remaining funds to me. I understand that any distributed amount may be included in my gross income. Additionally, I understand that the amount included in my gross income may be lowered by the amount used for eligible medical expenses incurred by my spouse before their death and paid by me within one year after the date of death. For further information, I understand I should consult with a tax advisor.

Non-Spouse Beneficiary Only

- ☐ I request that the remaining funds in the HSA be sent to me. I understand that any amount distributed to me may be included in my gross income. I also understand that the amount to be included in my gross income may be reduced by any amount used to pay for eligible medical expenses incurred by the decedent before death and paid by me within one year after the date of death. For further information, I understand I should consult with a tax advisor.

Executor of the Estate of the Decedent Only

- ☐ I am the estate executor for the HSA account holder named on this form. I understand that the account balance shall be paid to the deceased's estate and included on the decedent's final income tax return.

I certify that I am either the designated beneficiary or the authorized individual responsible for completing this form and that all the information I provide is true and accurate. Additionally, I acknowledge that the custodian has not provided me with any tax advice and that all decisions related to this transaction are entirely my own. I accept full responsibility for any adverse outcomes resulting from this transaction, and I agree that the custodian will not be held accountable in any way.

Signature of Beneficiary: _____ Date: _____