



# Health Savings Account (HSA) Withdrawal Form

**Instructions:** Complete this form to make a withdrawal from your account. You can also request withdrawals online at [HealthSavings.com](http://HealthSavings.com).

Mail or fax completed form to: **HealthSavings Administrators**

10800 Midlothian Tpke, Ste 240 • Richmond, VA 23235 • Fax: 804.726.1570

## Account Holder Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **OR** Account Number \_\_\_\_\_

## Withdrawal

Withdrawal Amount \$ \_\_\_\_\_ **(This form cannot be used to close your account.)**

**PLEASE NOTE:** Funds are withdrawn from your cash balance first (if available) and then pro rationally from other available investment funds.

Withdrawal Method:

**Paper Check**

**NOTE:** A \$10 check processing fee will be deducted from your withdrawal amount and the check will be mailed to the address on file.\* Please allow up to two weeks to receive your check. If sufficient funds are not available within 5 business days of receiving this request, it will be returned to you unprocessed.

*\*If you need to change your address, please log into your online account or complete our Address Change Form.*

**Electronic Deposit to Your Personal Bank Account.** The following information is required:

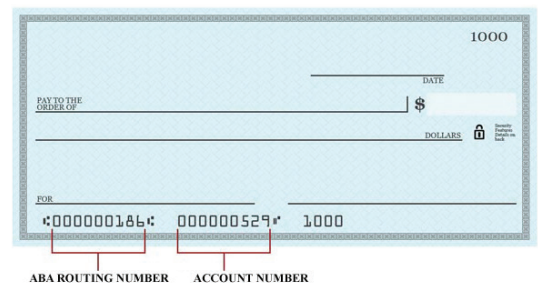
Bank Name \_\_\_\_\_

Routing Number

Account Number

Account Type:  Checking  Savings

Attach a voided check to this form. Starter checks, business checks, bank statements and deposit slips are not acceptable. If a check is not available, provide a letter from your bank on bank letterhead and signed by an authorized bank representative containing account information.



## Change Contribution Instructions

Qualified medical expenses are defined in section 213(d) of the Internal Revenue Code, IRS Publication 502 and Revenue Ruling 2003-102, 2003-38 I.R.B. 559. HSA funds can be used to pay the qualified medical expenses for you, your spouse and tax dependents for expenses incurred after the HSA was established. **NOTE:** Tax penalties may apply to certain types of HSA distributions. Please consult with a tax professional if you are taking a distribution for any reason other than to pay or reimburse a qualified medical expense.

## Signature

I certify that I am the proper party to receive payment(s) from the health savings account (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 *HealthSavings* or FPS Trust. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for consequences which may arise from this withdrawal and I agree that *HealthSavings* or FPS Trust shall not be held responsible. I further understand that funds will be withdrawn from my cash/debit account first, then from investments (as needed), and I must maintain a balance of at least 5% in my investment funds to accommodate market fluctuations.

Account Holder Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)